



# **Universal and SEND Support Strategies and Resources**

## **Sensory and/or Physical**

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## Sensory and Physical

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# A Graduated Approach

In line with the Graduated Approach outlined in Section B - A Graduated Approach [www.bathnes.gov.uk/oap-graduated-approach](http://www.bathnes.gov.uk/oap-graduated-approach) and in the SEND Code of Practice, 2015 (CoP), settings should begin with high-quality, inclusive teaching and progress through increasingly targeted support based on the assessed need.

## Universal Level (HQT/QFT):

- Classroom practice: Review structures, routines, and lesson delivery to ensure consistency, accessibility, and emotional safety.
- Expectations: Revisit Section A [www.bathnes.gov.uk/oap-setting-expectations](http://www.bathnes.gov.uk/oap-setting-expectations) and the setting's expectations for universal, high-quality teaching and learning for all. Identify and address any staff training needs.
- Strategies: Universal strategies listed in Section C should be ordinarily available in all settings.

## Targeted Support (SEND Support):

- Assessment: Complete a thorough assessment across all four areas of need. Identify the primary area of need and set SMART targets.
- Provision: Agree on tailored strategies and support.
- Implementation: Deliver targeted interventions and monitor progress using the Assess, Plan, Do, Review (APDR) cycle.

This approach ensures that a CYP with SEND receives timely, appropriate, and coordinated support. It focuses on identifying and addressing underlying needs through a holistic and inclusive lens.

The following sections provide detailed guidance for schools on meeting needs through both universal and targeted SEND support.



# Sensory and Physical - Universal

## Definitions

The SEND Code of Practice 2015 (CoP) defines sensory and physical needs as difficulties relating to visual impairment (VI), deaf and/or hearing loss (HL), multi-sensory impairment (MSI) and physical difficulties that may require specialist support and/or equipment. The effects and experiences of disability are unique to each individual and range from mild to very severe or profound.

Under the Equality Act 2010 public sector organisations must make changes in their approach or provision to ensure that services are accessible to disabled people as well as everybody else. Reasonable adjustments can mean alterations to buildings by providing lifts, wide doors, ramps and tactile signage, but may also mean changes to policies, procedures and staff training.

### SEND Code of Practice 2014 (CoP)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

## Physical

Within the Equality Act 2010, a physical disability is a “limitation on a person’s physical functioning, mobility, dexterity, or stamina. It has a ‘substantial’ and ‘long-term’ negative effect on a person’s ability to do daily activities.”

## Sensory

Sensory needs describe how individuals receive, process, and respond to information from their senses and surroundings. While everyone has sensory preferences, those with sensory processing differences may struggle to regulate their responses, affecting daily life, learning, and social interactions.

## The Eight Sensory Systems

All the senses play a key role in how we experience the world:

Visual (Sight): Processing light, patterns, colours, and movement.

Auditory (Hearing): Responding to sounds, volume, and background noise.

Tactile (Touch): Sensations on the skin, including texture, temperature, and pressure.

Olfactory (Smell): Detecting and processing scents and odours.

Gustatory (Taste): Preferences for flavours and food textures.

Vestibular (Balance & Movement): Maintaining balance and coordinating movement via the inner ear.

Proprioception (Body Awareness): Knowing where the body is in space through feedback from muscles and joints.

Interoception (Internal Signals): Awareness of internal states such as hunger, thirst, pain, and emotions.

## Visual Impairment (VI)

The term ‘visual impairment’ is used to describe sight loss that cannot be corrected to a normal level using glasses or contact lenses.

This could be a CYP with significant, uncorrectable loss of sight, ranging from low vision (blurriness, colour issues) to complete blindness, affecting daily life and typically classified by visual acuity (sharpness) and visual field (peripheral sight).

The word “blindness” is commonly used to describe total, or near-total sight loss. ([sense UK](#)).

## Deafness / Hearing Loss (HL)

Deafness or hearing loss is defined as a difficulty hearing or recognising sounds. HL happens when a part of the ear or hearing system does not work properly. This can be temporary or permanent.

There are different levels of HL depending on how loud sounds need to be for you to hear them. There may also be some sounds that you hear better or worse than others. For example, you can be partially deaf (able to hear some sounds), or profoundly deaf (very little or no hearing).

There are lots of different terms for HL, including partially deaf, profoundly deaf, hard of hearing and D/deaf. People with a HL will make their own choice about which term to use.

Some people describe themselves as “Deaf” with a capital “D” to express pride in their Deaf identity. It is important to remember that many do not see their deafness as something they would like to be “cured”.

There are two main types of HL: Sensorineural and Conductive, and it is possible to have both, which is known as mixed HL.



## Sensorineural HL

This is caused by damage to the hair cells inside the inner ear, or damage to the hearing nerve, or both. It makes it more difficult to hear quiet sounds and reduces the quality of sound that you can hear. Sensorineural HL is permanent but can often be treated with hearing technologies.

## Conductive HL

This happens when a problem with the ear, such as ear wax or an ear infection, stops sound from passing through to the cochlea (the hearing organ). Sounds will become quieter and may sound muffled. It can be temporary or permanent, depending on the cause. ([sense UK](#)).

## Multi-sensory Impairment (MSI)

This terminology is for CYP who have a combination of VI and HL. This can cause additional difficulties such as problems with balance and spatial awareness – which is why we talk of multi-sensory impairment (MSI). ([sense UK](#)).

This section provides a comprehensive range of strategies across key areas; all aimed at supporting CYP with Physical and Sensory needs.

- Physical Needs (including physical access, gross and fine motor skills)
- Sensory
- Hearing Loss (HL) / Deafness
- Visual Impairment (VI)
- Personal Care & Hygiene

These strategies are in addition to the whole-setting expectations in Section A [www.bathnes.gov.uk/oap-setting-expectations](#)



## Physical - Universal

### Physical access

See Section A - Environment and Accessibility Expectations

[www.bathnes.gov.uk/oap-setting-expectations](#)

- Information about a CYP’s physical needs and any involvement from health professionals such as Occupational Therapist, Paediatrician, Physiotherapist is shared in a timely, accurate, and appropriate way, e.g. parents’ evenings, transition documents.
- Self-advocacy skills are explicitly taught and practised so CYP can confidently express their needs, e.g. speaking up if they cannot see the board or access an activity.
- Consistently safe, clutter-free environments are maintained and promoted so the CYP can move freely, access learning, and participate fully.

