

Sensory and/or Physical and Medical Needs

For babies and children with sensory impairment or physical and/or medical needs, please liaise with a specialist teacher from the Low Incidence Needs Team to assist with Threshold identification for:

- Vision Impairment
- Hearing Impairment
- Multi-sensory Impairment
- Physical and Medical needs

For more information on sensory impairment or physical and/or medical needs, see the relevant sections in the Primary/Secondary sections of the Threshold document.

Vision Impairment Needs Guidance

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).

- The child does not require any active involvement or further assessments from LINT-VI. The child remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The child's LINT-VI Low Vision Aid Assessment has identified no requirement for **additional** equipment or technology and therefore the child does not require access to related CFVI Areas.
- The child either does not require or requires minimal LINT-VI liaison with multi-agencies.
- The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching VI Friendly strategies.
- The child has a knowledgeable and empowered family around them due to information shared by LINT-VI.
- The child has knowledgeable and empowered educators around them due to information shared by LINT-VI.
- All key person/s involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-VI which has been cascaded to relevant staff after their initial or last LINT-VI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.

<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The child does not require any active intervention based on the specialist curriculum from LINT-VI following assessment and provision of strategies. The child remains on caseload and LINT-VI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The child’s LINT-VI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related CFVI Areas. • The child requires minimal LINT-VI liaison with multi-agencies. The LINT-VI annual assessment is shared as appropriate. • The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies. • The child’s social environment is accessible with appropriate Quality First Teaching VI Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-VI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-VI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-VI which have been cascaded to relevant staff on a yearly basis in line with transitions.
<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-VI provides a short-term block from one Area of the CFVI (up to 6 visits). • The child may need a low level of intervention to successfully transition between different settings. • The Low Vision Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related CFVI Areas. • The child requires minimal or short-term LINT-VI liaison with multi-agencies. • The child requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. • The child requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching VI Friendly strategies.

<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e. large and modified print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The child requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home. • The child's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., CCTV, iPad, hand-held magnifiers. • The child may need a medium level of intervention to successfully transition between different settings. • The child requires a low/medium level of LINT-VI liaison with multi-agencies. • The child requires LINT-VI to provide advice, guidance and direct support over the year as required in line with their specialist 	<p>intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI strategies.</p> <ul style="list-style-type: none"> • The child requires LINT-VI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child's family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them. • All key person/s involved with the child require at least termly LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The child requires specialist teaching in at least 4 areas from the CFVI. • The child's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e. CCTV, iPad, hand-held magnifiers. • The child may need a high level of intervention to successfully transition between different settings. • The child requires a medium/high level of LINT-VI liaison with multi-agencies. • The child requires LINT-VI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their 	<p>specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.</p> <ul style="list-style-type: none"> • The child's family requires frequent communication (at least fortnightly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (at least twice a week) to ensure that the child has knowledgeable and empowered educators around them. • All key person/s involved with the child require at least half-termly LINT-VI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The child meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.

- The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.
- The child requires long-term intervention based on at least 6 Areas of the CFVI in addition to Facilitating an Inclusive World (Areas to be determined by QTVI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The child receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Habilitation Specialist.
- The child will need a high level of intervention to successfully transition between different settings.
- The child requires a high level of LINT-VI liaison with multi-agencies.
- The child requires LINT-VI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The child's family requires frequent communication (at least weekly) to ensure that the child has a knowledgeable and empowered family around them.
- The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them.
- All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies with LINT-VI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is E.</p> <p>Children within Threshold 1 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child does not require any active involvement or further assessments from LINT-VI. The child remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Low Vision Aids such as hand-held magnifiers if previously put into place are used. • The child understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. • Provision of LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class'. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role if appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Educators, parent/carer and/or other key professionals can request updated advice if needed or visual functioning changes. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Staff verbalise all written information within the room as required. • Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the child's listening and attention. • Implement visual fatigue rest breaks within the setting day. • Attention to speed of adult-directed activity delivery and speed of working. • Differentiated questioning and explicit language used to explain whole group responses. • Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Setting staff to ensure information on interactive white boards has a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. • Setting staff to ensure children can access information displayed on interactive white boards in the method identified by the QTVI e.g., use of mirroring software. • Setting staff to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine.

Threshold 1 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Provide additional transition visits for the child between rooms. • Encouragement of social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day. • Say the child's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room. • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks. • Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the child can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the child and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. • Appropriate resources made available from within setting. • Some support provided by setting – especially during activities where health and safety require consideration. • Setting staff provide some individual pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Low risk access arrangements are in place for statutory assessments i.e. the RBA.

Threshold 1 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Provision of auxiliary aids (low vision aids) by LINT following LINT-VI Low Vision Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of specialist equipment e.g., CCTV, iPad, magnifiers. • Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/dark leaded pencils, use of a sloping desk or board. • Provision of additional quiet workspace for 1:1 and small group work. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the child to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org) • Access to Early Years Advice and Guidance – Vision Friendly Settings: Adaptations and Modifications. Early_years_Vision_Friendly_Settings_Leaflet_.pdf (gateshead.gov.uk)

Threshold 2 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is D.</p> <p>Children within Threshold 2 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child does not require any active intervention based on the CFVI from LINT-VI following assessment and provision of strategies. The child remains on caseload and LINT-VI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-VI provides an annual assessment including up to 3 visits as appropriate (i.e., troubleshooting for specialist equipment may generate additional visits). • LINT-VI provides a Functional Vision Assessment Report or letter, Specialist Strategies a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. • Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. • The child understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. • The setting will facilitate monitoring and assessment visit from LINT-VI. • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for VI equivalent is C.</p> <p>Children within Threshold 3 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The child requires active intervention based on a short-term block from the CFVI provided by LINT-VI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. The child requires a short-term block of intervention from one Area of the CFVI (up to 6 visits) provided by LINT-VI. The Low Vision Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related CFVI Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QTVI to support the child and themselves in understanding the impact of vision loss and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parent/carer permission). Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by cues, e.g., objects of reference, auditory timetables. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the child can still sit next to/near their peers. Opportunities are sought within the curriculum to discuss VI and role models within society. Behaviour management systems motivate the child and set clear expectations. Training offered re the needs of the child to raise awareness of different types of vision impairment and strategies to reduce barriers to learning. Setting ensures all relevant staff attend. Timetable adjustments to accommodate specialist interventions. <p>Except:</p> <ul style="list-style-type: none"> QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence. Educators support LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day.

Threshold 4 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for VI equivalent is B.</p> <p>Children within Threshold 4 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The child requires active intervention based on a block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.</p>	<p>As Thresholds 1-3 plus:</p> <p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. The child requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home. Low Vision Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible (i.e., that all children with vision impairment are provided with access to learning) in addition to appropriate Quality First Teaching VI Friendly strategies. Timely LINT monitoring is required to ensure that all key persons can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a pupil has transitioned into a new setting or room. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used. Children working with tactile learning resources will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are needed to facilitate learning. Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others. Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach across a range of people/occasions). Share experiences and have discussions on how other people are feeling. Peer awareness training. LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the child to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-VI i.e., Royal Society for Blind Children (RSBC). Timetable adjustments to accommodate rest breaks. Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the vision impairment reinforce work and prepare the child for an activity/learning experience (pre- and post-teaching) provide additional hands-on experience of materials provide additional experiences of the environment to support gaps in learning including real-life experience

Threshold 4 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
	<ul style="list-style-type: none"> An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> Setting manages SEND support and engages in joint planning with LINT-VI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO. Communication between LINT-VI and settings is frequent (at least half-termly) to ensure that there are knowledgeable and empowered educators around the child. Outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the child to learn to access. Setting provides time within the week for direct specialist teaching from LINT-VI. Educators identify times within the day to deliver training programmes as appropriate. Policies reflect reasonable adjustments. Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 	<ul style="list-style-type: none"> Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use. Advice on sourcing large print or tactile materials and production of accessible materials (transcription). Settings support involvement of other agencies e.g., RSBC. QTVI works with setting to facilitate interaction and communication with other children with a VI within or external of setting. <p>Except:</p> <ul style="list-style-type: none"> CFVI is running alongside EYFS curriculum with at least 2 areas to be embedded within setting and home environment. Medium risk access arrangements are in place for statutory assessments i.e., the RBA. Bespoke training is offered around creating a Vision Friendly Environment with CPD offer extended to whole setting as appropriate.

