

Gateshead LINT Support Allocation Matrix 2017

Pupil Name:

Date of Birth:

Educational placement:

Date:

Hearing / Vision impaired (please circle)

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

Hearing Loss Reference Table

The British Society of Audiology descriptors have been adopted for hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear where *no response* is taken to have a value of 130 dBHL).

Mild hearing loss:

Unaided threshold 21-40 dBHL

Moderate hearing loss:

Unaided threshold 41-70 dBHL

Severe hearing loss:

Unaided threshold 71-95 dBHL

Profound hearing loss:

Unaided threshold in excess of 95 dBHL

Vision Loss Reference Table**Mild vision loss:**

Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)

Near: N14-18

Moderate vision loss:

Less than 6/18 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)

Near: N18-24

Severe vision loss

Less than 6/36 - 6/60 Snellen/Kay (LogMAR 0.8 – 1.00)

Near: N24-36

Profound vision loss

Less than 6/60 Snellen/Kay (LogMAR 1.02)

Near: educationally blind/Braille user/ can access small quantities of print larger than N36

Criteria 1: Degree of HI		Score	Criteria 1.1 Degree of VI-distance (corrected vision with both eyes open)	Score
A	Unilateral/Fluctuating conductive HI	3	Does not have a vision impairment	0
B	<ul style="list-style-type: none"> ▪ Mild HI/ CI functioning as mild HI 	6	Monocular/Mild/Fluctuating VI (with reasonable vision for a considerable amount of time/functional mild loss due to CVI or vision factors such as visual field loss or nystagmus)	2
C	<ul style="list-style-type: none"> ▪ Moderate longstanding conductive HI/Moderate HI/CI functioning as moderate HI ▪ Mild HI with conductive overlay/Unilateral HI with conductive overlay ▪ Neo-natal conductive HI and throughout early years/Functional moderate loss due to auditory neuropathy 	8	Moderate/fluctuating VI/Functional moderate loss due to CVI or other visual factors such as visual field loss or nystagmus.	4
D	<ul style="list-style-type: none"> ▪ Severe HI (including significant high frequency)/CI functioning as severe HI ▪ Moderate HI with conductive overlay/Functional severe loss due to auditory neuropathy 	10	Severe/fluctuating VI/Functional severe loss due to CV or other visual factors such as visual field loss or nystagmus	6
E	Profound HI/Profound functional loss due to auditory neuropathy/CI functioning as profound HI	12	Profound VI/ Functional profound loss due to C VI or other visual factors such as visual field loss or nystagmus	7

Criteria 1.2 Degree of VI – near (corrective vision in both eyes open.)		Score
A	Does not have a vision impairment.	0
B	Monocular/mild/fluctuating VI (with reasonable vision for a considerable amount of time)/functional mild loss due to CVI or other visual factors such as visual field loss or nystagmus.	2
C	Moderate/fluctuating VI/functional moderate loss due to CVI or other visual factors such as visual field loss or nystagmus.	4
D	Severe/fluctuating VI/functional severe loss due to CVI or other visual factors such as visual field loss or nystagmus.	6
E	Profound VI/functional profound loss due to CVI or other visual factors such as visual field loss or nystagmus.	8

Criterion 2: Additional factors relating to HI		Score	Additional factors relating to VI	Score
A	No relevant additional factors	0	No relevant additional factors	0
B	Late diagnosis of presumed congenital; permanent HI which continues to impact on language development – period from presumed onset: 6 mths – 2 yrs	2	Late referral of permanent VI (more than 12 mths from presumed onset). – period from presumed onset: 6 mths - 2 yrs	5
	– period from presumed onset: over 2 years	5		
C	Continuing assessment of HI required e.g. fluctuating condition, deteriorating / degenerative / progressive loss	5	Continuing assessment of VI required e.g. fluctuating condition, deteriorating/degenerative/progressive loss	5
D	Recently acquired permanent HI (within the last 6 months)	5	Recently acquired permanent VI (within the last 6 months)	5

