

5. Deafness and Hearing Impairment (D/HI)

Part 1 - Introduction and Overview

Information about hearing loss/deafness

There are two types of hearing loss. These are described as **conductive** and **sensori-neural**. A child can have a **mixed hearing loss** which means they have both a conductive and sensori-neural loss.

A **conductive** hearing loss

- Usually temporary and can come and go
- Extremely common in young children
- Can have a significant effect on concentration, attention and language development and behaviour
- Sometimes the child is prescribed hearing aids to use on a temporary basis.

A **sensori-neural** loss

- Permanent
- Much less common (0.1% of children are born with a permanent loss)
- Can be described as “mild”, “moderate”, “severe” or “profound” in its severity
- Likely to necessitate the use of hearing aids or a cochlear implant
- Likely to have a significant effect on development, without appropriate intervention and support.

What to do if you suspect a child has a hearing loss.

If staff in your school or setting are concerned that a child may have a hearing loss, consider the following questions:

- Does the child have frequent colds or ear infections?
- Does the child regularly breathe through his/her mouth?
- Does the child miss spoken information?

- Does the child frequently say “What? or Pardon?”
- Does the child have poor attention and appear to “switch off”?
- Does the child need to watch to keep up?
- Does the parent/carer have any concerns about their child’s hearing?
- Is the child’s speech difficult to understand?

If you have answered yes to a number of these questions it may be that the child has a hearing difficulty. In conjunction with parents/carers you can:

- Request the child’s hearing is tested by the school screening Audiometrician
- Suggest the parent/carer contacts their GP or health visitor
- Begin an Early Help Assessment. NB: Request for support from the Special Education Needs and Disability Teaching Support Team (SEND TST) for D/HI would require medical evidence of hearing loss.

An Education, Health and Care Plan (EHCP) will generally be required when the child experiences severe to profound difficulties in accessing the curriculum (Band 3 or above).

The child or young person may have delayed language (below the level of the average hearing child 42 - 48 months) as a result of their hearing loss – see band 3A, 4A or 5A. Or, a child or young person of any age whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum – See Band 3B, 4B or 5B.

Where there is an unusual pattern of hearing loss, or a child is very young, consideration will be given on an individual basis.

It is acknowledged that children and young people may experience multiple difficulties e.g. hearing loss, learning difficulties and autism. The needs of more complex children or young people will be considered on an individual basis.

Part 2 – Band Descriptors		
Band 1 (Mild SEND)	<p>Child or young person has been identified with a temporary hearing loss due to glue ear. They may have been prescribed hearing aids or have grommets.</p> <p>There are concerns that the hearing loss is having an impact on language development, behaviour, listening and/or attention.</p> <p>At this band level, it is expected that schools and settings will meet needs from their delegated resources albeit with the advice from external specialists.</p>	
Band 2 (Moderate SEND-Early Help)	<p>Child or young person has been identified with a temporary or permanent hearing loss.</p> <p>Child or young person may have been prescribed hearing aids or have grommets.</p> <p>Child or young person may have been allocated hearing equipment which requires regular monitoring of functional use and maintenance.</p> <p>Child or young person is not making appropriate progress as a direct result of their hearing loss and/or support strategies are not appearing to be effective.</p> <p>Child or young person may be showing some signs of anxiety as a result of their hearing loss, which affects their emotional well-being. This may be despite making academic progress.</p> <p>At this band level, it is expected that schools and settings will meet needs from their delegated resources albeit with the advice from external specialists.</p>	
Band 3 (Severe SEND- EHCP)	<p>Band 3A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p>	<p>Band 3B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning</p>

	<p>Nursery or Reception child who has language assessed as between 12 - 24 months below chronological age.</p> <p>This is the point at which it is expected that resources additional to those delegated to schools and settings will be required to meet needs and a statutory assessment for an education health and care plan will be appropriate.</p>	<p>and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 16 - 22 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 16 -19 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater with a score of 16 -19 score on EHCP eligibility criteria. <p>This is the point at which it is expected that resources additional to those delegated to schools and settings will be required to meet needs and a statutory assessment for an education health and care plan will be appropriate.</p>
<p>Band 4 (More Severe SEND)</p>	<p>Band 4A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Nursery or Reception pupil who has language assessed as more than 24 months below chronological age.</p>	<p>Band 4B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 23 - 24 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 20 - 23 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater 20 - 23 on EHCP eligibility criteria.