Threshold 5 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for VI equivalent is A.</p> <p>Children within Threshold 5 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-terminally.</p> <p>Area 2-11: The child requires active and ongoing intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies,) a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. • The child requires specialist teaching in at least 4 areas from the CFVI. • The child is known to LINT's Habilitation Specialist and has been assessed using LINT's Habilitation Eligibility Criteria. • A Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. • A high level of intervention may be needed for the pupil to successfully transition into the setting and between rooms. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a pupil has transitioned into a new room or the setting. • An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation. • Marking and recording of work reflects unique access needs of the child e.g., use of Penfriend stickers. • Communication between the child and others in a variety of forms which can be high tech is used e.g., on-body signing. • Use of support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or sequencing. • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Regular consultation with QTVI about delivery of curriculum to ensure the child can fully access all curriculum areas. • Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. <p>Except:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to the setting around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate. • The setting has regular liaison with QTVI to support the child and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training. • Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day on at least a weekly basis.

Threshold 5 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-VI, family, the child and other agencies. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. • Settings take on CAF Lead Practitioner role where appropriate. • Communication between LINT-VI and settings is frequent to ensure that there are knowledgeable and empowered educators around the child. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • All outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-VI. • Opportunities are in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-VI. • Setting engages in joint planning/target setting. • Good communication needed on provision planning and assessment between educators and QTVI to ensure access to learning in a way that does not disadvantage the child. • Educators work with LINT-VI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-VI to identify when the child accesses their specialist interventions with adaptations to the curriculum required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. 	<ul style="list-style-type: none"> • Settings work closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., RSBC. • IF VI is primary need, Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials (transcription). • SSTA/QTVI identified as key individual to support the child's emotional and mental wellbeing. • CFVI is merging within the child's curriculum offer within setting with at least 4 areas to be embedded within setting and home environment. • Close liaison with QTVI to receive advice and support on access arrangements for all statutory assessments. LINT-VI may help with the administration of these. • LINT –VI responsible for all specialist skills training, higher levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e. the RBA.

Threshold 6 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning		Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The child requires active, ongoing and a significant level of intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. The child requires long-term intervention based on at least 6 Areas of CFVI in addition to Area 1 (Area/s to be determined by QTVI) which are expected to take at least a year to embed across setting and home. The direct intervention and ongoing assessment based on Habilitation Areas of the CFVI (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the child to successfully transition into a setting and between rooms. Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room. An environmental assessment is often necessary to assess accessibility of school environment. 	<p>Planning</p> <ul style="list-style-type: none"> Setting and QTVI work very closely to identify, assess and meet EHCP outcomes. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. The child can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and settings is frequent (daily when child is in attendance) to ensure that there are knowledgeable and empowered educators around the child. All outcomes from EHCP reflect the CFVI 'above and additional to' interventions for the child to learn to access. Setting works closely with QTVI to create a bespoke education offer to meet unique needs based on setting curriculum and CFVI. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Assessment and monitoring will be bespoke between setting and LINT-VI across the curriculum. Educators and LINT-VI precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the CFVI. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. Policies reflect reasonable adjustments and are written in collaboration with QTVI. Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Presentation of learning materials in alternative formats, including Braille/Moon/tactile diagrams, audio/speech. Tactile methods of communication relevant for the child is presented within and beyond the child's room e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults. Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. <p>Except:</p> <ul style="list-style-type: none"> The child has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA). SSTA provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). The curriculum offer for the child is seamless between the setting's curriculum and the CFVI. The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of teaching and support. Close liaison with QTVI to receive advice and support on access arrangements for statutory assessments. LINT-VI must administer the RBA. LINT-VI responsible for all specialist skills training, full levels of support to child, modelling and coaching. High risk access arrangements are in place for statutory assessments i.e., the RBA.

Vision Impairment: PFA Outcomes and Provision

Early Years (0-5 years)

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the whole EY learning environment with activities, materials, toys and equipment modified and adapted to meet their VI needs as appropriate.</p> <p>Child is able to access and explore real objects alongside images.</p> <p>Child is able to access the general EY environment with corridors and rooms clear of trip hazards as well as accessible signage and information.</p> <p>Child is able to begin to explore the environment around themselves.</p> <p>Child is able to begin to develop an awareness of objects and their function.</p> <p>Child is able to begin to develop their ability to maintain balance when active.</p>	<p>Child is able to begin to develop an awareness of their own body parts and how to move them.</p> <p>Child is able to begin to explore mobility aids (belt canes, walkers etc.) and/or pre-cane toys as needed.</p> <p>Child is able to show an awareness of tactile stimulus.</p> <p>Child is able to begin to identify common human, home, nursery and vehicle sounds.</p>	<p>Child is able to access the whole EY social environment with interactions with peers facilitated where appropriate by familiar adults.</p> <p>Child is able to access a variety of community-based activities/ clubs/groups with adult support to facilitate shared play and interaction and to support the development of balance, strength, body awareness and mobility.</p> <p>Child is able to explore different items in shops and venues and the sounds they make.</p> <p>Child is able to begin to understand that their needs cannot always be met immediately.</p> <p>Child is able to at least sometimes enjoy gathering with family and friends for various occasions.</p> <p>Child is able to use simple verbal and/or nonverbal cues to communicate including the use of greetings and polite language i.e. saying thank you.</p> <p>Child is developing their assertion and negotiation skills during play.</p> <p>Child is able to begin to develop an understanding of cash/ currency and that it is used to pay for everyday items.</p> <p>Child is able to begin to understand that people are different and sometimes need help.</p>	<p>Child is able to attend regular Ophthalmology/Optomist appointments with an adult.</p> <p>Child is able to safely access outdoor equipment.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to begin to have an understanding of their own identity as visually impaired through their own equipment.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p> <p>Child is able to talk about some of the effects that physical exercise has on their body.</p> <p>Child is able to begin expanding their ability to explore and eat new tastes and textures.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Vision Impairment.

Hearing Impairment Needs Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The child meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p>	<ul style="list-style-type: none"> • The child does not require any active involvement or further assessments from LINT-HI. The child remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The child’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • The child either does not require or requires minimal LINT-HI liaison with multi-agencies. • The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The child’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-HI which has been cascaded to relevant staff after their initial or last LINT-HI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The child meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p>	<ul style="list-style-type: none"> • The child does not require any active intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies. The child remains on caseload and LINT-HI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The child’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • TThe child requires minimal LINT-HI liaison with multi-agencies. The LINT-HI annual assessment is shared as appropriate. • The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The child’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-HI which have been cascaded to relevant staff on a yearly basis in line with transitions.

<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides a short-term block of intervention from one Area of the specialist curriculum (up to 6 visits). • The child may need a low level of intervention to successfully transition between different settings. • The LINT-HI Auxiliary Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA etc. • The child requires minimal or short-term LINT-HI liaison with multi-agencies. • The child requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child’s family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require timely LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The child requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. • The child’s LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. • The child may need a medium level of intervention to successfully transition between different settings. • The child requires a low/medium level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child’s family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least termly LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The child meets criteria for hearing impairment with assessed need identifying a young person who requires access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The child requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. • The child's LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA via related specialist curriculum Areas. • The child may need a high level of intervention to successfully transition between different settings. • The child requires a medium/high level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child's family requires frequent communication (at least fortnightly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (at least twice a week) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least half-termly LINT-HI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
<p>Threshold 6</p> <p>(Eligibility Criteria A*)</p> <p>The child meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly. • The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies. • The child has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • The child will need a high level of intervention to successfully transition between different settings. • The child requires a high level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child's family requires frequent communication (at least weekly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies with LINT-HI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p> <p>Eligibility Criteria for HI equivalent is E.</p> <p>Children within Threshold 1 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active involvement or further assessments from LINT-HI. The child remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary Aids such as listening equipment if previously put into place are used and daily listening checks are completed for any audiological equipment. • The child understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. • Provision of LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class'. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by hearing impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators, parent/carer and/or other key professionals can request updated advice if needed if hearing functioning changes. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Procedures in place for audiological aids as well as implementing the wearing and cleaning of them. • Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window to facilitate access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the child's listening and attention. • Implementing sensory rest breaks within the setting day. • Attention to speed of adult-directed activity delivery and speed of working. • Differentiated questioning and explicit language used to explain whole group responses. • Provide a consistent routine. • Speaker stays still when talking. • Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day. • Say the child's name first to gain their attention. • Describe events that are going on around them if required. • Use facial expressions and/or body language to emphasise key language. • Provide opportunities to take responsibility for helpful tasks. • Provide of a 'can do' environment where the child can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the child and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. • Appropriate resources made available from within setting.