*Example: Staff complete daily environment checks and scans of the classroom. Tidy-up times are taught so CYP can be actively involved in keeping the environment safe and accessible.*

- Clear environmental signage with visuals used to support navigation, highlighting where accessibility challenges exist.

*Examples:*

*Visual Signs with Symbols: Picture-based signs (e.g. toilet, library, playground) used with Makaton or Widgit symbols.*

*Colour-Coded Navigation: Different areas marked with different colours, e.g. red for classrooms, green for outdoor spaces.*

*Accessibility Route Marking: Clear signage with wheelchair icons and directional arrows used to highlight accessible paths and flag areas with limited access.*

- Alternative, accessible routes allowed around the school, ensuring ease of movement and safe access to all areas.
- Physically suitable learning spaces are provided, to support accessibility, comfort, or specific learning requirements.
- Furniture is arranged to allow wheelchair, walking aid or frame access and clear pathways, where possible.
- Differentiation of the day is documented and shared with relevant staff, e.g. rest breaks to reduce physical fatigue, additional time for completion of activities.
- Transition adaptations are in place to reduce congestion and physical strain, e.g. allow queuing earlier or in a quieter space to avoid crowded areas.
- Unnecessary physical exertion is minimised around the school site, e.g. by reducing trips to lockers or cloakroom and providing alternative storage solutions where possible.
- Careers and Preparing for Adulthood (PfA) advice is accessible and inclusive, taking into account mobility, health needs, and reasonable adjustments.

## Resources - Evidenced-based advice, interventions and training

### RUH Children's Therapies guidance

RUH physiotherapy links and guidance.

[https://www.ruh.nhs.uk/patients/services/childrens\\_therapies/physio.asp?menu\\_id=2](https://www.ruh.nhs.uk/patients/services/childrens_therapies/physio.asp?menu_id=2)

### Wheelchair services

The Wheelchair Repair Service provides free of charge repairs and maintenance to any NHS issued wheelchair and associated equipment. Repairs and services can be carried out at your home address, place of work, school or day centre.

<https://www.nbt.nhs.uk/bristol-centre-enablement/services-at-centre/wheelchairs-special-seating/wheelchair-repair/wheelchair-repair-bristol-bath-north-somerset-south-gloucestershire>

### Fizzy Programme

The FIZZY and Clever Hands Programmes are recommended by occupational therapy as programmes for settings to use to assist in the development of motor skills for those CYP who find this challenging. It can be helpful to use this programme when you are concerned about a CYP's motor skills. It can help you to establish whether or not a referral to occupational therapy is required or can be used while a CYP is waiting to be seen by occupational therapy.

<https://www.nhsggc.org.uk/media/4245/a-guide-to-using-fiz-programme.pdf>

Leaflets:

<https://www.nhsggc.org.uk/media/4249/0110-balance-level-one-1.pdf>

<https://www.nhsggc.org.uk/media/4250/0111-balance-level-two-1.pdf>

<https://www.nhsggc.org.uk/media/4251/0112-balance-level-three-1.pdf>

### BEAM

Welcome to the balance, education and movement programme, which we call BEAM for short. BEAM is aimed at primary school CYP, ideally in reception year. It was developed by NHS paediatric chartered physiotherapists in Kent.

Website links:

<https://www.kentcht.nhs.uk/CYPrens-therapies-the-pod/physiotherapy/beam-and-jump-ahead/>

<https://www.kentcht.nhs.uk/beam-digital-version/the-beam-programme/>

### Muscular Dystrophy

Providing support and information for CYP with Muscular Dystrophy.

<https://www.muscardystrophyuk.org/support/information/>

### Cerebra

The aim is to provide research-driven, high-quality health and social care advice and support for the families of CYP with brain conditions from birth to the age of 16.

<https://cerebra.org.uk/>

### Scope

We create opportunities and provide information and support that empowers.

<https://www.scope.org.uk/>

### Whizz Kidz

The UK's leading charity for young wheelchair users.

<https://www.whizz-kidz.org.uk/>

### Wheelpower

Providing sporting opportunities for CYP with physical disabilities.

<https://www.wheelpower.org.uk/>





## Gross Motor Skills - Universal

See Section – A: Environment and Accessibility Expectations

[www.bathnes.gov.uk/oap-setting-expectations](http://www.bathnes.gov.uk/oap-setting-expectations)

- Core stability, balance, proprioceptive, coordination and spatial awareness activities are built into the curriculum with progressive challenge.
- Balance and coordination strategies are included in Physical Education and, where appropriate, other less-active or desk-based learning sessions, e.g. 'stand and stretch' or 'balance on one foot for 10 seconds'.

*Example: Incorporate short, structured activities into lessons that promote balance and coordination, such as standing on one leg while answering questions, passing objects hand-to-hand across the body. These can be embedded into transitions or warm-ups in subjects like drama, Science (lab setup), or literacy (movement-based spelling games).*

- Regular class-based, movement breaks and opportunities to move are adapted to needs of class.

*Example: Embed movement breaks into daily routines using age-appropriate activities (e.g. stretching, standing tasks, sensory circuits). Allow flexibility for individual to take movement breaks.*

- Structured task formats, visual timetables, and other appropriate organisational supports, e.g. colour-coded folders, checklists are used to scaffold learning and reduce barriers around coordination, organisation, or perception. Those with gross motor difficulties may also have challenges in other areas such as co-ordination and organisation skills (e.g. structuring work) or perceptual difficulties (leading to challenges in understanding and interacting with the environment).
- Additional space, flexibility with seating and postural adjustments are consistently accepted and accommodated.

*Example: Allow CYP to adjust positions, e.g. standing to sitting during lessons to manage physical discomfort or maintain focus, with clear expectations. To minimise disruption, whole class movement breaks may reduce need for this. For CYP who do require, sit in a position where movement would not distract others.*



## Resources - Evidenced-based advice, interventions and training

### RUH Children's Therapies

We have specialist knowledge and skills to assess and work with CYP from birth to 18 years old (19 if attending a Special School).

