

Maple Primary School

Hall Place Gardens'
St. Albans
AL1 3SW

Autumn 2021

Policy for Specialist Provision for Deaf Children

This policy should be referred to in conjunction with the Aims of the School, the Special needs Policy and the Assessment and Record keeping policy and will be reviewed annually.

The word 'deaf' is used to include all degrees of hearing loss from moderate to profound.

The SDP base is funded for six children but can take up to ten pupils with extra funding. It is staffed by two Teachers of the Deaf (0.8 and 0.6) and four Learning Support Assistants. A Speech and Language Therapist (NHS) visits weekly to work with the Base children. The Unit is an integral part of Maple School. All staff work together to ensure that pupils attending the Unit are fully included in the life of the school.

Admission Procedure

Placement in the Base is made by the LEA through its Provision and placement Panels. All children will have an EHC plan. The Casework Officer will submit papers to the panel for their consideration. The panel decisions are feed back to the casework officer who informs the family & the school.

Pupil focussed visits can be arranged where appropriate.

Initially, parents who want to visit may join one of the school's regular open day/evenings by contacting the school's secretary.

Communication Policy

The Base provides for deaf children who are developing communication through speaking and listening. It adopts a primarily auditory/oral and is suitable for children who:

1. have a bilateral sensori-neural hearing loss
2. have the potential to develop oral language
3. are using their residual hearing
4. are developing good speech reading/visual attention skills
5. need more intensive and more regular language input than would be available in mainstream or from a Speech and Language Therapist alone
6. would have difficulty accessing the curriculum without specialist support

The Role of the SDP Base

The function of the Base is to enable deaf children to be included in the mainstream environment in its widest sense and have access to the class curriculum as adapted to the needs of the individual child by the Teacher of the Deaf.

Pupils' individual programmes will draw on some of the following provided by Base staff:

- reverse integration groups
- social skills groups
- in class support
- individual pre and post tutoring
- highly differentiated core curriculum for the individual
- individual specialist language programmes
- individual specialist listening programmes

The aim of the SPD base is to develop children as independent learners. Children will work in mainstream classes *without support* for some part of the timetable.

Time is made available regularly for base staff to plan with class teachers for each pupil's individual integration and support timetable.

The degree and nature of support will be determined by ongoing assessment of:

- the level of linguistic competence of the child
- the difficulty of the subject/concept being covered in class
- the ability of the child to cope with background noise in the mainstream classroom
- possible additional problems of the child
- behaviour patterns of the child
- the numbers of children integrating at any one time

The Base team also aims to support hearing impaired pupils indirectly via:

- an active contribution to the school ethos,
- facilitating inclusion through staff and governor INSET,
- presentations to parents,
- deaf awareness lessons,
- welcoming deaf visitors and organisations into school.

The Base staff also actively contribute to school life, via Assemblies, extracurricular activities etc and as being Science, DT, Health & Safety coordinators and nonteaching staff governor. Unit Staff maintain the school Soundfield systems and the ToD is part of the schools SMT.

The Role of the SDP Teacher of the Deaf is to:

- provide technical knowledge of hearing aids, cochlear implants and other auditory equipment, an overview of their maintenance and monitoring of their use in mainstream