Threshold 1 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Some support provided by setting – especially during activities where health and safety requires consideration. • Setting staff provide some individual pre and post teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Low risk access arrangements are in place for statutory assessments i.e., the RBA. • Provision of auxiliary aids including technology by LINT-HI i.e., audiological equipment following HI Auxiliary Aid assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of the Deaf (QToD) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids i.e., hearing aids. • Provision of consumables by setting, e.g., cleaning kits, whiteboards etc. • Provision of additional quiet workspace for 1:1, small group work. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the child to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf(gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf • Early Years Deaf Friendly Settings: Adaptations and Strategies leaflet

Threshold 2 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p> <p>Eligibility Criteria for HI equivalent is D.</p> <p>Children within Threshold 2 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active intervention LINT-HI following assessment and provision of strategies. The child remains on caseload and LINT-HI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-HI provides an Assessment Report or letter, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. • Auxiliary aids are suitably removing barriers to access. • The child understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids throughout the year. • Setting will facilitate monitoring and assessment visit from LINT-HI. • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by a hearing impairment and provide support to enable teachers to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p> <p>Eligibility Criteria for HI equivalent is C.</p> <p>Children within Threshold 3 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides an annual assessment with updated strategies as appropriate.</p> <p>Specialist Teaching Areas: The child requires active intervention based on a short-term block from the specialist provided by LINT-HI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. The child requires a short-term block from one Area of the specialist curriculum (up to 6 visits) provided by LINT-HI. The HI Auxiliary Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QToD to support the child and themselves in understanding the impact of the hearing impairment and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids (i.e., radio aids) throughout the year. Settings take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parental permission). The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report. Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by visual cues, e.g., pictures/symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the child's perspective. Use natural rhythm, intonation, stress and lip movements. Seating position of child will be considered to ensure access to teacher and peers. Apply LINT strategies to utilise a radio aid if one has been supplied to the setting. Opportunities are sought within the curriculum to discuss HI and role models within society. Behaviour management systems motivate the child and set clear expectations. Training offered re the needs of the child to raise awareness of HI impairment and strategies to reduce barriers to learning and ensures all relevant staff attend. Timetable adjustments to accommodate specialist interventions. <p>Except:</p> <ul style="list-style-type: none"> QToD supports educators in developing the child's personal understanding of their hearing impairment and developing their confidence and independence. Educators support LINT-HI in practising and consolidating skills taught discreetly within the specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day.

Threshold 4 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p> <p>Eligibility Criteria for HI equivalent is B.</p> <p>Children within Threshold 4 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p> <p>Specialist Teaching Areas: The child requires active intervention based on block/s of intervention following assessment from the specialist curriculum provided by LINT-HI.</p>	<p>Assessment</p> <ul style="list-style-type: none"> • Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that: • LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. • The child requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. • LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on the use of aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. • Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible (i.e., that all children with hearing impairment are provided with access to learning) in addition to appropriate Quality First Teaching Deaf Friendly strategies. • Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new setting or room. • An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Children relying on signing will need additional differentiation to take into account pace of learning. • Setting provides materials in advance of lesson so that materials can be supplemented. • Language needs to become clearer, concise and meaningful. • Auditory clutter and less busy learning environments are now key to facilitate learning. • Link learning opportunities to support the generalisation of concepts. • Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others. • A suitable communication partner who creates opportunities for communication. • Match the pace of interaction to the child's needs. • Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions. • Share experiences and have discussions on how other people are feeling. • Peer awareness training. • LINT-HI signpost and/or facilitate educators and parents/carers to external training opportunities. • CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-HI and settings can support the child to progress and develop efficient ways of working. • Charities work in collaboration with the family, LINT-HI and the setting i.e., NDCS. • Timetable adjustments to accommodate sensory breaks.

Threshold 4 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-HI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Communication between LINT-HI and settings is frequent (at least weekly) to ensure that there are knowledgeable and empowered educators around the child. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting provides time within the week for direct specialist teaching from LINT-HI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g. BSL, SSE, AAC. 	<ul style="list-style-type: none"> • Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the hearing impairment - reinforce work and prepare the child for an activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials - provide additional experiences of the environment to support gaps in learning including real-life experience • Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use. • Settings support involvement of other agencies e.g. NDCS. • QToD works with setting to facilitate interaction and communication with other children with HI within or external of setting. • Advice on sourcing accessible materials. <p>Except:</p> <ul style="list-style-type: none"> • Specialist curriculum is running alongside EYFS curriculum with up to at least 2 areas to be embedded within setting and home environment. • Bespoke training offered around creating a Deaf Friendly Classroom with CPD offer extended to whole setting as appropriate. • Medium risk access arrangements are in place for statutory assessments i.e., the RBA.

Threshold 5 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying a child requiring access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p> <p>Eligibility Criteria for HI equivalent is A.</p> <p>Children within Threshold 5 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termy.</p>	<p>Assessment</p> <p>Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. The child requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. A LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of aids i.e., hearing aids, cochlear implant, BAHA, assistive listening device via related specialist curriculum Areas. Advice, guidance and direct support is required in line with the the child's specialist intervention to ensure that all learning, assessment and social activities are accessible (in addition to appropriate Quality First Teaching Deaf Friendly strategies). Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new room. An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. Teaching methods based on experiential learning with a strong visual emphasis, and which facilitate access to the curriculum and participation. Recording of work reflects unique access needs. Consistent, well-cued routines are in place. Materials are presented slowly and clearly to the child in familiar, quiet environments. Embrace communication between the child and others in a variety of forms e.g., BSL. Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., co-active exploration. The child may require a Total Communication Approach. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. QToD may liaise with and/or refer to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. <p>Except:</p> <ul style="list-style-type: none"> Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate. The setting has regular liaison with QToD to support the child and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment and through training. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day on at least a weekly basis. Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS.

Threshold 5 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Specialist Teaching Areas: The child requires active and ongoing intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-HI, family, the child and other agencies. QToD ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-HI and settings is frequent to ensure that there are knowledgeable and empowered educators around the child. • Settings take on CAF Lead Practitioner role where appropriate. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report. • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-HI. • Opportunities are in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-HI. • The setting engages in joint planning/target setting. • Good communication needed on provision planning and assessment between educators and QToD to ensure access to learning in a way that does not disadvantage the child. • Educators work with LINT-HI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-HI to identify when the child accesses their specialist interventions with adaptations to the setting's curriculum required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 	<ul style="list-style-type: none"> • If HI is primary need, LINT Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptations. • SSTA/QToD identified as key individual to support the child's emotional and mental wellbeing. • Specialist curriculum is merging within the child's curriculum offer within setting with up to at least 4 area to be embedded within setting and home environment. • Close liaison with QToD to receive advice and support on access arrangements. • LINT-HI responsible for all specialist skills training, higher levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e., the RBA.

Threshold 6 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p> <p>Eligibility Criteria for HI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.</p> <p>Specialist Teaching Areas: The child requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home. Direct intervention and ongoing assessment based on Communication. The child has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. Very high level of intervention may be needed for the child to successfully transition between different settings. Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room. An environmental assessment is often necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Access to learning is only possible with the use of sign e.g., BSL/SSE. A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults. <p>Except:</p> <ul style="list-style-type: none"> The child has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA). SSTA provides critical role in embedding the specialist curriculum within the day and enabling access to learning via effective communication whilst facilitating independence. LINT-HI responsible for all specialist skills training, full levels of support, modelling and coaching. The curriculum offer for the child is seamless between the setting's curriculum and the specialist curriculum. The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. Close liaison with QToD to receive advice and support on access arrangements for statutory assessments. LINT-HI must support the administration of the RBA. High risk access arrangements are in place for statutory assessments i.e., the RBA.

Threshold 6 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting and QToD work very closely to identify, assess and meet EHCP outcomes. QToD ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-HI and settings is frequent (daily when child in attendance) to ensure that there are knowledgeable and empowered educators around the child. • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. • Assessment and monitoring will be bespoke between setting and LINT-HI across the curriculum. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators and LINT-HI precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QToD. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Educators facilitate working between themselves, the family, LINT-HI and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 	

Threshold 6 - Sensory Impairment: Hearing *continued*

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and HI specialist curriculum. • Assessment and monitoring will be bespoke between setting and the HI Team across the curriculum. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators and the HI Team precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QToD. • Educators facilitate working between themselves, the family, the HI Team and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 	<ul style="list-style-type: none"> • QToD has liaised with and/or referred to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. • Close liaison with QToD to receive advice and support on access arrangements for statutory assessments. The HI Team must support the administration of the RBA. • The HI Team is responsible for all specialist skills training, full levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e., the RBA. • QToD works with setting to facilitate interaction and communication with other children with a HI within or external of setting. • Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate.