[https://www.ruh.nhs.uk/patients/services/childrens\\_therapies/index.asp](https://www.ruh.nhs.uk/patients/services/childrens_therapies/index.asp)

### Leaflets and guidance, specific to gross motor skills:

Balance and co-ordination

[https://www.ruh.nhs.uk/patients/services/childrens\\_therapies/documents/activities\\_for\\_home/Gross\\_motor\\_skills.pdf](https://www.ruh.nhs.uk/patients/services/childrens_therapies/documents/activities_for_home/Gross_motor_skills.pdf)

- Exercises to Strengthen core (Postural Stability)
- Activities to improve balance
- Activities to improve core strength

### BEAM

BEAM is a movement screening and development tool for young children suitable for use in primary schools.

Website links:

<https://www.kentcht.nhs.uk/beam-digital-version/>

<https://www.southampton.ac.uk/~assets/doc//Edusupport/studentdisability/dyspraxiarecommendedreasonableadjustments.pdf>

### Inclusive sports

CP Sports - <https://cpsport.org/?summary=all>

Nova Sport - <https://www.novasports.org.uk/>

Wheelchair Basketball - <https://www.novasports.org.uk/bath-romans-wheelchair-basketball>



## Fine motor skills - Universal Strategies

See Section – A: Environment and Accessibility Expectations

[www.bathnes.gov.uk/oap-setting-expectations](http://www.bathnes.gov.uk/oap-setting-expectations)

- Optimal seating arrangements, e.g. feet flat, bottom back in chair, table at elbow height and face forward, used to allow for good posture and alignment whilst engaging in writing or fine motor tasks.
- Fine motor skills development opportunities such hand strength, finger isolation, pincer grasp and dexterity are promoted through age-appropriate and structured activities.
- Bilateral co-ordination tasks are included in everyday learning activities to strengthen hand co-ordination and support fine motor development, e.g. cutting, folding, using rulers, or manipulating materials.
- Backward chaining is used to ensure success with task completion whilst developing fine motor skills, e.g. doing up the final button on a coat.
- Approved, physical support resources are offered to aid manipulation and control when completing fine motor tasks, including writing.

*Example: Using free flowing pens (these have less friction and can be easier to use than pencils), pen and pencil-grips, triangular pencils, short pencils, to encourage correct grasp.*

- Visual sizing and levelling prompts provided to support CYP in maintaining consistent letter size, spacing, and alignment during written tasks, e.g. boxed or lined paper spaced to guide size.

## Recording work

- Alternative methods of recording for extended writing tasks offered, where handwriting may act as a barrier or to reduce stress due to fine-motor challenges, e.g. access to a laptop, highlighting pre-produced notes.
- Wrist positioning supports available, e.g. writing wedges/slopes, ergonomic cushions, Dycem non-slip mats, to help maintain stability and comfort during writing tasks, promoting better control and reducing fatigue.
- Worksheets and handouts adapted to account for larger/less legible handwriting or scribing.

*Example: Boxes for answering questions are enlarged with lines or additional visual prompts for recording. Use of Post-It notes to stick on handouts or boxes where writing would need to be small to fit in.*

- Additional time planned in to allow for recording activities involving fine motor skills.

## Useful Resources, Training and Guidance

### RUH Children's Therapies

We have specialist knowledge and skills to assess and work with CYP from birth to 18 years old (19 if attending a Special School).

Website: [https://www.ruh.nhs.uk/patients/services/childrens\\_therapies/index.asp](https://www.ruh.nhs.uk/patients/services/childrens_therapies/index.asp)

### Fine Motor Skills

[https://www.ruh.nhs.uk/patients/services/childrens\\_therapies/documents/activities\\_for\\_home/Fine\\_motor\\_skills.pdf](https://www.ruh.nhs.uk/patients/services/childrens_therapies/documents/activities_for_home/Fine_motor_skills.pdf)

This includes:

- Activities to encourage fine motor skills
- Hand activities

### Handwriting

Handwriting activities and fine-motor development guidance.

[https://www.ruh.nhs.uk/patients/services/childrens\\_therapies/documents/activities\\_for\\_home/Handwriting.pdf](https://www.ruh.nhs.uk/patients/services/childrens_therapies/documents/activities_for_home/Handwriting.pdf)

### Fizzy – Clever Hands

Clever Hands' Programmes are recommended by occupational therapy as programmes for schools to use to assist in the development of motor skills.

Website links:

[https://onchan.sch.im/site/uploads/pages/163/\\_media/20240927\\_07f6c746/Clever\\_Hands\\_1.pdf](https://onchan.sch.im/site/uploads/pages/163/_media/20240927_07f6c746/Clever_Hands_1.pdf)

<https://www.nhsggc.org.uk/media/4256/0104-clever-hands-level-two-1.pdf>

<https://www.nhsggc.org.uk/media/4257/0105-clever-hands-level-three-1.pdf>

### Fine Motor Skills Assessments

South Warwickshire Foundation Skills Assessment- assessment of foundation classroom skills and fine motor skills, all ages, free to access.