Band 5 (Profound SEND)	Band 5A Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness. Children in Year 1 or above with language levels below those of an average 42 - 48 month child.	Band 5B Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum. <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 25 and above on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 24 and above on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater with a score of 24 and above on EHCP eligibility criteria.
Band 6 (Exceptional SEND)	<ul style="list-style-type: none"> • Child or young person may be a British Sign Language (BSL) first language user, who is not accessing English via speaking and listening. They may need Sign Supported English throughout the day. • Child or young person may require residential placement as their needs cannot be met within the Local Authority (LA). • Child or young person who has profound and complex difficulties in addition to their hearing loss. Their needs cannot be met in mainstream LA provision. 	

Part 3 - Provision		
Band 1 – Mild SEND		
Descriptor	<p>Child or young person identified with a temporary hearing loss due to glue ear. They may have been prescribed with hearing aids or have grommets.</p> <p>There are concerns that the hearing loss is having an impact on language development, behaviour, listening and/or attention.</p> <p>Consideration may be given to requesting an Early Help Assessment.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Normal curriculum plans which may include individual or group targets. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Child or young person is part of school and class assessments. • Identify child or young person's strengths as well as areas of additional need. 	
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class. • Must have attention to seating, lighting and listening environment/acoustics. 	

Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher. • Must have attention to correct hearing aid use. 	
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within the curriculum. 	
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Generic support, advice and guidance available to school via Cumbria County Council (CCC) Local Offer, for example need for daily checking of hearing aids. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • Joint written advice by hospital Audiology Department and SEND TST via the Paediatric Hearing Aid Clinic (PHAC). • Web based advice via CCC Local Offer. • Contact can be made with SEND TST if any concerns in the future.

Band 2 – Moderate SEND – Early Help

Descriptor	<p>Child or young person identified with a temporary or permanent hearing loss.</p> <p>Child or young person may have been prescribed with hearing aids or have grommets.</p> <p>Child or young person may have been allocated equipment which requires regular monitoring of functional use and maintenance.</p> <p>Child or young person is not making appropriate progress as a direct result of their hearing loss, or support strategies are not appearing to be effective.</p> <p>Child or young person may be showing some signs of anxiety as a result of their hearing loss, which affects their emotional well-being. This may be despite making academic progress.</p> <p>Early Help process started. Team around the child or young person/family may be in place.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person's needs will be identified and they will have an individual plan e.g. IEP. • Curriculum plans will include individual or group targets and must reflect levels of achievement. • Strategies employed to ensure the voice of the child or young person is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Child or young person is part of school and class assessments. • Identify child or young person's strengths as well as areas of additional need. • Advice from external specialist e.g. Educational Psychologist (EP) or Specialist Advisory Teacher (SAT) is incorporated in to target setting, planning and support. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting. • Strategies employed to ensure child or young person's voice is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Advice provided as part of Early Help process. • Possible use of speech audiometry and other specialist tools to assess access to spoken language, and if a radio aid system is required. • Regular electroacoustic assessment of hearing aids by Teacher of the Deaf (ToD) or sensory Higher Level Teaching Assistant (HLTA). • Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class with opportunities for 1:1, small group work and interventions e.g. specific vocabulary work, pre and post teaching. • Must have attention to seating, lighting and listening environment/acoustics. 	
Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher. • Must have attention to correct hearing aid use. • Key information about the child or young person to be 	<ul style="list-style-type: none"> • Liaison with school staff including SENCO, Class Teacher, Key Worker, Teaching Assistant (TA). • Liaison with Health.

	shared with key staff including supply staff.	<ul style="list-style-type: none"> • Liaison with parents/carers.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within the curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support e.g. visual timetable, visual dictionary, glossary, subtitles. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010, via discussion, written advice and/or INSET.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • If child or young person is eligible, provide and maintain radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide training on the use, day to day management and checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET. • Advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits FAO parents/carers and setting/school. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources e.g. local offer, early support materials, information leaflets on deafness, link to organisation such as National Deaf Children's Society (NDCS).

Band 3 – Severe SEND EHCP		
Descriptor	<p>Band 3A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Nursery or Reception pupil who has language assessed as between 12 - 24 months below chronological age.</p> <p>Band 3B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 16 -22 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 16-19 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater 16-19 score on EHCP eligibility criteria. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person's needs will be identified and they will have an individual plan, e.g. IEP. • Curriculum plans will include individual or group targets and must reflect levels of achievement. • Provide opportunities for parents/carers to meet with key staff and for them to play an active role in planning the 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from ToD. • Strategies employed to ensure child or young person's voice is taken in to account in planning and delivery. <p>Assessment</p>