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the EY environment and activities in accordance with their hearing needs, to support them to make progress towards early learning goals. N.B, for some children with a profound/severe hearing loss they will require signed support from LINT-HI.</p> <p>Child is able to access the EY curriculum and follow conversations.</p>	<p>Child is able to remove hearing devices independently to give to a familiar adult to do troubleshooting, change batteries, change tubing and complete a listening check.</p> <p>Child is able to insert own hearing devices with support/guidance from a familiar adult.</p>	<p>Child is able to access community-based activities/clubs/groups to facilitate shared play and interaction and to support the development of friendships with peers. Where required signed support may be needed for children with a severe/profound hearing loss and this will be provided by LINT-HI.</p> <p>Child is able to access visits/day trips as appropriate.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults.</p>	<p>Child is able to attend regular audiology/ENT to support good access to sound (equipment will be kept in good condition, with regular updates shared with LINT to ensure assistive listening devices will be applicable to the equipment given to the child).</p> <p>Child is able to attend SALT sessions if appropriate.</p> <p>Child is able to begin to have an understand of own deaf identity through their own equipment.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Hearing Impairment.

Multi-Sensory Impairment Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The child does not require any active involvement or further assessments from LINT-MSI. The child remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The child’s LINT-MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • The child either does not require or requires minimal LINT-MSI liaison with multi-agencies. • The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies. • The child’s social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-MSI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-MSI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-MSI which have been cascaded to relevant staff after their initial or last LINT-MSI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e. print or symbols).</p>	<ul style="list-style-type: none"> • The child does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The child remains on caseload and LINT-MSI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The child’s LINT MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • The child requires minimal LINT-MSI liaison with multi-agencies after receiving the LINT-MSI Annual Assessment and strategies. • The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies. • The child’s social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-MSI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-MSI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-MSI which have been cascaded to relevant staff on a yearly basis in line with transitions.

<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides a short-term block of intervention from one Area of the MSI specialist curriculum (up to 6 visits). • The child may need a low level of intervention to successfully transition between different settings. • The child’s LINT MSI Auxiliary Aid Assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e. hearing aids, mini mic, CCTV, iPad, hand-held magnifier etc. • The child requires minimal or short-term LINT-MSI liaison with multi-agencies. • The child requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. 	<ul style="list-style-type: none"> • The child’s family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require timely LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g., print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The child requires block/s of intervention based on at least 2 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home. • The child’s LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers etc. • The child may need a medium level of intervention to successfully transition between different settings. • The child requires a low/medium level of LINT-MSI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-MSI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • The child’s family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least termly LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g. print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The child requires specialist teaching in at least 4 areas from the MSI specialist curriculum. • The child’s LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers. • The child may need a high level of intervention to successfully transition between different settings. • The child requires a medium/high level of LINT-MSI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-MSI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The child’s family requires frequent communication (minimal of fortnightly) to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require frequent communication (minimal of bi-weekly) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least half-termly LINT-MSI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
<p>Threshold 6</p> <p>(Eligibility Criteria A*)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile/signing approaches as their primary access to information around them.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly. • The child requires long-term intervention based on at least 6 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QTMSI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies. • The child receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist. • The child has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • The child will need a high level of intervention to successfully transition between different settings. 	<ul style="list-style-type: none"> • The child requires a high level of LINT-MSI liaison with multi-agencies. • The child requires LINT-MSI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The child’s family requires frequent communication (minimal of weekly) to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

Threshold 1 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is E.</p> <p>Children within Threshold 1 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active involvement or further assessments from LINT-MSI. The child remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary aids such as hand-held magnifiers if previously put into place are used and daily listening checks are completed for any audiological equipment. • The child understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parent/carer permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Educators, parent/carer and/or other key professionals can request updated advice if needed or visual/hearing functioning changes. 	<ul style="list-style-type: none"> • Staff verbalise all written information within the room as required (ensuring they are facing the child). • Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window to facilitate attention and access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce children's listening and attention. • Implementation of sensory rest breaks within the setting day. • Attention to speed of adult-directed activity delivery and speed of working. • Differentiated questioning and explicit language used to explain whole group responses. • Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Setting staff to ensure information delivered on interactive white boards has a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. • Setting staff to ensure children can access information displayed on interactive white boards in the method identified by the QTMSI e.g., use of mirroring software. • Setting staff to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine. • Provide additional transition visits for the child between rooms. • Speaker stays still when talking. • Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day. • Say the child's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room.

Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks. • Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the child can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the child and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. • Appropriate resources made available from within setting. • Some support provided by setting – especially during activities where health and safety require consideration. • Setting staff provide some individual pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Low risk access arrangements are in place for statutory assessments i.e., the RBA. • Provision of auxiliary aids (low vision aids and technology) by LINT following LINT-MSI Auxiliary Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Multi-Sensory Impairment (QTMSI) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids e.g., CCTV, iPad, magnifiers. • Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/dark leaded pencils, use of a sloping desk, cleaning kits etc. • Provision of additional quiet workspace for 1:1 and small group work. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the child to support emotional and mental wellbeing.

Threshold 2 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is D.</p> <p>Children within Threshold 2 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The child remains on caseload and LINT-MSI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>LINT-MSI Annual Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-MSI provides an Assessment Report or letter, Specialist Strategies and links shared within Report to cause of MSI. • Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. • The child understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids throughout the year. • Setting will facilitate monitoring and assessment visit from LINT-MSI. • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of child to be disseminated to all staff by the SENDCO (with parent/carer permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is C.</p> <p>Children within Threshold 3 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The child requires active intervention based on a short-term block from the MSI specialist curriculum provided by LINT-MSI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. The child requires a short-term block of intervention from one Area of the specialist curriculum (up to 6 visits) provided by LINT-MSI. The MSI Auxiliary Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QTMSI to support the child and themselves in understanding the impact of the multi-sensory impairment and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Settings take on CAF Lead practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parent/carer permission). Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by cues, e.g., objects of reference, auditory timetables, tactile symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the child's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the child can still sit next to/near their peers. Opportunities are sought within the curriculum to discuss MSI and role models within society. Behaviour management systems motivate the child and set clear expectations. Training offered re the needs of the child to raise awareness of multi-sensory impairment and strategies to reduce barriers to learning and ensures all relevant staff attend. Timetable adjustments to accommodate specialist interventions. <p>Except:</p> <ul style="list-style-type: none"> QTMSI supports educators in developing the child's personal understanding of their multi-sensory impairment and developing their confidence and independence. Educators supports LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day.

Threshold 4 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is B.</p> <p>Children within Threshold 4 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides assessment determined by need (e.g. ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The child requires active intervention with block/s of intervention from the specialist curriculum provided by LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LNT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> • LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. • The child requires block/s of intervention based on at least 2 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home. • LINT-MSI Auxiliary Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. • Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Timely LINT monitoring is required to ensure that all key persons can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new setting or room. • An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Tactile, olfactory, gustatory, haptic (touch), proprioceptive and vestibular approaches to learning and teaching may supplement the visual and auditory stimuli used. • Children working with tactile learning resources will need additional differentiation to take into account pace of learning. • Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. • Language needs to become clearer, concise and meaningful. • Auditory clutter and less busy learning environments are now key to facilitate learning. • Provide repeated learning opportunities based on outcomes. • Bring learning opportunities to the child. • Link learning opportunities to support the generalisation of concepts. • Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others. • A suitable communication partner who creates opportunities for communication. • Match the pace of interaction to the child's sensory needs. • Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions. • Share experiences and have discussions on how other people are feeling. • Peer awareness training. • LINT-MSI signpost and/or facilitate educators and parents/carers to external training opportunities.

Threshold 4 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-MSI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO. • Communication between LINT-MSI and settings is frequent (at least half-termly) to ensure that there are knowledgeable and empowered educators around the child. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-MSI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment report. 	<ul style="list-style-type: none"> • CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-MSI and settings can support the child to progress and develop efficient ways of working. • Charities working in collaboration with the family and LINT-MSI i.e., SENSE. • Timetable adjustments to accommodate specialist interventions and rest breaks. • Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the multi-sensory impairment - reinforce work and prepare the child for an activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials - provide additional experiences of the environment to support gaps in learning including real-life experience • Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use. • Advice on sourcing accessible materials. • Settings support involvement of other agencies e.g., SENSE. • QTMSI works with setting to facilitate interaction and communication with other children with MSI within or external of setting. <p>Except:</p> <ul style="list-style-type: none"> • Specialist curriculum is running alongside setting curriculum with up to at least 2 areas to be embedded within setting and home environment. • Medium risk access arrangements are in place for statutory assessments i.e., the RBA. • Bespoke training offered around creating a Multi-Sensory Impaired Friendly Classroom with CPD offer extended to whole setting as appropriate.