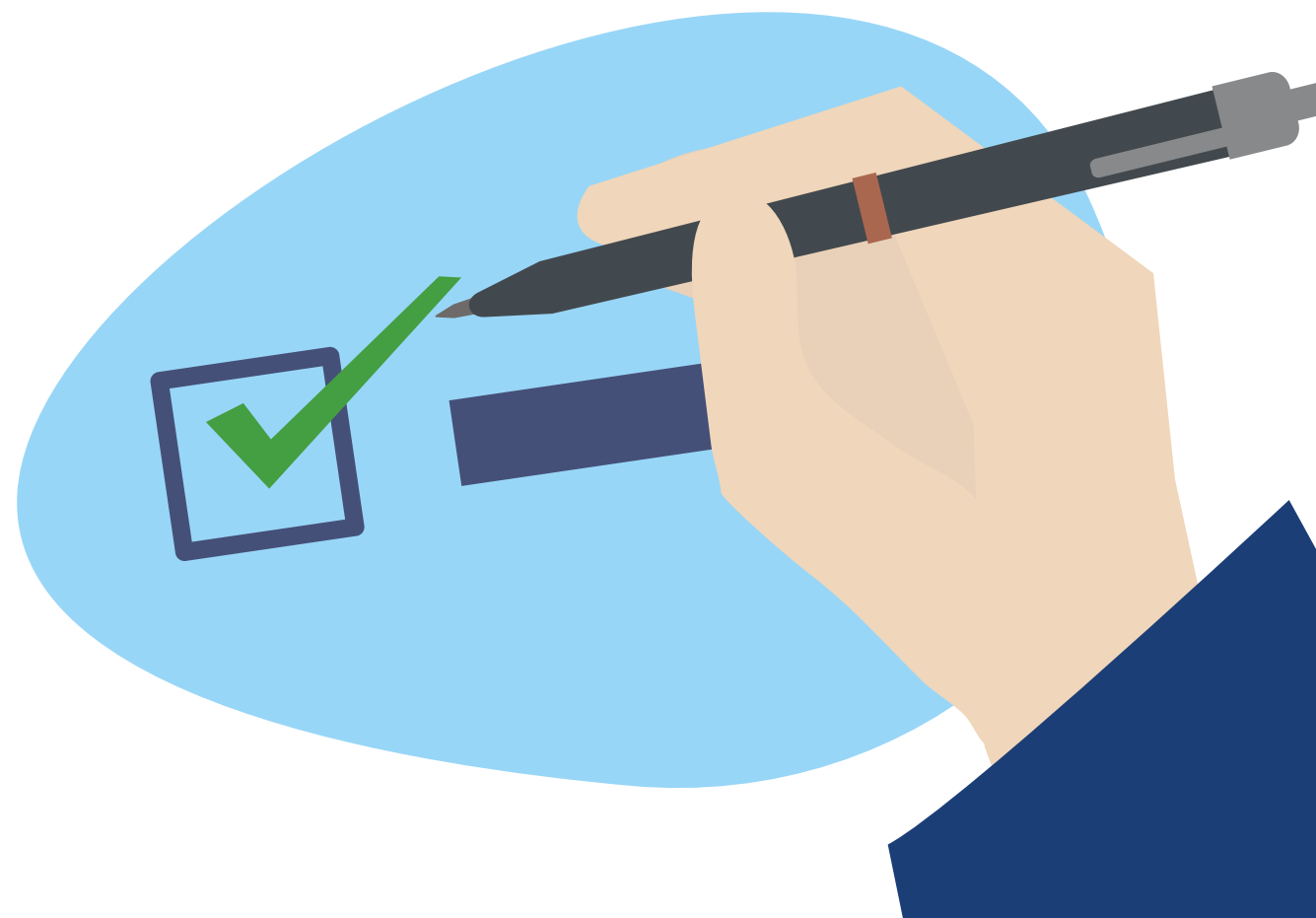
<https://www.swft.nhs.uk/our-services/occupational-therapy-children>

### B&NES' EPS Provision Bank

<https://livewell.bathnes.gov.uk/sites/default/files/2025-11/EPS%20Evidence%20Informed%20Assessment%20and%20Provision%20Bank%20November%202025%20V1.pdf>

## Resources:

- **Pegs to Paper**  
<https://learnplaynexus.com/product/pegs-to-paper-sen-exercises-for-handwriting>  
SEND Exercises for Handwriting – the ultimate resource for developing and evaluating the essential skills children need for speech, reading, and writing – featuring the unique ‘Grippy Peg’ for establishing an ergonomic handwriting grasp.
- **CALL Scotland**  
[www.callscotland.org.uk/downloads/posters-and-leaflets/supporting-writing-difficulties](http://www.callscotland.org.uk/downloads/posters-and-leaflets/supporting-writing-difficulties)  
Information and useful poster on using ICT to overcome barriers to learning.
- **Inclusive Technology** [www.inclusive.co.uk](http://www.inclusive.co.uk)  
Supplier of hardware equipment/software that helps CYP with SEND use a computer and communicate.
- **Teodorescu-Write** from the start <https://www.ldalearning.com/product/fe00000353>  
Unique Programme to Develop the Fine Motor and Perceptual Skills Necessary for Effective Handwriting.
- **The Handwriting Without Tears®** curriculum draws from years of innovation and research to provide developmentally appropriate, multisensory strategies for early writing.
- **Widgit Software** [www.widgit.com](http://www.widgit.com) Supporting fair and equal access to information.



## Sensory - Universal Strategies

- Awareness of the potential influence that senses may have on CYP engagement informs adjustments, including visual (sight), auditory (hearing), tactile (touch), olfactory (smell), gustatory (taste), proprioceptive (body position), vestibular (balance and movement) and interoceptive (internal body signals).
- Preventative and responsive planning to sensory overwhelm, including hypo- and hyper-sensitivities, e.g. avoiding visually cluttered boards. Environment and sensory audits could be used to inform this.
- Curriculum activities are sensory responsive and explicitly teach CYP about their bodies and sensory needs.  
*Example: Within Personal Development the teacher introduces sensory processing differences, linking to real-life examples, e.g. how different people might experience touch or sound.*
- Alerting, organising and calming activities are provided and used proactively to meet fluctuating levels of engagement as a whole class strategy or sensory circuit.  
*Examples: Movement breaks during lessons of prolonged static listening, calming music to support focus.*
- Conversations about bodily feelings are modelled and encouraged, e.g. how feelings impact emotions and behaviour.  
*Example: Teacher introduces the concept of sensory sensitivity, e.g. ‘Some people find loud sounds uncomfortable’, and how this might make the body feel. The class discusses strategies to feel calm and focused, e.g. movement breaks, quiet areas.*
- The potential intensity of the school day is understood and promoted, including sensory demands, and the impact this can have on learning and engagement.  
*Example: School integrates sensory-aware spaces. Weekly staff briefings include a ‘sensory spotlight’—a short reflection or strategy to consider sensory load and emotional regulation.*
- CYP empowered to understand their own sensory preferences and needs, and to make autonomous choices about how to regulate and engage throughout the school day, e.g. “When I feel like this.... this strategy/activity might help me...”.  
*Examples: Classrooms and shared areas display sensory choice boards with regulation options CYP can select from independently. These include alerting, calming and organising activities. Sensory awareness embedded into tutor times, Personal Development, wellbeing lessons, and assemblies.*
- Sensory breaks (adapted to age/stage) to support engagement. Encourage older CYP to develop strategies that can be carried out independently throughout day.  
*Examples: Teachers build short sensory breaks into the daily routine—such as lesson focused movement games for younger CYP—while encouraging older CYP to choose and use their own regulation strategies like giving themselves a hand massage, square breathing.*