	<p>outcomes and a solution focused plan. E.g. IEP.</p> <ul style="list-style-type: none"> Strategies employed to ensure child or young person's voice is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> Child or young person is part of school and class assessments. Regular review of individual targets. Child or young person may require modification to the presentation of assessments. Identify child or young person's strengths as well as areas of additional need. Advice from external specialist e.g. EP or SAT is incorporated in to target setting, planning and support. 	<ul style="list-style-type: none"> Possible use of speech audiometry and other specialist tools to assess access to spoken language and whether a radio aid system is required. A battery of specialist assessments e.g. speech discrimination, LIFE UK, acoustic toolkit assessment, Reynell, British Picture Vocabulary Scale (BPVS), Assessment of Comprehension and Expression (ACE), Edinburgh Reading Test (ERT), South Tyneside Assessment of Syntactic Structures and South Tyneside Assessment of Phonology (STASS STAP), which will monitor progress and inform future targets and outcomes. Regular electroacoustic assessment of hearing aids by ToD or sensory HLTA. Conduct observations aimed at supporting effective use of specialist advice and equipment. Provide written feedback on observations. Liaison with other professionals involved (e.g. audiology/ Ear Nose and Throat (ENT), Speech and Language Therapist (SALT). Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> Fully included in mainstream class. Opportunities for 1:1, small group work and interventions e.g. specific vocabulary work, pre and post teaching. Must have attention to seating, lighting and listening environment/acoustics. 	<ul style="list-style-type: none"> Advice from a ToD on curriculum and teaching methods.
Human Resources and Staffing	<ul style="list-style-type: none"> Main provision by class/subject teacher with advice from ToD. Access to trained adult who will reinforce lesson content, 	<ul style="list-style-type: none"> Liaison with school staff including SENCO, Class Teacher, Key Worker, TA. Liaison with Health.

	<p>deliver modified curriculum tasks, support language development.</p> <ul style="list-style-type: none"> • Staff will have appropriate communication skills. • Must have attention to correct hearing aid use, including ensuring aids are worn, are working and checked daily as recommended by the SAT. • Key information about the child or young person to be shared with key staff including supply staff. • Key staff working with child or young person to attend training provided by SAT. 	<ul style="list-style-type: none"> • Liaison with parents/carers. • Half-termly electro-acoustic hearing aid checks. • Monitoring visits to speak to child or young person/SENCO. • Assess, issue and monitor radio aid – as appropriate. • Provide INSET- as required. • ToD will provide written visit notes and or report circulated to school/setting family and hospital.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within the curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support e.g. visual timetable, visual dictionary, glossary, subtitles. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Specific interventions e.g. for speaking, listening and teaching of phonics. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI children and young people, as per Equality Act, 2010, via discussion, written advice and/or INSET. • As appropriate ToD will provide advice on development and implementation of individual teaching programme to develop language and communication, listening, literacy, numeracy.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Take responsibility for care & maintenance and appropriate use of any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings including any additional 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds. • If eligible provide and maintain radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide training on the use, day to day management and

	<p>funding from the LA to support children and young people with SEND e.g. via a provision map.</p>	<p>checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET.</p> <ul style="list-style-type: none"> • Advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources e.g. local offer, early support materials, information leaflets on deafness, link to organisation such as NDCS.
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Band 4 – More Severe SEND

Descriptor	<p>Band 4A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Nursery or Reception pupil who has language assessed as more than 24 months below chronological age.</p> <p>Band 4B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p>
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	<ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 23 - 24 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 20 - 23 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater 20 - 23 on EHCP eligibility criteria. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group targets and must reflect levels of achievement and include individually focused plan. • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Advice from external specialist e.g. EP or SAT is incorporated in to target setting, planning and support. <p>Assessment</p> <ul style="list-style-type: none"> • Part of school and class assessments. • Evidence of regular review of individual targets. • May require modification to the presentation of assessments. • Identify child or young person's strengths as well as areas of additional need. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from ToD. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • May advise and work alongside staff to produce an individual language plan with suggested outcomes and resources. <p>Assessment</p> <ul style="list-style-type: none"> • Possible use of speech audiometry and other specialist tools to assess access to spoken language and whether a radio ad system is required. • A battery of specialist assessments including e.g. speech discrimination, LIFE UK, acoustic toolkits assessment, Reynell, BPVS, ACE, ERT, STASS STAP, which will monitor progress and future targets and outcomes. • Regular electroacoustic assessment of hearing aids by ToD or sensory HLTA. • Provide feedback on observation aimed at assessing effective use of specialist advice and equipment by ToD or sensory HLTA. • Liaison with other professionals involved (e.g. audiology/ ENT, SALT) by ToD or sensory HLTA.