Threshold 5 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is A.</p> <p>Children within Threshold 5 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p>Area 2-11: The child requires active and ongoing intervention based on the specialist curriculum from LINT-MSI following assessment</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> • LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. • The child requires specialist in teaching at least 4 areas from the specialist curriculum. • The child is known to LINT's Habilitation Specialist and Specialist SaLT and has been assessed using their criteria. • A LINT-MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. • High level of intervention may be needed for the child to successfully transition into the setting and between rooms. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports the provision of different types of learning experience i.e. individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation. • Marking and recording of work reflects unique access needs. • Utilise textures to support recognition. • Consistent, well-cued routines. • People and items are presented slowly and clearly to the child in familiar, quiet environments. • Communication between the child and others in a variety of forms is used which can be high tech e.g., on-body signing. • Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or Intensive Interaction. • The child may require an intensive interaction approach. • The child may require a Total Communication Approach. • Use of personal identifiers. • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Regular consultation with QTMSI about delivery of curriculum to ensure the child can fully access all curriculum areas. • Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g. during the autumn term when a child has transitioned into a new room or setting. • An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-MSI, family, the child and other agencies. QTMSI ensures that specialist planning based on specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-MSI and settings is very frequent to ensure that there are knowledgeable and empowered educators around the child. • Settings take on CAF Lead Practitioner role. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDO. 	<p>Except:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to setting around creating a Multi-Sensory Impaired Friendly setting with CPD offer extended to whole setting as appropriate. • The setting has regular liaison with QTMSI to support the child and themselves in understanding the impact of hearing and vision loss, promote independent use of specialist equipment and through training. • Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. • Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g. SENSE. • IF MSI is primary need, LINT Intervenor provides intervention within the day to facilitate access, inclusion and independent learning opportunities. • Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • Intervenor provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials. • Intervenor/QTMSI identified as key individual to support the child's emotional and mental wellbeing. • Specialist curriculum is merging within the child's curriculum offer within setting with up to at least 4 areas to be embedded within setting and home environment. • Close liaison with QTMSI to receive advice and support on access arrangements. LINT-MSI may help with the administration of these. • LINT-MSI responsible for all specialist skills training, higher levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e. the RBA.

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-MSI. • Opportunities are in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-MSI. • Setting engages in joint planning/target setting. • Good communication needed on provision planning and assessment between educators and QTMSI to ensure access to learning in a way that does not disadvantage the child. • Educators must work with LINT-MSI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-MSI to identify when the child accesses their specialist interventions with adaptations to the setting's curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • A PEEP (Personal Emergency Evacuation Plan) to ensure the child is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. 	

Threshold 6 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.</p> <p>Area 2-11: The child requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Area 1 (Area/s to be determined by QTMSI) which are expected to take at least a year to embed across setting and home. The direct intervention and ongoing assessment based on Habilitation Areas of the specialist curriculum (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the child to successfully transition between different settings and rooms. Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room. An environmental assessment is often necessary to assess the accessibility of the setting environment. <p>Planning</p> <ul style="list-style-type: none"> Setting and QTMSI work very closely to identify, assess and meet EHCP outcomes. QTMSI ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. Communication between LINT-MSI and settings is frequent (daily when child is in attendance) to ensure that there are knowledgeable and empowered educators around the child. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Access to learning is only possible with the presentation of learning materials in alternative formats including Braille/Moon, tactile diagrams and/or the use of sign e.g., BSL. Tactile methods of communication relevant for the child is presented within and beyond the child's room e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults. Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. Specialist SaLT training and regular assessment in Communication to ensure age-related levels of language and communication. <p>Except:</p> <ul style="list-style-type: none"> The child has full-time support provided by a LINT Intervenor. Intervenor provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). LINT-MSI will provide specialist skills training, intensive levels of support, modelling and coaching.

Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting works closely with QTMSI to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Assessment and monitoring will be bespoke between setting and LINT-MSI across the curriculum. • Educators and LINT-MSI preciously plan to provide seamless lessons offering access to an appropriate EYFS curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and Specialist SaLT to identify appropriate use of communication methods e.g., AAC. 	<ul style="list-style-type: none"> • The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. • The curriculum offer for the child is seamless between the setting's curriculum and the specialist curriculum. • Close liaison with QTMSI to receive advice and support on access arrangements for statutory assessments i.e., LINT-MSI must administer the RBA. • LINT –MSI responsible for all specialist skills training, full levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e., the RBA.

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to demonstrate curiosity in their learning environment with activities, materials, toys and equipment modified and adapted to meet their MSI needs as appropriate.</p> <p>Child is able to demonstrate curiosity in their learning environment when they are well-supported and feel secure.</p> <p>Child is able use different body parts (e.g., hands/ feet/face/ tongue) to explore objects and their environment.</p> <p>Child is able to begin to develop basic concepts when tied to familiar, practical activities.</p> <p>Child is able to intentionally interact with their familiar learning environment.</p>	<p>Child is able to begin to develop an awareness of their own body parts and how to move them.</p> <p>Child is able to begin to explore mobility aids (belt canes, walkers etc.) and/or pre-cane toys as needed.</p> <p>Child is able to show an awareness of stimulus.</p> <p>Child is able to locate toys and learning materials themselves when the physical environment is arranged in a way which supports them.</p> <p>Child is able to increasingly feel confident in moving through space and interacting with the physical world.</p>	<p>Child is able to interact with familiar adults, are aware of their peers and interact with them in structured situations.</p> <p>Child is able to respond in small group situations if they are individually supported by a suitable adult.</p> <p>Child is able to access a variety of community-based activities/clubs/groups with adults when their preferred forms of sensory input are incorporated into these.</p> <p>Child is able to explore different items in shops and venues.</p> <p>Child is able to use simple verbal and/or nonverbal cues to communicate including the use of greetings and polite language i.e. saying thank you.</p> <p>Child is able to respond consistently to range of environmental features (e.g. entry to building, grass underfoot, sound of windchimes).</p>	<p>Child is able to attend regular audiology/ ENT/ophthalmology/optometrist appointments with an adult.</p> <p>Equipment will be kept in good condition, with regular updates shared with LINT to ensure assistive listening devices will be applicable to the equipment given to the child.</p> <p>Child is able to attend SaLT sessions if appropriate.</p> <p>Child is able to safely access outdoor equipment.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to become increasingly conscious of their feelings and desires, increasingly being able to moderate their emotional responses.</p> <p>Child is able to make simple choices.</p> <p>Child is able to begin expanding their ability to explore and eat new tastes and textures.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Multi-Sensory Impairment.

Physical and/or Medical Needs Guidance (PMN)

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.

- The child does not require any active involvement or further assessments from LINT-PMN if involved. The child remains on caseload and LINT-PMN can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The child either does not require or requires minimal LINT-PMN liaison with multi-agencies if involved.
- The child's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child has a knowledgeable and empowered family around them in relation to PMN.
- The child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child with PMN.
- The child requires no or minimal treatment/medication.
- The child requires no or minimal therapy intervention.
- The child can move around their environment without adult support.
- The child can manage their physical and personal care needs i.e., dressing, personal hygiene.
- The child is meeting age-related expectations and does not need additional input.
- The child does not need specialist equipment/aids to produce written work.
- The child have appropriately trained staff employed in setting (i.e., moving & Handling, medical procedures, catheter trained etc).

Threshold 2

(Eligibility Criteria D)

The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.

- The child does not require any active intervention based on the specialist curriculum from LINT-PMN if involved following assessment and provision of strategies. The child remains on caseload and LINT-PMN provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The child requires minimal LINT-PMN liaison with multi-agencies if involved after receiving the LINT-PMN annual assessment as appropriate.
- The child's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child has a knowledgeable and empowered family around them in relation to PMN.
- The child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child.
- The child may have infrequent or historical involvement from health.
- The child has prescribed medication which requires management by adults/staff.
- The child requires little or no assistance to access the curriculum.
- The child needs little or no supervision/monitoring during physical activities such as P.E.
- The child has limited involvement with therapists.
- The child has been assessed by a therapist/health professional and the school/setting have been advised of appropriate measures needed to ensure the child's safety, and/or a programme put into the school/setting for staff to use.
- The child wears orthotics such as PEDRO boots, shoe inserts and/or splints.
- The child has the appropriate posture/seating/physical aids available and these are regularly monitored by the appropriate therapist.
- The child requires minimal support with their communication i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.
- The child needs specialist equipment/aids that do not require operational assistance/preparation.