- understand the needs of deaf children and represent them in a whole school context, e.g. the implications of delayed language and its effect on comprehension, social skills and the effect of hearing loss on the ability to follow whole class lessons
- have a broad knowledge of the mainstream curriculum across three key stages and understand what access problems deaf child may experience (enabling effective short term planning in close liaison with the mainstream class teacher)
- liaise and support parents, with for example, home visits and the use of the home/school book
- liaise closely with previous and future educational settings to enable smooth transition (*See Appendix 1: 'Transition Guidelines'*)
- liaise with other professionals on a basis of shared knowledge e.g. Speech and Language Therapist, Educational Psychologist, Mainstream Teachers, School Management staff, Head of Service, Teachers of the Deaf, Audiologists, Implant Teams, Hospitals and Clinics, Action on hearing loss, NDCS, etc.
- write reports and organise EHCP/annual review meetings; be involved in assessment, case conferences and record keeping
- liaise regularly with the Head Teacher
- liaise regularly with the Speech & Language Therapist (*See Appendix 2: 'SDP & SLTs Working Together'*)
- review the SEN policy (and Meeting the Need handbook) regularly with the Head Teacher and SENCo
- organise/present INSET for staff, governors and parents
- keep up to date with developments in Special Education and Deaf Education in particular
- keep abreast of current technological advances with respect to hearing aids, diagnosis, prognosis, cochlear implants etc.
- liaise with feeder/follow on schools and nursery groups
- undertake home visits
- timetable programme of work to meet child's needs: detailing child's individual programme of learning, organise integration/reverse integration groupings etc.
- teach Literacy, Numeracy and Social Skills lessons within the Base, pre and post tutor, team teach with mainstream teachers, provide Deaf Awareness teaching and reverse integration
- support children in mainstream (other children may be included in this support as well as the Deaf child)
- monitor and encourage deaf children's social interaction and development, implementing strategies and employing schemes such as a 'circle of friends' where/when necessary
- assess and monitor listening and language development
- encourage a positive whole school approach to deaf people
- manage Base staff.
- take a co-ordinators role ie whole school Science/PSHE coordinator.

The Role of Support Staff is to:

- contribute to planning and evaluating work wherever possible
- provide support for deaf children in mainstream classes as decided with the mainstream and Base teachers
- work with individuals or small groups in the unit where/when the Mainstream and base teachers agree it is appropriate
- deal with the routine management and testing of hearing aids and auditory equipment
- monitor hearing aids

- keep up to date of current technological advances in aiding and their impact on Unit pupils
- be a point of contact for parents, providing liaison between the school office and class teacher, e.g. for buying school uniform, organising dinner monies and trip details etc.
- be a point of contact for taxi escort

Resources:

The Base is equipped with acoustic tiles, double glazing, low frequency emitting lights, rubber soled chairs and soft materials to reduce reverberation times.

There is a range of equipment to develop phonological awareness and auditory training.

It has a quiet area for testing hearing aids and a quiet space for developing specific speech, language and listening skills.

Teachers of the Deaf have access to the shared county electro-acoustic acoustic test box and a range of speech & language assessment materials

The main Base room is used for individual, group and class sessions. It is also used to the benefit of the school community for e.g. Meetings, PSHE and social group meetings, as an extra resource for Golden time, INSET training of staff and counselling sessions.

Audiology:

- Children are encouraged to make maximum use of their residual hearing. It is paramount that their hearing aids/ cochlear implants work with optimum efficiency. Post aural aids, cochlear implant processors, BAHA's and radio aids are checked daily
- Children use radio aids in class and group teaching situations. A conference microphone may be used in small group teaching where appropriate
- Sound field systems are installed in all classrooms and the Hall. This is beneficial for **all** children in the class and is helpful for the teacher's voice. The deaf children's radio aids link in to these systems
- Radio aid and sound field batteries are recharged as necessary
- Post aural aids are tested regularly in the electro acoustic test box
- Radio aids are tested and balanced with individual children's hearing aids half termly
- Radio aids are balanced with cochlear implant aids by the relevant implant team
- Older children are encouraged to be responsible for their own hearing aids, ear moulds and batteries.
- Ear mould tubing, radio aid leads etc, are replaced from unit stock, which is supplied by the county Educational Audiologist.
- The county Educational Audiologist gives advice on appropriate hearing aids for the educational setting and their optimum use in the classroom. She/he also provides audiology training and updates.
(See Appendix 3 : 'County Audiology Policy')

Assessment and Reporting :

- All children have an annual review of their EHC plan. The Head teacher is ultimately responsible for this. Parents and professionals are invited to the Review meeting. Contributions & reports are circulated 2 weeks prior to meeting. Children contribute to the review in line with their maturity
- Alongside every child in the school, parents of HI children will receive a report from their child's class teacher at the end of each school year
- National Curriculum Tests are normally undertaken on the same basis as mainstream children with concessions as outlined in the National Curriculum Test procedures

- Language and listening assessments take the form of summative, diagnostic formal assessments and informal assessments. These are carried out on a regular basis, usually with another professional such as the Speech and Language therapist.
(See Appendix 2: *Units & SLTs working together*)
- Secondary transfer: Procedures for secondary transfer are followed in line with advice from SEN division.
(See Appendix 1: *Transition Guidelines*).