- Sensory tools are accessible and offered for CYP to use, e.g. fidget tools, chewable jewellery, weighted items, as part of their sensory 'toolbox' strategies, when needed to support focus, wellbeing, and engagement. CYP are taught when and how to use tools appropriately, e.g. during independent work, transitions, or when feeling overwhelmed.  
*Examples: CYP adds weight to backpack as part of a proprioceptive grounding strategy during transitions.*
- The main learning wall that CYP face is intentionally kept visually calm and uncluttered to reduce visual sensory input and prevent overstimulation.  
*Example: Displays are minimal and purposeful, using uncluttered layouts and consistent fonts and borders. Essential learning aids, e.g. number lines, vocabulary, sentence stems are placed in clearly defined zones.*
- Strategies to ask for a break or time to step back from a task when feeling overwhelmed are created. This should include a variety of methods, e.g. verbal cues, visual cues (break card, discreet gestures).
- Reasonable adjustments to uniform are available.

## Useful Resources, Training and Guidance

### Royal United Hospital (RUH) Children's Therapies

#### Sensory Padlet

Information on what sensory processing is, the impact of imbalanced senses and includes practical activities and useful guidance to support CYP experiencing sensory difficulties.  
<https://padlet.com/ruhrchildrenstherapiesgroup/sensory-information-ibvrge230v28ltce>

#### RUH Attention and Concentration, Occupational Therapy Advice

<https://padlet.com/ruhrchildrenstherapiesgroup/sensory-information-ibvrge230v28ltce/wish/goEIQygkN8GnW3yY>

### Specialist Autism Support Service (SASS)

#### Sensory Padlet

How to support CYP who struggle to recognise bodily signals or relate them to emotional states.  
<https://padlet.com/SASSBathnes>

#### B&NES' EPS Provision Bank

<https://livewell.bathnes.gov.uk/sites/default/files/2025-11/EPS%20Evidence%20Informed%20Assessment%20and%20Provision%20Bank%20November%202025%20V1.pdf>

### National Autistic Society

#### Autism and Sensory Processing

Sensory processing differences mean you experience input from the senses differently to other people. This website provides advice and guidance around Autism and Sensory Processing.

<https://www.autism.org.uk/advice-and-guidance/topics/about-autism/sensory-processing>

#### A Toolkit to Develop a Whole School Approach for Sensory Wellbeing - Tessa Hyde & Alice Hoyle

The book as a whole enables schools to move beyond sensory awareness towards sensory inclusion and sensory wellbeing.

[https://www.pinpoint-cambs.org.uk/wp-content/uploads/2025/07/Becoming\\_a\\_Sensory\\_Aware\\_School\\_Freebook.pdf](https://www.pinpoint-cambs.org.uk/wp-content/uploads/2025/07/Becoming_a_Sensory_Aware_School_Freebook.pdf)

#### Blurt Foundation

Sensory Selfcare toolkit (suitable for secondary aged CYP).

<https://uksa.org/create-your-own-sensory-self-care-tool-kit/>

#### Children's Choice Therapy – Sensory Circuits

Sensory circuits are a great way to both energise and settle children so they can focus and engage better in the classroom.

<https://childrenschoicetherapy.co.uk/sensory-circuits/>

#### Neuroinclusive Education Network (formerly Autism Education Trust)

If you wish to access the updated sensory resources, you can do so by attending the Good Autism Practice Training.

<https://www.nen.org.uk/sensory-resources>

#### Sensory Circuits for older learners

<https://www.twinkl.co.uk/resource/sensory-circuits-for-older-learners-t-s-1669115538>

<https://www.dchft.nhs.uk/wp-content/uploads/2021/01/Sensory-Strategies-for-the-Older-Child-and-Adolescents.pdf>



## Personal Care and Hygiene - Universal Strategies

### Personal care

See Section A: 'Medical' [www.bathnes.gov.uk/oap-setting-expectations](http://www.bathnes.gov.uk/oap-setting-expectations)

- Personal care and hygiene needs are understood and clearly communicated with relevant staff.
- Visual guides and sequences displayed to support CYP's independence in hygiene practice.

*Example: Toilets include the visuals from 'How to wash your hands' NHS guidance.*

- Independence and autonomy in self-care routines are developed (age and stage appropriate).

*Example: Putting coats on pegs - initially model and guide the routine, then gradually reduce verbal prompts as the CYP becomes more confident, encouraging them to complete the routine independently.*

- Personal development practice supports CYP to manage daily routines, e.g. organising materials, transitioning between classes, or preparing for lunch.
- Strategies that alert staff to CYP's personal care needs are appropriately shared and sensitively approached.

*Example: Sharing of information for CYP with toilet passes is communicated via confidential and non-shaming channels, e.g. digital school systems. Discreet methods of communicating the need to leave lesson is agreed so CYP can signal their needs without stigma, e.g. toilet pass, nod of head.*

- Sanitary products are made readily available and easily accessible to CYP in a discreet and respectful manner.

### Handling of personal equipment or technologies

- Assistive equipment or personal technology is handled safely and hygienically, with appropriate infection control measures in place to protect CYP, particularly when they are unwell or vulnerable to infection, e.g. when a CYP with hearing technology has an ear infection.

*Examples:*

- Handwashing or sanitising before and after handling
- Use of PPE, e.g. gloves
- Cleaning devices or equipment with appropriate methods, if used for multiple CYP, e.g. interactive whiteboards.

## Useful Resources, Training and Guidance

### NHS

How to wash your hands.

<https://www.nhs.uk/live-well/best-way-to-wash-your-hands/>

### UKHSA

Handwashing best practice.

<https://www.england.nhs.uk/wp-content/uploads/2022/09/nipc-manual-appendix-1-handwashing.pdf>

### Standard infection control precautions

<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/>

### HCRG - Integrated Community Based Care

Children's Bladder & Bowel Service.

<https://bswcommunityservices.co.uk/services/childrens-bladder-and-bowel/>

### Eric Charity

ERIC, the Children's Bowel and Charity is the UK's leading charity supporting all CYP with a bowel or bladder problem. A free to access telephone and email helpline.