Threshold 3

(Eligibility Criteria C)

The child has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate

- The child remains on caseload and LINT-PMN provides an annual assessment with updated strategies as appropriate as well as active intervention based on a short-term block (up to 4 visits) based on the child needs.
- All key persons involved with the child require timely LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
- The child may need a low level of intervention to successfully transition between different settings.
- The child requires minimal or short-term LINT-PMN liaison with multi-agencies if involved.
- The child's family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them in relation to their PMN.
- The child's educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them in relation to their PMN.
- The child has continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which impacts on access to the curriculum.
- The child has ongoing difficulties with continence/toileting and other aspects of self-help and independence.
- The child requires assessment for equipment and resources.
- The child may need specialist input to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs, at break and lunch times etc.
- The child has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.
- The child has increased dependence on mobility aids i.e., wheelchair or walking aid.
- The child has increased use of alternative methods for extended recording e.g., scribe, ICT etc.
- The child may have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT.
- The child may require their school/setting to have moving and handling training.

Threshold 4

(Eligibility Criteria B)

The child has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires active intervention from LINT-PMN receiving a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across setting and home provided by LINT-PMN following assessment and provision of strategies (if involved).
- The child requires a low/medium level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN to provide advice, guidance and direct support over the year as required (if involved) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (at least termly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (at least half-termly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child require at least termly LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child may need a medium level of intervention to successfully transition between different settings.
- The child requires specialist equipment (medical/educational) that requires operational assistance.
- The child is not reaching age related expectations in all areas of the curriculum.
- The child requires assistance during lunchtimes i.e., help to move tray/feeding etc.
- The child requires aids such as rotator, sticks, to move around their environment. Minor adaptations are required to ensure full access to all areas of the setting i.e., handrails, ramps etc.
- The child needs some assistance with their personal care needs i.e., dressing/undressing, toileting, hygiene. and access to an appropriate accessible hygiene area.
- The child needs a therapist/therapy assistant to attend the school/setting to carry out an appropriate programme.
- The child has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.
- The child's disability/condition affects their speech and has an impact on their verbal communication and ability to express views.
- The child is unable to or has difficulty in using verbal and/or signing to communicate and may use specialist communication/aids/ICT that require training and/or operational assistance/preparation.
- The child requires assessment and/or provision of programme from Therapists (OT/Physiotherapy).
- The child requires assistance to participate in physical activities i.e., PE and requires a modified physical curriculum.
- The child experiences unstable health which impacts on their everyday life/ability to access curriculum.

Threshold 5

(Eligibility Criteria A)

The child has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires active and ongoing intervention throughout the year based on the specialist LINT-PMN curriculum from LINT-PMN following assessment and provision of strategies (if involved).
- The child requires a medium/high level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (at least half-termly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (at least fortnightly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the child require at least half-termly LINT-PMN monitoring (if involved) with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child may need a high level of intervention to successfully transition between different settings.
- Requires intervention from specialist nursing teams, health professionals and/or Therapy services.
- The child may need a planned programme of therapy/intervention.
- The child uses specialist equipment on a daily basis that requires operational assistance or preparation in order to access all areas of the curriculum.
- The child's physical and/or medical needs means that they require the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks.
- The child has limited access to the appropriate posture/seating/physical aids and may need an urgent assessment of need to be carried out by the appropriate therapist.
- The child requires support at lunchtime.
- The child's setting needs significant adaptations to ensure that the child has full access to their learning environment.
- The child has regular/weekly/daily involvement with a therapist/health professional.
- The child may be an Augmentative Alternative Communication (AAC) user.
- The child may have a degenerative condition which impacts on independence.

Threshold 6

(Eligibility Criteria A*)

The child has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires long-term intervention based on the LINT-PMN specialist curriculum (if involved) which is expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The child requires a high level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (minimal of fortnightly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (weekly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care by LINT-PMN if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child will need a high level of intervention to successfully transition between different settings.
- The child's medical needs demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.
- The child's behaviour demonstrates serious risk of harm to self/others i.e., tonic clonic seizures, choking, self-harming etc. (Consider onward referral to behaviour/health services).
- The child may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).
- The child requires regular/daily intervention from specialist nursing teams or health professionals.
- The child needs a skilled or familiar person to assist in communicating their expressive and receptive needs.
- The child's physical/medical needs directly affects their ability to communicate verbally and/or record work/ideas.
- The child uses specialist equipment/aids that require daily operational assistance or preparation.
- The child requires regular or daily intervention from therapists/health professionals.
- The child spends a significant part, or all of their day using a specialist aid such as a wheelchair, standing frame, walking sticks and/or rolator to move around their environment.
- The child is dependent on an adult to manage their everyday needs i.e., ensuring any aids provided are applied correctly and with personal care needs.
- The child needs a specialist/differentiated physical curriculum.
- The child requires a daily or intensive therapy programme.
- The child has a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/feeding, epilepsy management etc.
- The child has a life threatening/limiting or degenerative condition.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.</p> <p>Eligibility Criteria for PMN is E (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child can move around the environment with no additional aids and adaptations.</p> <p>The child requires no/minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The child does not need equipment which requires operational assistance.</p> <p>The child can manage their physical and personal care needs i.e., dressing, personal hygiene.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> The learning environment is accessible and inclusive for a child with PMN including the use of any aids or adaptations. The child understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The child does not require any active interventions following specialist assessment. <p>Planning</p> <ul style="list-style-type: none"> The setting must ensure that all staff are aware that the child is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. Universal provision can meet need. Usual curriculum planning including group or individual targets is required. Trips out of the setting to be planned in advance. Educators, parent/carer and/or other key professionals can request updated advice if needed or if physical/medical needs change. Risk assessments carried out by setting if necessary with referral to Health & Safety if required A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. 	<ul style="list-style-type: none"> Inform all staff and supply staff, sport or drama groups etc. of PMN needs at the planning stage of activities. Consider seating position – child positioned in optimal position to make entry and exit from the classroom as clear as possible. Consider accessibility to the smartboard/whiteboard i.e., that the child can physically interact with the board. Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. Cue and reinforce the child's listening and attention. Implement fatigue rest breaks within the setting day if appropriate. Implement sensory breaks within the setting day if appropriate. Consider timetabling arrangements i.e., consider the child accessing physical activities earlier in the day. Consider accessibility to learning materials in terms of height of resources, at eye level with child, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc. Ensure that the different areas of learning offered are accessible for the child i.e., tuff trays and sensory play. Consider accessibility of AAC i.e., that the child can easily access their switches. Ensure all pathways are clear. All resources needed for activities are within reach. All medical information is recorded and emergency procedures are known to all staff. Provide additional transition visits for the child between rooms. Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully include the child in the wider setting life including in the playground and at busier times of the day. Provide opportunities to take responsibility for helpful tasks.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Provide of a 'can do' environment where the child can succeed and achieve. • Provide opportunities to take controlled risks in a safe environment. • Ensure a balance between intervention and independence that is understood by all professionals. • Quality First Teaching. • Some support provided by the setting i.e. with physical activities. • Setting considers timetabling and location of rooms for the child for ease of access. • An educational occupational therapist may see the child which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. • Supportive/ correctly sized standard setting chair and table i.e., a chair and table surface that fit the child with feet supported and table at the correct height etc. • Children may require specialist equipment via physio/OT services. • Access to appropriate ICT provision i.e., accessibility options on Windows • An area for rest periods where the child can spend time out of their wheelchairs if appropriate, for example, away from other activities whilst having regard for their dignity. • Where appropriate 2:1 staffing ratio required for positional changes for the child and/or transitioning between areas. • Appropriate support and transport for trips. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org) . • Access to Early Years Advice and Guidance – Vision Friendly Settings: Adaptations and Modifications. • EY leaflet for PMN 3771e-JH-EYRS-PMN-leaflet-.pdf (educationgateshead.org)