Criterion 3.1: Impact of HI/VI on language and communication development and on access to learning and the curriculum		Criterion 3: Impact of CYP's VI on language and communication development and on access to learning and the curriculum (particularly English, Mathematics and Science)	Score
A	Expected/better than expected progress in language that does not need additional input.	Expected/better than expected progress that does not need additional input.	0
B	Expected progress given appropriate management strategies and service monitoring and advice	The learner requires assessment and advice from a QTVI	4
C	Language and communication require targeted support from the service in order for the learner to make expected progress and to access the curriculum	The learner requires a short-term programme delivered by a QTVI to develop skills that enable access to the curriculum e.g. touch-typing, developing independence and self-advocacy	8
D	Learner is making less than expected progress, or is at risk of making less than expected progress, and requires a high level of intensive support from the service.	The learner requires a long-term programme delivered and maintained by a QTVI e.g. Braille	14

Criterion 3.2: Impact of the CYPs HI on access to learning and the curriculum (particularly English, Mathematics and Science)		Score
A	Expected/better than expected progress that does not need additional input.	0
B	Less Than expected progress .	4
C	Significantly less than expect progress.	6

Criterion 4: Use of personal hearing aids or cochlear implant		Score	Development of habilitation skills	Score
A	No additional assistive listening technology required	0	The learner has no issues affecting independent mobility or daily living skills.	0
B	Learner uses personal aids/CI/other technology at home and/or in educational placement in a way that enables the child or young person to make good progress and achieve good outcomes	2	Learner requires assessment and advice by Habilitation Specialist qualified to work with CYP	2
C	Learner uses personal aids/CI/other technology effectively and consistently but does not independently manage personal aids/CI/other technology	4	Learner needs a structured approach to develop independent, self-organizational skills and functional life skills.	3
D	Learner uses personal aids/CI/other technology reluctantly/ineffectively/ inconsistently or does not use prescribed amplification and this affects access to the curriculum	6	Learner requires a short term programme delivered by a Habilitation Specialist	4
E	Learner recently issued with personal aids; use of equipment still being assessed/established	8	Learner has CVI/complex needs/is non ambulant/has developmental mobility or balance and co-ordination issues affecting independent mobility. Requires support from a Habilitation Specialist and liaison with an Occupational Therapist or Physiotherapist.	6
F	Learner has received cochlear implants within the last two years.	8	The learner requires a long term programme delivered and maintained by a Habilitation Specialist.	8

Criterion 5.1: Training and mentoring requirement			Score
A	Key staff/parents/carers have knowledge and understanding of the impact of HI on all key areas.	Key staff/parents/carers have knowledge and understanding of the impact of VI in all key areas.	0
B	Key staff/parents/carers require additional or continuing training and or mentoring on HI and use of specialist equipment	Key staff/parents/carers require additional or continuing training on/or mentoring of VI	6
C	Key staff/parents/carers new to HI require initial intensive training and/or mentoring.	Key staff/parents/carers new to VI require initial intensive training and/or mentoring.	8
D	Key staff/parents/care need a high level of ongoing of intensive training from the service e.g. to develop signing/note taking skills.	Key staff need tuition in Braille/use of specialist equipment	10

Criterion 5.2: Transition support (ie change of placement)		Score		Score
A	Transition not currently relevant to the CYP	0	Transition not currently relevant to the CYP	0
B	Low contribution required as the service is confident that the learner can make a successful transition with minimal additional support. 3	3	Low contribution required as the service is confident that the learner can make a successful transition with minimal additional support.	3
C	Moderate contribution required due to enhanced transition arrangement. 5	5	Moderate contribution required due to enhanced transition arrangement.	5
D	High contribution required as a high level of training is needed and the learner requires a high level of support from the service to make a successful transition. 8	8	High contribution required as a high level of training is needed and the learner requires a high level of support from the service to make a successful transition.	10

	Criterion 6: Support for effective use of specialist equipment by learner and key staff (e.g. radio aid/soundfield systems)	Score	Support for the effective use of specialist equipment by learner and key staff (CCTV, LVA, Braille, tactile and speech access and adaptation of materials)	Score
A	No additional listening technology required 0	0	No additional listening technology required.	0
B	Low level of support needed to check and support the use of specialist equipment and awareness of functioning – e.g. 3 x per year	2	Low level of support including short-term programme	2
C	Moderate level of support needed to check the independent use of specialist equipment and the awareness of functioning– e.g. hearing testing 6 x per year	6	Moderate level of support including short-term programme and some regular monitoring	6
D	High level of support needed e.g. at least monthly equipment checks and support for their independent use of equipment and for combining the technology required, for a new user of equipment.	6	New user of equipment requiring longer-term programme and refresher programmes	8
E			High level of support including Braille equipment	8