Record Keeping

- Individual Education Plans (I.E.Ps) are written and reviewed in consultation with the mainstream teacher and the parents
- records of current EHC plans, copies of reports from other involved professionals i.e. Speech and Language Therapist, Educational Psychologist, Audiologists and Hospital reports etc.
- informal observations of language development, behaviour and other items pertinent to base children
- reading records
- medium term plans based on mainstream curriculum plans and child's individual needs
- weekly/daily plans with evaluation of lessons and children's achievements.
- timetables
- individual lesson plans of the TOD

Transport:

- Maple SPD is one of two bases within the county. As such, pupils referred to the base are not necessarily attending their local school. Transport is provided in accordance with the LEA's Transport Policy. Otherwise, children are brought to school by their parents.

APPENDICIES;

Appendix 1 : Transition Guidelines Secondary transfer Time Line

Appendix 2: SLT/ToD Working Together

- **Levels of Provision**
- **Assessment & Target setting**
- **Hearing Aid Habilitation**
- **SLT/ToD Joint working**
- **Report writing**
- **SPD Continuing Professional Development**

Transition Guidelines

1. Transfer to SPD Base

Pre-school hearing impaired children & school aged (mainstream) hearing impaired children are seen by a named Teacher of the Deaf from the Specialist Advisory Service. This teacher is responsible for supporting & guiding the family in a choice of school for their deaf child.

Where the family & Teacher of the Deaf feel a placement at a base for deaf children *may* best meet the needs of their child, a visit to their nearest school with a base is arranged.

If a place at a SPD base continues to be thought appropriate, the base Teacher of the Deaf (from their nearest base) aims to liaise with the family/ SAS Teacher of the Deaf & and:

- visit the child's pre-school provision &/or CHICs and visit the family at home jointly with their SAS ToD (pre-school)

or

- visit the child's school jointly with their SAS ToD (school aged).

The SAS ToD/family may share information from formal & informal assessments of the child's communication & language development with the Base ToD at this point.

If a place at a base continues to be thought appropriate this will be outlined by the family & SAS ToD within the EHC plan document or the review of this document and discussed at the 'Review Meeting'. This is then submitted to the LEA's SEN Division which uses the information to make their decision about appropriate school placements for children.

Parents of pre-school children will be invited to visit the school with other prospective parents on the school's Introduction Evening and the child will join the school's induction routine for Reception pupils.

Children joining the base in Years 1 – 6 may be set up with a unit or classroom 'buddy' to help them settle in.

2. Transfer from SPD base

All children with a EHC plan will have an annual review before the end of March of their Year 5, irrespective of when their last review was held, so that their secondary placement is decided and allocated in advance of the secondary school allocations for other children.

See 'Secondary Transfer Timeline' attached.

Appendix 1 (2 of 2) HI Units Secondary transfer timeline

Autumn term Yr 5	Yr 5 review/: spring term	Yr 6 term 1	Yr 6 term 2	Yr6 / review summer term	t	Year 7 term 1	Year 7 term 1 end
TOD to encourage parents to visit secondary schools. ToD to provide special school info where appropriate and to give out support sheet with questions to ask secondary school (NDCS). Secondary pack to be given to year 5 child by unit school.	Discussion of Secondary placement and transition plan.	Parents visit secondary schools again with child and apply for place at preferred school.	Notification of allocated school.	Transfer planning liaison. Visits to school for child. Transfer booklet given out by school. Either 1) Meeting between mainstream secondary SENCo, SAS TOD & baseToD over radio system, insurance, support from SAS, training for secondary school. Or 2) Meeting between special school staff & base ToD	r a n s f	SAS TOD visit to secondary school. Onsite training for secondary staff.	1Review programme of support. Assess progress and ongoing needs.
Who is involved?	Who is involved?	Who is involved?	Who is involved?	Who is involved?	e	Who is involved?	Who is involved?
Parents child, TOD	SEnCo, school, staff, parents, child TOD	Parents, secondary school staff	County	1) Mainstream secondary SENCo, Unit ToD, SAS ToD child, 2)Special school staff & baseToD	r	SAS TOD/secondary school staff	SAS TOD/secondary school staff



Appendix 2 : SLT/ToD Working Together (1 of 6)

SPD Levels of Provision Protocol

- **SALT** currently describes specificity sessions/child. This is the no. of sessions/year each child is allotted, the duration of these sessions & what content may include.
- Levels of provision are flexible.
Level of support a child gets is noted on Review documentation i.e. accountable.
Discussion takes place between SDP teachers and Therapists re monitoring the level of provision for each child.