<https://www.eric.org.uk/>

### Bladder & Bowel UK

Charity to support CYP with bladder and bowel concerns – includes "just can't wait" card.

<https://www.bbuk.org.uk/children-young-people/resources-for-children/>

### Local guidance

Bristol Early Years – self-help toileting.

<https://www.bristolearlyyears.org.uk/wp-content/uploads/2024/01/SEND-Self-help-Toileting.pdf>

### DFE guidance

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/toilet-training>

### NSPCC Intimate Care Guidance

<https://learning.nspcc.org.uk/child-health-development/intimate-care>

## Physical - SEND Support

### Physical Access

Some CYP will need targeted support which is different from and additional to the support provided to the majority of CYP in the setting.

The frequency, duration, context, and extent of universal, HQT strategies may be increased under SEND Support. The individual strategies needed for each CYP will be identified, formally recorded, and implemented on an individual or small group basis. This will be recorded through an APDR cycle.

- Coordination and regular liaison with associated health professionals are organised and settings collaborate to align strategies and share relevant information (with consent).
- Clear documentation of all communications and actions taken is maintained and reviewed regularly to ensure support remains appropriate.
- Timetabling is carefully planned with alternative routes around the site offered, e.g. for step-free access to key areas including classrooms, learning blocks, social areas.
- Timetabling is carefully considered to allow for rest breaks and fatigue management.
- Planned flexibility for transitions and highly crowded areas, e.g. between lessons, lunch breaks, assemblies, is implemented.
- Physical manipulation accessibility is considered and adaptations in place.

*Example: Door handles are at correct height and can be manipulated, e.g. use of twist or grab, handrails correct height, swipe access heights and locations have been thought through.*

- CYP voice is gathered to understand which activities or environments feel most accessible and which present challenges, e.g. through a RAG-rated list or timetable.



## Gross Motor Skills - SEND Support

Some CYP will need targeted support which is different from and additional to the support provided to the majority of CYP in the setting.

The frequency, duration, context, and extent of universal, HQT strategies may be increased under SEND Support. The individual strategies needed for each CYP will be identified, formally recorded, and implemented on an individual or small group basis. This will be recorded through an APDR cycle.

- Specialist advice fully implemented, with recommended resources in place, and reviewed regularly.
- Specialist physiotherapy strategies are integrated into daily routines for whole-class participation, where suitable, so all CYP can take part together, promoting a culture of inclusion.
- Bespoke adaptations provided, where advised by external professionals, to support physical needs and comfort, e.g. adjustable/standing desks and worktops, posture chairs.
- Individualised transition planning is carefully considered, and strategies agreed, to reduce risk and ensure success.

*Example: CYP has additional time during transitions if needed to avoid crowded areas. A rotating buddy system supports CYP to get to next session.*

- Option of arriving in PE kit offered to CYP to avoid physical demand of changing.
- Planning allows for CYP to make valuable contributions to a group's success without needing to perform physically demanding actions, e.g. role of director, strategist, or evaluator.
- Time for specialist intervention, e.g. Physio or Occupational Therapy sessions are planned for, with opportunities to catch up on any missed learning prioritised.



## Fine Motor Skills – SEND Support

Some CYP will need targeted support which is different from and additional to the support provided to the majority of CYP in the setting.

The frequency, duration, context, and extent of universal, HQT strategies may be increased under SEND Support. The individual strategies needed for each CYP will be identified, formally recorded, and implemented on an individual or small group basis. This will be recorded through an APDR cycle.

- Specialist advice is fully implemented with recommended resources in place and reviewed regularly.
- Targeted setting-based intervention to develop fine motor skills such as hand strength, finger isolation, pincer grasp and dexterity are in place.
- Alternative methods of recording regularly and consistently used and formally recorded, e.g. scribe, laptop.
- Range of accessible keyboard and mouse alternatives and/or other suitable software available for CYP to trial, e.g. vertical mouse, enlarged font and colour-coded / lower case keyboard.
- Hand-outs with enlarged spacing to fit larger handwriting available.
- Homework tasks have bespoke adaptations to ensure ease of access and methods of recording are considered with resources / equipment available at home.



## Sensory – SEND Support

Some CYP will need targeted support which is different from and additional to the support provided to the majority of CYP in the setting.

The frequency, duration, context, and extent of universal, HQT strategies may be increased under SEND Support. The individual strategies needed for each CYP will be identified, formally recorded, and implemented on an individual or small group basis. This will be recorded through an APDR cycle.

- Individual responses to sensory systems (Proprioception, Interoception, Vestibular, Olfactory, Gustatory, Tactile, Auditory, Visual) have been identified, with personalised adaptations made, e.g. an alternative space for lunch to avoid smells and sounds of lunch hall.
- Specialist advice, e.g. Occupational Therapist, is fully implemented with recommended resources in place and reviewed regularly.
- Specialist guidance to support different sensory systems (Proprioception, Interoception, Vestibular, Olfactory, Gustatory, Tactile, Auditory, Visual) is implemented.
- Bespoke uniform adaptations are in place with the impact monitored.
- Personalised interventions and strategies, e.g. sensory circuits, are planned to support CYP when over- and/or under-stimulated, tailored to CYP's profile.
- Targeted teaching of bodily feelings and sensations support CYP to understand own sensory profile and create methods to support self-regulation.
- Sensory demands of day are mapped out and strategies created to support independence with recognition of the most challenging times, e.g. lunchtime, lesson changeover.
- Planned access to low- or high-stimulation space, e.g. library or sensory room.
- A variety of seating considered so those with sensory sensitivities can adjust and position themselves comfortably, considering proprioceptive factors (awareness of body in space).
- Extra time is regularly used and monitored to accommodate sensory fatigue or when a CYP is facing challenges with their sensory needs.





## Personal Care and Hygiene – SEND Support

Some CYP will need targeted support which is different from and additional to the support provided to the majority of CYP in the setting.

The frequency, duration, context, and extent of universal, HQT strategies may be increased under SEND Support. The individual strategies needed for each CYP will be identified, formally recorded, and implemented on an individual or small group basis. This will be recorded through an APDR cycle.

- Assistive equipment or personal technology is handled safely and hygienically, with appropriate infection control measures in place to protect CYP, particularly when they are unwell or vulnerable to infection, e.g. when a CYP with hearing technology has an ear infection.