Criterion 7: Physical learning environment (following a learning environment audit by TOD/Habilitation Specialist). NB – Factors affecting the acoustics and visual environment are outlined in the appendix in 2.4.			Score
A	Learning environment which meets appropriate acoustics and visual standards for HI pupils and supports inclusive learning for the HI learner.	Learning environment which meets appropriate acoustics and visual standards for VI pupils and supports inclusive learning for the VI learner.	0
B	Learning environment which supports inclusive learning for the HI learner and which will include reasonable adjustments in relation to acoustics, lighting and visual reinforcement (e.g. audio-visual multimedia support)	Learning environment which supports inclusive learning for the VI learner and which will include reasonable adjustments in relation to acoustics, lighting, carpets and blinds and minimal reflections off surfaces	2
C	Learning environment which supports aspects of inclusive learning for the HI learner and which will include some reasonable adjustments in relation to acoustics, lighting and visual reinforcement (e.g. interactive whiteboard; visual reinforcement to help the learner to adapt to different learning environment e.g. in secondary settings.)	Learning environment which supports aspects of inclusive learning for the VI learner and which will include some reasonable adjustments in relation to acoustics, lighting and visual contrast. Educational placement requires an informal audit by QTVI	5
D	Learning environment which needs considerable improvement to meet acoustic standards (e.g. highly reverberant, high level of noise – background and external, poor lighting and inadequate technology for visual/sound reinforcement)	Learning environment which needs considerable improvement meets appropriate acoustic and visual standards (e.g. highly reverberant, high level of noise interference, inconsistent room layout, inappropriate lighting, physical hazards). Environment will need to accommodate physical and learning access of a Braille user.	8

Criterion 8: Impact of CYPs HI/VI on personal, social and emotional learning		Score
A	No/Minimal impact on personal, social and emotional learning	0
B	Low level of impact upon the development of personal/social and emotional learning skills	2
C	Moderate level of impact on the development of personal, social and emotional learning skills.	4
D	High level of impact upon the development of personal, social and emotional learning skills (e.g. CYP display a low level of emotional resilience requiring a high level of additional support; long term support required for emotional/personal/social learning needs)	6

Criterion 9: Additional factors relating to family support (e.g. acceptance of HI/VI; families speak English as an additional language; LA as corporate parents)		Score
A	No additional factors relating to family support.	0
B	Family requires a low level of additional support	2
C	Family requires a moderate level of additional support	4
D	Family requires a high level of additional support (please state reason)	6

Criterion 10: Multi-agency liaison/role(including Safeguarding)		Score		Score
A	Minimal multi agency liaison/no role requirement 0	0	Minimal multi agency liaison/no role requirement	0
B	ToD/QTVI contributes to multi-agency working for learner 2	2	ToD/QTVI contributes to multi-agency working for learner	2
C	ToD/QTVI contributes to multi-agency working for learner with complex support needs	4	ToD/QTVI contributes to multi-agency working for learner with complex support needs	4
D	ToD/QTVI is the key working professional identified for early years/school-aged/post-16 learner	6	ToD/QTVI is the key working professional identified for early years/school-aged/post-16 learner	6
E	ToD/QTVI is key working professional for learner with complex support needs requiring a high level of liaison and joint working with other professionals	9	ToD/QTVI is key working professional for learner with complex support needs requiring a high level of liaison and joint working with other professionals	10