Appendix 2 : SLT/ToD Working Together (1 of 6)

HIU Levels of Provision Protocol

- **SALT** currently describes specificity sessions/child. This is the no. of sessions/year each child is allotted, the duration of these sessions & what content may include.
- **SDP** levels of provision are flexible. Level of support a child gets is noted on Review documentation i.e. accountable.
Discussion takes place between SDP teachers and Therapists re monitoring the level of provision for each child.



Appendix 2: SLT/ToD Working Together (3 of 6)

HIU SLT/ToD Hearing Aids/Habilitation Protocol

- The Teacher of the Deaf (ToD) and/or the Specialist LSA will undertake the following:
 - Test the children's audiological equipment on a daily basis
 - Order spares
 - Liaise with the audiologist
 - Liaise with parents
 - Give information and training to mainstream staff related to audiological equipment and pupil needs (deaf awareness)
 - Keep audiological records up to date
- ToDs will periodically test hearing aids and radio aids using a test box.
- ToDs should keep audiological records up to date.
- Both SLTs and ToDs should encourage parents to attend audiological appointments.
- Joint liaison with external centres
- Joint working regarding the use of residual hearing, auditory discrimination and functional listening skills



Appendix 2 : SLT/ToD Working Together (4 of 6)

HIU SALT/TOD/LSA Joint Working

- Weekly opportunities for discussion between SALT and Unit staff relating to:
 - Child's day to day progress and current issues
 - Changes to targets
- ToD facilitates SALT liaison with mainstream staff – SALT needs to maintain own profile in school
- Joint planning (IEP)
- Joint Assessment
- Exchange of information/training (including CPD opportunities)
- Opportunities for LSAs to observe SALT sessions to enable continuity of input
- Communication with parents
 - Inclusion in Unit events
 - Review meetings
 - Visits to CI centres.



Appendix 2 : SLT/ToD Working Together (5 of 6)

SDP SLT/TOD Report Writing Protocol

- Annual and Review of Statement reports: it is recommended that liaison should occur prior to the Statement Review meeting. Points of professional difference should not be introduced without discussion prior to the meeting, especially if it will affect the management of the child.
- Annual Review reports are written independently by the SLT and ToD.
- Reports are sent direct from SLT or ToD to all professionals involved



Appendix 2: SLT/ToD Working Together (6 of 6)

SDP Continuing Professional Development Protocol

It is recommended that SLTs and ToDs should continue their work together by joint continuing professional development

There are two strands to this development:

1. sharing expertise between services
2. jointly delivering INSET/information to parents and schools

1. Sharing expertise between services

ToD delivering deaf awareness refresher to SLTs

SLTs delivering training on differential diagnosis

Specialist SLTs attending ToD 'updates' once a term

ToDs/SLTs cascading information from courses attended

Sharing literature/research

2. Joint delivery

- To parents
- To schools in school (INSET)
- To school staff outside school

Examples: parent/child interaction (to parents)

: Different aspects of language – semantics/pragmatics etc (to mainstream LSAs)

Specialist Advisory Service

Hearing Impairment Team

Audiology Policy (Draft 4)

UNDERLYING PRINCIPLES

We believe that all children who are deaf should have the best opportunity to develop fluent communication skills and be equipped to play a full part in life.

High quality audiological support plays a crucial part in that development.

Determining the audiological needs of each child informs and underpins the planning and delivery of the work of the Team.

We are committed to working collaboratively with parents and professionals both locally and nationally to achieve appropriate audiological solutions for children.

AIMS

To provide, in collaboration with health services, high quality audiological assessment and appropriate audiological equipment to optimise each child's access to the speech signal whatever their learning environment.

To support all educational professionals working with hearing impaired children and their families to ensure that the children fulfil their listening potential.

To work with local health services in providing high quality audiological support from the point of diagnosis of hearing loss.