*Examples:*

- Handwashing or sanitising before and after handling
- Use of PPE, e.g. gloves
- Cleaning devices or equipment with appropriate methods, if used for multiple CYP, e.g. interactive whiteboards.
- Referrals are made to the relevant professional for personal care and/or hygiene needs beyond universal support, such as continence services.
- Individual Healthcare Plans (IHPs) are developed and implemented, in collaboration with health professionals and parent/carers, to ensure the medical and care needs of CYP are met effectively and safely.
- Individual Healthcare Plans (IHPs) are created, monitored and reviewed following a clear and consistent process, developed in partnership with the CYP, their parent/carers and key stakeholders, including health professionals and education staff.
- Intimate Care Plans are developed in collaboration with the CYP, parent/carers, and relevant professionals. Plans are individualised, clearly documented, regularly reviewed, and aligned with safeguarding and dignity principles.
- Consistent, named staff members are designated to provide intimate care.
- CYP's safety, privacy, and dignity are at the forefront when intimate care is provided, using 1:1 care whenever possible, while incorporating the CYP's voice and preferences.



## Hearing Loss (HL)/ Deafness

We use the term 'deaf' to refer to all types of hearing loss (HL), from mild to profound. This includes deafness in one ear or temporary HL such as glue ear. All CYP with an identified deafness should be receiving the appropriate OAP provision.

Any CYP who is receiving specialist support, such as from a Teacher of the Deaf (ToD) or Speech and Language Therapist (SALT), is likely to be receiving SEND support. SEND support includes OAP alongside and informed by additional targeted support, recommendations and advice from the specialists. This could be specific to curriculum delivery, teaching and learning or encompass wider development and skills such as language and communication, deaf identity, technology and impact on social, emotional and mental health (SEMH).

This section is not divided into universal and SEND support because all CYP with HL (from mild to profound, unilateral deafness, or temporary conditions such as glue ear) are likely to require specialist input, such as from a ToD or SALT.

### Environment

- Safety plans and procedures are in place and consider the impact HL can have.
- Risk Assessments consider:
  - explicit teaching of fire and lockdown practice, e.g. universal signs (BSL/Makaton);
  - plans for areas where alarms are not heard, e.g. toilet;
  - supply and external staff, e.g. ensure sports coaches have up-to-date information and know risk reduction strategies.
- Non-verbal cues are explicitly taught and practised to help CYP navigate safely in practical environments, e.g. visual environmental markings ('hot' symbol by oven).
- Hearing-inclusive environments are promoted, with a focus on reducing reverberation (echo) and external acoustics, e.g. using carpeting, rugs and soft furnishings.
- Learning resources are reasonably adapted to minimise acoustics, e.g. soft pads on bottom of chair legs.
- Environment audit by ToD considered.
- Background noise is minimised to improve concentration, particularly for activities of high-auditory demand.
- Outdoor sounds, and equipment noise, e.g. fans, heaters, projectors are identified and reduced where possible.
- Feedback systems are used to actively seek input from CYP on distracting sounds and adjustments made to seating or environment accordingly.
- Countdowns or agreed signals are used to lower classroom noise during activities with high-auditory demand, e.g. repeat and recall activities, or to reduce listening stress.

## Positioning

- Feedback gained from CYP on best positioning for learning.
- Awareness of CYP's dominant ear ensures better access to verbal instructions, particularly during outdoor or physical activities.
- Hand gestures that cover the mouth and moving around the room whilst talking are avoided, ensuring CYP can see faces.
- Staff face the CYP directly, ensuring their mouth is clearly visible and well-lit, to aid lip reading.
- CYP's attention is gained before speaking - in a considered, appropriate and agreed way.
- CYP is positioned ensuring that there is a clear view of staff faces, and any visual materials used.
- Whiteboards, screens and learning boards are free from glare or reflections.



## Teaching Strategies

- Clear and precise instructions are reinforced with visual supports, such as written prompts.
- Consistent non-verbal cues are used to support understanding when verbal instructions are harder to follow.
- Instructions are delivered clearly and at an appropriate volume and speed, avoiding exaggerated lip movements or shouting, which can distort lip patterns. For some, usual speaking speed may be preferred as the slowing down of sounds or pace can interfere with lipreading.
- Pertinent comments made by other CYP are repeated and/or rephrased in a clear tone, at an appropriate volume and speed to ensure CYP can access peer contributions.
- Additional time to process auditory information allowed where needed. Repeating or rephrasing too quickly is avoided to give the CYP time to work through the original message.
- Pre-teaching of instructions and demonstrations is provided.
- Structured approaches to pre- and post-teaching vocabulary in place to support accessing and retaining key language used in lessons.
- Cognitive load considered, with an understanding that sustained listening effort can have an impact on fatigue and ability to focus, e.g. build short, planned 'listening breaks' into the learning sessions.
- Visual anchors, e.g. pictures, diagrams, handouts, used to support learning – 'words disappear, visuals don't'.
- Subject-specific vocabulary mats used during lessons to help CYP access and recall key terms, particularly in topics with new or complex language.
- Simple definitions, and contextual examples, used to support understanding.
- A peer support system is offered where a (rotating) trusted classmate is designated as a 'hearing buddy' to help the CYP with HL access spoken instructions.
- Media resources are accessible, e.g. videos are captioned, subtitled or CYP has access to a transcript.
- Homework task descriptions are delivered in written format, and additional methods are considered, e.g. using accessible digital programmes.
- Time for specific interventions is allocated and appropriate environments for these organised.
- Catch-up opportunities are in place where learning is missed due to specialist intervention or targeted support.
- Exam Access Arrangements are in place with guidance from involved professionals.

## Equipment

See Personal Care and Hygiene section for guidance on safe handling of assistive equipment and/or technologies.

- Equipment and personal technology are easily accessible and CYP has a trained person to support if there is a problem with the device. Information around specific technology is clearly stated within documentation – see example in resources section.
- Management and monitoring of equipment storage and charging are in place, following clear systems.
- A clean, secure location for storing hearing devices when removed, e.g. during PE or swimming.
- Safe charging facilities designated for radio aids and other equipment.

## Wellbeing and Mental Health

See [SEMH section](#) for further guidance.