Threshold 2 - Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.</p> <p>Eligibility Criteria for PMN is D (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child can move around the environment independently with or without specialist equipment.</p> <p>The child requires no or minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The child may need specialist positional equipment, equipment for which the child requires operational assistance and/or wears orthotics such as PEDRO boots, splints, shoe inserts etc.</p> <p>The child can manage their physical and personal care needs i.e. dressing, personal hygiene.</p> <p>The child needs little or no supervision/monitoring during physical activities.</p> <p>The child requires minimal support i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.</p> <p>The child needs specialist equipment/aids that do not require operational assistance/preparation.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> • The learning environment is partially accessible and inclusive for a child with PMN and which will require some reasonable adjustments in relation to adaptations and specialist equipment. • The child understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. • A referral may be required to school nurse to check hearing, sight or for possible medical condition. • The child may require referral by the setting to OT for advice re fine/gross motor assessment. <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The child does not require any active interventions following specialist assessment. <p>Planning</p> <ul style="list-style-type: none"> • Usual curriculum planning including group or individual targets. • Care plan in place, if appropriate, written with specialist nurse/school nurse. • Children involved in monitoring and setting targets. • Part of continual school and class assessment • Monitoring of developmental goals in line with EYFS guidance. • SENDCO awareness if no progress apparent after targeted interventions. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> • Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention. • The setting may require moving and handling training. • First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals. • Some differentiation to physical activities if appropriate. • Differentiated mark-making materials and equipment. • Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, cutlery via educational OT assessment. • Staff awareness training of relevant medical conditions on a 'need to know' basis. • Refer to LINT-PMN information on the website on adapted equipment/aids if necessary. • Main provision by staff with some age-appropriate programmes delivered one-to-one or in small groups. • Physiotherapists may intervene with children who have mild physical issues to prevent further deterioration/ reduce impact of condition/early intervention to achieve more successful outcomes.

Threshold 3 - Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate.</p> <p>Eligibility Criteria for PMN is C (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child has ongoing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which is impacting on access to curriculum.</p> <p>The child is making slow or little progress despite provision of targeted teaching approaches.</p> <p>The child is continuing difficulties with self-help and independence i.e. with continence/ toileting.</p> <p>The child is having ongoing difficulties with gross motor skills and coordination often seen in physical activities.</p> <p>The child may have medical condition that impacts on time in school and requires a medical care plan.</p> <p>The child has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.</p> <p>The child has increased dependence on mobility aids i.e., wheelchair or walking aid.</p> <p>The child has increased use of alternative methods for extended recording e.g., scribe, ICT.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The child may require a short block of intervention/termly visit in order to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs. The child remains on caseload and the LINT PMN QT provides an annual assessment with updated strategies and monitoring as appropriate. The child may have a condition that requires assessment for equipment and resources. <p>Planning</p> <ul style="list-style-type: none"> Educators identify times within the day to deliver training programmes as appropriate. Involve parents regularly to support targets at home. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Small group or one-to-one adult input to practice skills. Clear classroom routines. Alternative ways of recording to minimise handwriting. Groups and layouts of tables will need to be adjusted to ensure access for the child and any specialist equipment they are using i.e., wheelchair, standing frame etc. This will allow them to be at the same level and sit next to their peers. Opportunities are sought within the curriculum discuss PMN and role models within society. Behaviour management systems motivate the child and set clear expectations. Opportunities to practice dressing and undressing skills. Access to appropriate ICT provision. Main provision from setting staff with support from SENDCO. Occasional input from additional adult to provide targeted support under the direction of key worker. Minimal support/supervision may be needed to meet hygiene needs and/or to support outside play. Advice to be sought from Health Professionals e.g., Physiotherapist, Occupational Therapist etc. <p>IF Involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> Training offered re: the needs of the child to raise awareness of types of PMN and to reduce any further barriers to learning. Manual handling training may be offered bespoke to the needs of the child. <p>Except:</p> <ul style="list-style-type: none"> Physio may intervene with children who have mild - moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes.

Threshold 4 - Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.</p> <p>Eligibility Criteria for PMN is B (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child requires specialist equipment (medical/educational) that requires operational assistance.</p> <p>The child is not reaching age related expectations in all areas of the curriculum.</p> <p>The child requires assistance during mealtimes i.e., to help to move tray/feeding etc.).</p> <p>The child requires aid/s such as rolator, sticks, to move around their environment.</p> <p>The child is more dependent on appropriate ICT for recording.</p> <p>The child needs some assistance with their personal care needs i.e., dressing/undressing, toileting and hygiene.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The pupil remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring as appropriate. • The child requires a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across school and home and may include: <ul style="list-style-type: none"> - Minor adaptations to ensure full access to all areas of the school (handrails, ramps etc.). - An assessment of assistive technology - Intensive modelling, coaching and training by Teacher for PMN and/or relevant therapists/medical professional to enable school to support and identify general/specific PMN needs in their school. - An environmental assessment - A personal care and manual handling assessment in conjunction with the LINT PMN, Occupational Therapy, Physiotherapy and Health Professionals - An environmental assessment re accessibility. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Individual skills-based work may need to take place. • Nurture group input may be necessary to help with low self-esteem. • A buddy system would benefit the child. • Attention to position in classroom. • ICT equipment to aid recording. • Suitable peers and adults scaffolding the child's environment e.g., facilitating interaction with others. • Suitable peers and adults facilitating interaction in less structured environments e.g., playground. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach across a range of people/occasions). • Sharing experiences and having discussions on how other people are feeling. • Assistive technology may be in use to aid recording work i.e., laptop, iPad etc. • Further differentiation to physical activities in conjunction with Physiotherapy (physio needs would be based on assessment on a case-by-case basis). • Referral to OT by setting if first line strategies/advice and programmes have been trialled and evidenced but achievement is limited. • Main provision from setting staff with support from SENDCO and/or the LINT PMN QT (if involved). • Flexible use of staff support to access curriculum and develop skills in recording. • Furniture and equipment assessed jointly by the LINT PMN QT (if involved) and Occupational Therapy. • Need handwriting/fine motor advice from OT. • Disability/condition requires the intervention of an appropriately trained adult to support within the setting during specific times/tasks.