Summary Scoring

Final Score	Banding	Support Allocation	Provision														
70% +	A	<p>Active caseload. High level of intervention. Pupils seen once/twice each week. Includes SI Early Years children who have one visit but high level of multi-agency liaison required.</p> <p>Pupils are supported wholly by LINT staff and have EHCP and have SI as primary need. Pupils using Braille/BSL always banded as an A due to staff requiring high level of specialist skills.</p>	<table> <tr> <td><u>Max</u></td> <td><u>Min</u></td> </tr> <tr> <td>4hpw QTVI / QToD</td> <td>2hpw QTVI / QToD</td> </tr> <tr> <td>25hpw SpTA</td> <td>10hpw SpTA</td> </tr> <tr> <td>3hpw Hab (VI)</td> <td>1.5hpw Hab (VI)</td> </tr> <tr> <td>2.5 days pw Transcription (VI)</td> <td>1 dpw transcription</td> </tr> <tr> <td>1hr SALT (HI – as required)</td> <td></td> </tr> <tr> <td>Access to SLM</td> <td></td> </tr> </table>	<u>Max</u>	<u>Min</u>	4hpw QTVI / QToD	2hpw QTVI / QToD	25hpw SpTA	10hpw SpTA	3hpw Hab (VI)	1.5hpw Hab (VI)	2.5 days pw Transcription (VI)	1 dpw transcription	1hr SALT (HI – as required)		Access to SLM	
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50% - 69%	B	<p>Active caseload. Specialist intervention includes coaching / modelling / training / mentoring / school assistance. Weekly visits from specialist SI staff.</p>	<table> <tr> <td><u>Max</u></td> <td><u>Min</u></td> </tr> <tr> <td>1.5 hpw QTVI/QToD</td> <td>1hpw QTVI / QToD</td> </tr> <tr> <td>6hpw SpTA</td> <td>0hpw SpTA</td> </tr> <tr> <td>1.5hpw Hab (VI)(as required)</td> <td>1hpw Hab (VI)</td> </tr> <tr> <td>0.1 transcription (as required)</td> <td>0 transcription</td> </tr> <tr> <td>30mins HI SALT (as required)</td> <td></td> </tr> <tr> <td>Access to SLM</td> <td></td> </tr> </table>	<u>Max</u>	<u>Min</u>	1.5 hpw QTVI/QToD	1hpw QTVI / QToD	6hpw SpTA	0hpw SpTA	1.5hpw Hab (VI)(as required)	1hpw Hab (VI)	0.1 transcription (as required)	0 transcription	30mins HI SALT (as required)		Access to SLM	
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30% - 49%	C	<p>Active caseload. Flexibility required. May include pupils seen for blocks of time. Specialist intervention includes coaching / training / modelling for school staff.</p>	<table> <tr> <td><u>Max</u></td> <td><u>Min</u></td> </tr> <tr> <td>7hpyear QTVI / QToD</td> <td>5 hpyear QTVI QToD</td> </tr> <tr> <td>SaLT (as deemed appropriate)</td> <td></td> </tr> <tr> <td>Access to SLM</td> <td></td> </tr> <tr> <td><i>*transcription (chargeable to schools)</i></td> <td></td> </tr> </table>	<u>Max</u>	<u>Min</u>	7hpyear QTVI / QToD	5 hpyear QTVI QToD	SaLT (as deemed appropriate)		Access to SLM		<i>*transcription (chargeable to schools)</i>					
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15% - 29%	D	<p>Active caseload. 1-2 visits per year from SI staff. Trouble shooting for specialist equipment may generate additional visits.</p>	<p>4 hours per year LINT staff for assessment and monitoring</p>														
-15%	E	<p>School, family or NHS to contact with any queries or for advice as required. Not on active caseload.</p>	<p>Individualised as required (not substantial).Reminders sent on a yearly basis of E band pupils.</p>														

Note : +/- 5% to be used for borderline cases only (please give reason below) e.g close to GCSE's

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

- Special schools/ARMS provision pupils as documented in Education Health Care Plan. LINT support schools and ARMS to ensure provision is appropriate for those with sensory impairment.
- Pupils receiving additional teaching assistant support through EHCP with HI/VI as secondary need will receive intervention through teaching advice, coaching and modelling.
- Pre school home visits as deemed appropriate by QTVI/QToD, intervention may be shared between the education teams e.g. Portage.
- Training in Hearing Aid Monitoring (HAM) is offered as twilight training once a term.

Safeguarding concerns are prioritised and are not included in the above allocations.

Pupil Score Sheet

Pupil Name: _____

DOB: _____

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