		<ul style="list-style-type: none"> Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> Fully included in mainstream class. Frequent opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching (<i>reference here to provision of evidence, over and above, additional and different – standard across all specialisms</i>). Must have attention to seating, lighting and listening environment/acoustics. 	<ul style="list-style-type: none"> Advice from a ToD on curriculum and teaching methods.
Human Resources and Staffing	<ul style="list-style-type: none"> Must have main provision by class/subject teacher with advice from ToD. Must have additional adults with appropriate training under the direction of the teacher and ToD to: <ul style="list-style-type: none"> reinforce lesson content deliver modified curriculum tasks support language development deliver and review language plan adapt and create tailor made resources Should have specialist support staff with appropriate communication skills. Must have attention to correct hearing aid use, including ensuring aids are worn, are working and checked daily as recommended by the SAT. Encourage increasing independence in management of equipment and self-advocacy as a deaf child or young person. Key information about the child or young person to be shared with key staff including supply staff. Key staff working with child or young person to attend 	<ul style="list-style-type: none"> Liaison with school staff including SENCO, Class Teacher, Key Worker, TA. Liaison with Health. Liaison with parents/carers. Half-termly electro-acoustic hearing aid checks. More frequent monitoring visits to speak to child or young person/SENCO. Possible input of ToD or sensory HLTA to model and or deliver individual packages of support e.g. Personal Understanding of Deafness (PUD). Assess, issue and monitor radio aid – as appropriate. Provide INSET- as required. ToD will provide written visit notes and or report circulated to school/setting family and hospital.

	training provided by SAT.	
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within The Curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Specific interventions e.g. for speaking, listening and teaching of phonics. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI children or young people, as per Equality Act, 2010, via discussion, written advice and/or INSET. • As appropriate ToD will provide advice e.g. on development and implementation of teaching programme to provide enriched language input, develop listening and communication skills, literacy. • ToD provide advice and suggested resources around social emotional development.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Take responsibility for care & maintenance and appropriate use for any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings including any additional funding from the LA to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds. • If eligible provide radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide additional training on the use, day to day management and checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET. • Additional advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Information (<i>see wording in Quality Standards, e.g. NDCS</i>).

		<ul style="list-style-type: none"> • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on additional suitable resources.
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Band 5 – Profound SEND

Descriptor	<p>Band 5A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Children in Year 1 or above with language levels below those of an average 42-48 month child.</p> <p>BAND 5B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 25 and above on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 24 and above on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater with a score of 24 and above on EHCP eligibility criteria.
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group targets and must reflect levels of achievement and include individually focused plan. • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery • Advice from external specialist e.g. EP or SAT is incorporated in to target setting, planning and support. <p>Assessment</p> <ul style="list-style-type: none"> • Part of school and class assessments. • Evidence of regular review of individual targets. • May require modification to the presentation of assessments. • Identify child or young person's strengths as well as areas of additional need. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from ToD. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Will advise and work alongside staff to produce an individual language plan with suggested outcomes and resources. <p>Assessment</p> <ul style="list-style-type: none"> • Possible use of speech audiometry and other specialist tools to assess access to spoken language and whether a radio aid system is required. • A battery of specialist assessments including e.g. speech discrimination, LIFE UK, acoustic toolkits assessment, Reynell, BPVS, ACE, ERT, STASS STAP, which will monitor progress and future targets and outcomes. • Regular electroacoustic assessment of hearing aids by ToD or sensory HLTA. • Provide feedback on observation aimed at assessing effective use of specialist advice and equipment by ToD (e.g. audiology/ ENT, SALT) by ToD or sensory HLTA. • Identify child or young person's strengths as well as areas of additional need. • Language plan will be assessed and impact/outcomes monitored by ToD. • Assessment regarding appropriateness of sign support.

Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class. • Frequent opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching (<i>reference here to provision of evidence, over and above, additional and different – standard across all specialisms</i>). • Must have attention to seating, lighting and listening environment/acoustics. 	<ul style="list-style-type: none"> • Advice from a ToD on curriculum and teaching methods.
Human Resources and Staffing	<ul style="list-style-type: none"> • Must have main provision by class/subject teacher with advice from ToD. • Must have additional adults with appropriate training under the direction of the teacher and ToD to: <ul style="list-style-type: none"> ○ reinforce lesson content ○ deliver modified curriculum tasks ○ support language development ○ deliver and review language plan ○ adapt and create tailor made resources • Should have specialist support staff with appropriate communication skills e.g. sign language skills. • Must have attention to correct hearing aid use, including ensuring aids are worn, are working and checked daily as recommended by the SAT. • Encourage increasing independence in management of equipment and self-advocacy as a deaf child or young person. • Key information about child or young person to be shared with key staff including supply staff. • Key staff working with child or young person to attend training provided by SAT. 	<ul style="list-style-type: none"> • Liaison with school staff including SENCO, Class Teacher, Key Worker, TA. • Liaison with Health. • Liaison with parents/carers. • Half-termly electro-acoustic hearing aid checks. • More frequent monitoring visits to speak to child or young person/SENCO. • Possible input of ToD or sensory HLTA to model and or deliver individual packages of support e.g. Personal understanding of deafness (PUD). • Assess, issue and monitor radio aid – as appropriate • Provide INSET- as required. • ToD will provide written visit notes and or report circulated to school/setting family and hospital. • If appropriate specialist support staff with appropriate sign language skills /communication and or training.

Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within The Curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Specific interventions e.g. for speaking, listening and teaching of phonics. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI children and young people, as per Equality Act, 2010, via discussion, written advice and/or INSET. • As appropriate ToD will provide advice e.g. on development and implementation of teaching programme to provide enriched language input, develop listening and communication skills, literacy. • ToD provide advice an suggested resources around social emotional development.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Take responsibility for care & maintenance and appropriate use for any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings including any additional funding from the LA to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spend on meeting the needs of the child or young person. • LA to monitor the use of these funds. • If eligible provide radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide additional training on the use, day to day management and checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET. • Additional advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Information. (<i>see wording in Quality Standards, e.g. NDCS</i>). • Contact can be made with SEND TST if any concerns

		between visits. <ul style="list-style-type: none"> • Sign post and offer advice on additional suitable resources. • BSL sign resources may be provided.
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Band 6 – Exceptional SEND

Descriptor	<ul style="list-style-type: none"> • Child or young person may be a BSL first language user, who is not accessing English via speaking and listening. They may need Sign Supported English throughout the day. • Child or young person may require residential placement as needs cannot be met within the LA. • Child or young person who has profound and complex difficulties in addition to their hearing loss and their needs cannot be met in mainstream LA provision. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Contribute to full assessment of need with multi agency involvement to consider appropriate placement. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • Advice from a specialist e.g. EP or SAT is incorporated in to target setting, planning and support. 	<ul style="list-style-type: none"> • LA will conduct a full assessment of need with multi agency involvement to consider appropriate placement. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need.

Teaching and Learning Environment	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> Fully included in mainstream class. Frequent opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching (<i>Reference here to provision of evidence, over and above, additional and different – standard across all specialisms</i>). Must have attention to seating, lighting and listening environment/acoustics (as appropriate). <p>LA Special school</p> <ul style="list-style-type: none"> Fully included in all activities. Opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching. Must have attention to seating, lighting and listening environment/acoustics (as appropriate). <p>Residential placement</p> <ul style="list-style-type: none"> Fully included in all activities. Opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching. Must have attention to seating, lighting and listening environment/acoustics (as appropriate). 	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> Advice from a ToD on curriculum and teaching methods. <p>LA Special school</p> <ul style="list-style-type: none"> Advice from a ToD on curriculum and teaching methods as appropriate to complex need. <p>Residential placement</p> <ul style="list-style-type: none"> Responsibility of specialist placement.
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Human Resources and Staffing	BSL/Sign Supported English dependent user in LA mainstream setting <ul style="list-style-type: none"> Take responsibility for employing staff with appropriate level of signing skills and or communication support worker. LA Special school <ul style="list-style-type: none"> As per special school. Residential placement <ul style="list-style-type: none"> As per residential schools. 	BSL/Sign Supported English dependent user in LA mainstream setting <ul style="list-style-type: none"> Will provide top up funding for setting to employ staff as identified in provision with the EHCP. LA Special school <ul style="list-style-type: none"> Support use of any specialist audiological equipment. Residential placement <ul style="list-style-type: none"> LA to monitor progress and appropriateness of placement and effective use of exceptionally funded resources e.g. via annual review.
Curriculum and Teaching Methods	BSL/Sign Supported English dependent user in LA mainstream setting LA Special school <ul style="list-style-type: none"> As per special school. Residential placement <ul style="list-style-type: none"> As per residential school. 	BSL/Sign Supported English dependent user in LA mainstream setting LA Special school Residential placement

Resources and Intervention Strategies	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Children and young people for whom it has been agreed to use BSL support- mainstream in LA, would need a Communication Support Worker. • Demonstrate the use of resources that are delegated to schools and settings including any additional funding from the LA to support children and young people with SEND e.g. via a provision map. <p>LA Special school</p> <p>Residential placement</p>	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Children and young people for whom it has been agreed to use BSL support – all ages and all school phases – an individualised package of support will be required. • LA will provide top up funding as identified in Table/Section 2.
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