Threshold 4 - Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>A therapist/therapy assistant attends the setting to carry out an appropriate programme.</p> <p>The child has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.</p> <p>The child requires some monitoring/supervision by staff/adults.</p> <p>The disability/condition affects speech and has an impact on verbal communication and ability to express views.</p> <p>The child is unable to or has difficulty in using verbal and/or signing to communicate.</p> <p>The child requires assessment and/or provision of programme from Therapists (OT/Physio).</p> <p>The child needs assistance to participate in physical activities and requires a modified access to these.</p> <p>The child's health is unstable which impacts on everyday life/ability to access curriculum.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Curriculum planning including group or individual targets differentiated as appropriate to the NC level. • SENDCO seeks advice from LINT PMN QT and health care professionals in order to discuss next steps. • Setting manages SEND support and engages in joint planning with the LINT PMN QT, family, the child and other agencies. • Common targets are distributed to all educators and reviewed regularly. • Children can contribute to their EHC Plan and/setting targets. • Communication between the LINT-PMN QT and settings is regular (at least half termly). • Setting policies reflect reasonable adjustments made to ensure inclusion. • Timetabling of specialist equipment use to have the least impact on classroom time. • Individual targets on support plan following advice from the LINT PMN QT, and health professionals/therapists. • Modified planning for outdoor play curriculum is likely to be needed. 	<ul style="list-style-type: none"> • Hygiene/medical room may be necessary. • Adapted site may be necessary to physically access the building (assessment by OT will be required). <p>IF Involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> • Bespoke training may be offered around creating a PMN Friendly Environment with CPD offer extended to whole setting as appropriate.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.</p> <p>Eligibility Criteria for PMN is A (if the child has been assessed by LINT PMN specialist teacher).</p> <p>Health care inputs and therapies are intensive and on a regular basis i.e., weekly/daily.</p> <p>The child requires daily use of specialist equipment that require operational assistance or preparation in order to access all areas of the curriculum.</p> <p>The child requires support during mealtimes.</p> <p>The child may be an Augmentative Alternative Communication (AAC) user.</p> <p>The child may have a degenerative condition which impacts on independence.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The child remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring which is provided on at least a half-termly basis. • The child requires a minimum of monthly visits with specialist intervention throughout the year to embed programmes across school and home and may include: <ul style="list-style-type: none"> - Ongoing formal instruction in the use of specialist equipment and devices. - The development of mobility and independent living skills. - A Personal Care Assessment. - A Manual Handling Assessment. - The child may require an environmental assessment re accessibility. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports differed types of learning experience i.e., individual, small group, pre and post lesson tutoring etc. to ensure curriculum access and discreet skills and teaching can take place. • Adult input to practice skills as advised by LINT/OT. • Physiotherapy/ Occupational Therapy programme to be completed in setting. • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills. • Attention is given to persistent difficulties in mobility around the building. • Accessibility of the whole site, with facilities and practices that maintain the dignity of each child. • Some children are likely to require specialist support in communication with peers with an emphasis on developing the child's independent use of ICT, recording skills and communication through AAC as appropriate. • Communication is embraced between the child and others. • Use support techniques to experiment with autonomy and curiosity. • Specialist programmes are integrated within the day i.e., gross and fine motor, dressing and undressing, independent life skills. • ICT utilised most of the time for recording purposes. • Differentiated writing materials and equipment. • Timetable adjustments to accommodate specialist interventions and sensory and/or fatigue rest breaks. • Differentiation to physical activities. • Delivery of physio programme/postural management by trained staff. • The curriculum is modified in some or all areas. • Settings have regular liaison with the LINT-PMN QT (if involved) to support child and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. • Interventions should be incorporated across all activities throughout the day. • Condition/disability requires the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks. • EY setting needs significant adaptations to ensure that full access to the curriculum is achieved.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>NC Level</p> <p>Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate.</p> <p>Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p>	<p>Planning</p> <ul style="list-style-type: none"> • SENDCO and LINT-PMN (if involved) continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate. • Children can contribute to their EHC Plan and/setting targets. • Communication between the setting and the LINT-PMN (if involved) is frequent to ensure there are knowledgeable and empowered educators around the child. • Opportunities are in place for regular reviews of planning in line with LA. • Individual targets on support plan following advice from OT and health professionals. 	<ul style="list-style-type: none"> • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. • Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment. • May need a suitable space in which therapies can be carried out with appropriate hoisting facilities if appropriate and therapy bench. • A space where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored. • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary. • A time out area for rest periods where children can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity. • Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, mark-making skills etc. • Setting meets the need for high level support for all personal care, mobility, daily routines and learning needs. • May need individual adult support for mobility and personal care needs as advised by LINT-PMN (if involved) / OT and Healthcare Professionals. • Access to specialist resources to meet the personal care and mobility needs of each child. • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. <p>IF involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> • Bespoke training may be offered around Manual Handling in liaison with physiotherapist. • Peer Awareness Training.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.</p> <p>Eligibility Criteria for PMN is A* (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child needs access to multiple pieces of personal specialist equipment, resources and technology to break down barriers to learning.</p> <p>The disability/condition demonstrates moderate risk to self or others i.e. petit-mal seizures/spasms</p> <p>The child's behaviour demonstrates serious risk of harm to self/others – tonic clonic seizures, choking, self-harming. (Consider onward referral to behaviour/health services).</p> <p>The child may require regular/daily/24-hour supervision/monitoring (. continuing care due to intrusive procedures).</p> <p>The child requires regular/daily intervention from specialist nursing teams or health professionals.</p> <p>The child's disability/condition directly affects the ability to communicate verbally and/or record work/ideas.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The pupil requires long-term, significant and intensive intervention from the LINT-PMN QT which is expected to take at least a year to embed across setting and home with at least fortnightly visits and may include: <ul style="list-style-type: none"> Ongoing formal instruction in the use of specialist equipment and devices. Ongoing development of mobility and independent living skills. An Environmental Assessment carried out by the LINT-PMN QT alongside OT An environmental assessment re accessibility. <p>Planning</p> <ul style="list-style-type: none"> Risk assessments for: moving and handling, movement around the setting and outside to be in place. An Emergency Health Care Plan is in place as appropriate. A PEEP (Pupil Emergency Evacuation Process) is in place in collaboration with the LINT-PMN QT (if involved). OT assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with LINT-PMN QT (if involved). Setting and LINT PMN QT (if involved) work very closely to identify, assess and meet EHCP outcomes. LINT-PMN QT ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. The child can contribute to their EHC Plan with additional adaptations and modifications recommended by LINT-PMN QT (if involved) prior to meetings in line with LA SEND timescales. Communication between LINT-PMN (if involved) and settings is frequent (minimal of fortnightly) to ensure that there are knowledgeable and empowered educators around the child. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Support may be needed with difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment. Opportunities to interact with others as an Augmentative Alternative Communication (AAC) user. Constant reinforcement and generalisation of skills is an essential priority. Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical, and medical needs. A specialist learning environment that supports the child's need to accept and develop pre-requisite skills required to access communication and learning. There is a highly individualised multi-agency working approach. Individual specialist support for mobility and personal care needs. High staffing ratio with specialist teaching and specialist non-teaching support to facilitate the child's access to the curriculum. Staff trained and 'signed off' in medical / physical interventions, postural management, and strategies as appropriate. OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A skilled or familiar person to assist the child in communicating their expressive and receptive needs. A specialist/differentiated physical curriculum to ensure that they can access this aspect of learning.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child uses specialist equipment/aids that require daily operational assistance or preparation.</p> <p>The child requires a high level of support from specialist health professionals.</p> <p>The child spends a significant part, or all of the day using a specialist aid such as a wheelchair, standing frame, walking sticks, rolator to move around their environment.</p> <p>The child is dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly and also help with personal care needs.</p> <p>The child has a medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc.</p> <p>The child has a life threatening/limiting or degenerative condition.</p> <p>NC Level Attainment levels will range from P scales in Primary to NC levels in Secondary.</p>	<ul style="list-style-type: none"> • All outcomes from EHCP reflect the PMN specialist curriculum 'above and additional to' interventions for the child to learn to access (if LINT-PMN is involved). • Setting works closely with LINT PMN QT (if involved) to create a bespoke education offer to meet unique needs based on setting curriculum and specialist curriculum. • Assessment and monitoring will be bespoke. • Policies reflect reasonable adjustments and are written in collaboration with LINT PMN QT (if involved). • Educators facilitate working between themselves, the family, LINT-PMN (if involved) and SaLT to identify appropriate use of communication methods e.g., AAC. • Individual care plan/ protocol to be in place. • Behaviour care plans in place if appropriate • Plans in place for Egress, moving and handling. • The child requires a high level of support from a multi-disciplinary team to make successful transitions between rooms and into setting. 	<ul style="list-style-type: none"> • A daily or intensive therapy programme integrated within the day. • Postural management to be regularly reviewed. • Curriculum planning closely tracks levels of achievement and incorporates individual targets, self-help and therapy programmes. • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs). • Settings have regular liaison with the LINT-PMN QT (if involved) to support the child and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. • A suitably equipped space in which therapies can be carried out including a height adjustable therapy bench, where necessary, and hoist and slings. • An equipment space where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored. • May have access to specialist hydrotherapy/water-based activities with advice and guidance from the physiotherapist. • May have access to sensory room. • A suitable space may be needed for children with emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend the setting. • Access to regular nursing support and advice.

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the EY environment and activities in accordance with their physical capabilities, to support them to make progress towards early learning goals. N.B, for some children with complex medical/physical needs, alternative feeding plans will need to be considered following guidance from relevant professionals.</p> <p>Child is able to reach and engage with resources in all areas of learning with opportunities at their level, either in specialist seating/ wheelchair or on the floor.</p> <p>Child is able to dress and undress with increasing independence in accordance with their physical/ medical needs.</p> <p>Child is confident to ask for help when there are barriers to accessing educational resources.</p> <p>Child is supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>	<p>Child is able to navigate the environment independently with minimum adult support via physical means or specialist equipment i.e. using a self-propelled wheelchair, self-propelled scoot, a powered chair, a walking frame or walking sticks.</p> <p>Child is able to use the toilet independently in accordance with their physical/medical needs/diagnoses.</p> <p>Child is able to participate in mealtime routines using cutlery with increasing dexterity and independence to feed themselves appropriately. N.B for some children.</p> <p>Child is able to confidently negotiate the environment independently, understanding their own limitations physically.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults.</p>	<p>Child is able to access community-based activities/ clubs/groups in accordance with their physical/medical capabilities, to facilitate shared play and interaction and to support the development of friendships with peers.</p> <p>Child is able to access visits/ day trips as appropriate. These should be planned in advance, to consider the accessibility and transport needs.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to be supported to re-establish friendships after a term of absence.</p> <p>Child is able to wait their turn and feel confident that their needs will be met.</p>	<p>Child is able to attend regular medical, optical and visual checks to support good health.</p> <p>Child is able to comply with self-care routines and medical routines to support good physical health.</p> <p>Child is able to engage in regular physical exercise to maintain good physical health and support the development of gross motor skills.</p> <p>Child is able to try a range of new foods offered to support the development of a balanced and healthy diet.</p> <p>Child is able to begin to have an understand of own physical and/or medical need and identity with their own equipment.</p> <p>Child is able to be supported emotionally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Physical, Medical and Sensory Needs.