To meet and monitor the audiological needs of children who are deaf.
Audiological records are kept on all children (see appendix 1)

PROVISION

To meet these aims the Specialist Advisory Service's Teachers of the Deaf and Educational Audiologist provide audiological support in the following way:

Teachers of the Deaf, in their peripatetic role, take primary responsibility for the ongoing audiological support and management of children on their caseload:

- Monitoring hearing levels of children
- Monitoring hearing responses of children
- Setting up and monitoring specialist equipment (e.g. balancing hearing and radio aids)
- Assessing speech discrimination skills
- Interpreting audiological assessments
- Advising on use of specialist equipment
- Ensuring day-to-day management of specialist equipment is in place
- Advising schools on the listening needs of children (with particular reference to phonics)
- Training staff in the maintenance and use of specialist equipment
- Referring audiological concerns to the Educational Audiologist

Teachers of the deaf have access to a test box to carry out equipment checks.

Schools have listening kits to carry out day-to-day monitoring of equipment

The Educational Audiologist provides the strategic direction to audiological provision, countywide. The role is primarily consultative although there is some involvement at pupil level. As well as providing this service to deaf children in mainstream settings, the Educational Audiologist has direct contact with the two schools for deaf children in Hertfordshire (Heathlands School, St Albans and Knightsfield School, Welwyn Garden City) and the SDPs for deaf children. As with the model of provision within the service, the Teachers of the Deaf are expected to take day-to-day responsibility for the ongoing audiological support and management of the children in their classes with the Educational Audiologist giving input to all specialist establishments at a school level.

The Educational Audiologist:

- Monitors audiological provision at a county and a pupil level
- Runs hearing assessment clinics
- Is a reference point for teachers of the deaf who wish to raise audiological concerns about individual children
- Advises on current audiological solutions

- Provides audiological professional development for teachers of the deaf

Roles and Responsibilities

Audiology and the provision of audiological services are the responsibility of various professionals in the health, education and social services. Within Hertfordshire, deaf children and their families will receive support and advice for their audiological needs from some or all of the following professionals -

- Teacher of the Deaf
- Educational Audiologist
- Audiological Physician
- Audiological Technician
- Technical advisers e.g. environmental aids
- Ear, Nose and Throat Surgeons

The following table outlines the services delivered by each professional (each professional will have responsibilities above and beyond those listed below):

Role	Areas of Audiological Responsibility
Teacher of the Deaf (areas of audiological responsibility will vary according to the setting in which the ToD works)	<ul style="list-style-type: none"> • Interpretation of audiometric test results and understanding their educational impact • Understanding of personal hearing aids and ability to use, manage and maintain all amplification equipment on a day-to-day basis • Understanding of FM systems and ability to use, manage and maintain all such devices on a day-to-day basis (radio aid systems, portable soundfield systems, fixed soundfield systems) • Monitor the impact the acoustic environment has on access to learning and advise on appropriate action • Delivery of school level audiology INSET • Keeping abreast of developments in audiology
Educational Audiologist	<ul style="list-style-type: none"> • Family support and counselling • Educational and audiological assessment

	<ul style="list-style-type: none"> • Advice to the Local Authority and schools on acoustic access • In-service training to educational professionals at school and county level • Contribution to the selection, verification and evaluation of hearing aids • Assessment of need for educational amplification systems • Liaison with local and national audiology departments (health) • Financial management of educational audiology budget • Provision of audiological consumables for educational amplification systems • Policy development • Contribution to management of Hearing Impairment Team • Involvement in county wide initiatives (eg county soundfield project) • Involvement in national initiatives (eg implementation of UNHS & MHAS) • Keeping abreast of developments in audiology
Audiological Physicians	<ul style="list-style-type: none"> • Assessment of hearing and delivery of diagnosis • Prescription of hearing aids
Audiology Technicians	<ul style="list-style-type: none"> • Audiological assessment in the clinical setting • Provision of earmoulds
Technical Advisers	<ul style="list-style-type: none"> • Advice on appropriate solutions to improve accessibility (installation of loop systems, assistive devices such as flashing doorbells etc)
ENT surgeons	<ul style="list-style-type: none"> • Surgical intervention and procedures - grommet insertion, tonsil and adenoid removal, repair of tympanic perforations, cochlear implant surgery, bone anchored hearing aid surgery