- Additional support for transitions is in place, e.g. through additional visits to new setting to help CYP familiarise with new environment, timely transfer of relevant information, specialist assessments and plans.
- Wellbeing and self-esteem are monitored and the impact these may be having on CYP's learning and relationships is reviewed.

*Example: CYP with HL has opportunity for check-ins from a trusted adult and knows how and where to seek support.*

## Implementation of specialist advice

- Advice and recommendations from ToD are obtained, followed, shared with members of staff and reviewed regularly.

These may include, but not limited to:

- Individualised communication support, e.g. access arrangements include having texts read aloud instead of listening to a recording during a listening-based exam.
- Targeted SALT support.
- Targeted social communication and emotional literacy mentoring.
- Modified listening environments, e.g. use of Soundfield systems, microphones and other bespoke, whole-class technologies.

## Resources - Evidenced-based advice, interventions and training

### Bristol Sensory Support Service

Hearing support and training courses from Teacher of the Deaf.

<https://www.bristol.gov.uk/sensory-support-service>

<https://www.bristol.gov.uk/sensory-support-service/hearing-support> (including glue ear)

<https://www.bristol.gov.uk/sensory-support-service/training/training-courses>

### Bath RUH Audiology

[https://www.ruh.nhs.uk/patients/services/clinics/audiology/index.asp?menu\\_id=1](https://www.ruh.nhs.uk/patients/services/clinics/audiology/index.asp?menu_id=1)

### Sense

“Over 70 years, we’ve built extensive knowledge and expertise in supporting deafblind people and disabled people with complex needs”.

<https://www.sense.org.uk/our-services/support-for-children/>

### Deaf-friendly Teaching

Create a more inclusive learning environment where deaf CYP feel supported and ready to succeed.

<https://www.ndcs.org.uk/education-professionals/deaf-friendly-teaching>

### Specialist deaf curriculum Framework

Supporting deaf babies, CYP, and their families to develop knowledge and make informed and independent decisions about their deafness, from identification through to adulthood.

<https://www.batod.org.uk/resources-category/specialist-deaf-curriculum-framework/>

### National Children's Deaf Charity

<https://www.ndcs.org.uk/>

NDCS Passports – <https://www.ndcs.org.uk/advice-and-support/all-advice-and-support-topics/education-and-learning/personal-passports-and-profiles>

NDCS Free books and resources <https://ndcs-bookshop.myshopify.com/collections/deaf-friendly-teaching>

### NHS Audiology FAQs

<https://www.ruh.nhs.uk/patients/services/clinics/audiology/documents/FAQ.pdf>

### C2Hear

C2Hear is an online service that uses videos to demonstrate how to use and manage your hearing aids and hearing loss.

<https://c2hearonline.com/>

### Tinnitus UK

This is a charity which provides free support to anyone with tinnitus or who is caring for someone with tinnitus.

<https://tinnitus.org.uk/>



# Visual Impairment (VI)

The term ‘visual impairment’ (VI) is used to describe sight loss that cannot be corrected to a normal level using glasses or contact lenses.

This could be a CYP with significant, uncorrectable loss of sight, ranging from low vision (blurriness, colour issues) to complete blindness, affecting daily life and typically classified by visual acuity (sharpness) and visual field (peripheral sight).

The word “blindness” is commonly used to describe total, or near-total sight loss.

(definition by sense UK, <https://www.sense.org.uk/information-and-advice/conditions/blindness-and-visual-impairment/>).

Any CYP who is receiving specialist support, such as from a Qualified Teacher of Visually Impaired (QTVI), is likely to be receiving SEND support. SEND support includes OAP alongside and informed by additional targeted support, recommendations and advice from the specialists. This could be specific to curriculum, teaching and learning or encompass wider development and skills such as language and communication, technology and impact on social, emotional and mental health (SEMH).

This section is not divided into universal and SEND support because all CYP with VI are likely to require specialist input, such as from a QTVI.

## Environment

- Safe environment orientation across whole setting (internal and external spaces) is considered to highlight potential risks or accessibility barriers.
- Layout of learning spaces is fixed, keeping furniture in consistent positions; avoiding unplanned rearrangements.
- Clear, unobstructed pathways are maintained throughout classrooms and corridors.
- Low-level obstacles are removed, e.g. bags, chairs, bins from walkways.
- Exit routes (including emergency routes) are regularly checked to ensure they are free from obstacles and safe for children with VI.
- Classroom and environment are clutter-free and well organised, especially in areas that CYP with VI regularly access.
- Consistent resource zones and multi-sensory labelling are implemented to support independent navigation and resource use.

*Example: Organise the classroom or social areas into consistent resource zones and label materials using multi-sensory formats such as large print, high-contrast colours, and audio cues. Pair this with a structured access system, e.g. verbal prompts to support independent navigation rehearsal and resource use. Provide orientation sessions to help students learn the layout.*

- Glare management is considered and planned for to ensure clear visibility of staff faces and learning resources.

*Examples:*

- Turn off overhead lighting on bright days.
- Pull blinds to reduce sun glare.
- Change the background colour on the interactive whiteboard (IWB).

*- Use matt surfaces for resources, including laminated materials.*

- Main board and/or learning area is uncluttered and visual crowding is considered, e.g. using a minimalist layout with high-contrast colours, large print, and clear spacing between elements.
- Structured visual anchors, e.g. consistent placement of key information on worksheets and displays are used to support orientation and focus.
- A clear, planned and practised strategy is in place for CYP with VI to locate peers during transitions, social times and when crowds are increased.

*Example: There is an allocated bench for CYP to meet peers during break times.*

## Positioning

- Seating plans ensure CYP are seated in the optimum position for visibility and classroom engagement.
- CYP face the board directly, avoiding glare from windows or lights.
- Position of sun considered when teaching outside - position CYP with back to the sun and staff facing the sun.
- Consistent seating plans or placements marked with a tactile or visual cue are used.
- Proximity to the teacher is ensured for verbal reinforcement.

## Teaching Strategies

- CYP’s name is said before talking to them; staff remember that CYP with VI are less likely to follow non-verbal communication.
- Locations or actions are described and pointing or waving is avoided.

*Example: Avoid pointing or gesturing without explanation. Instead of “Look at this diagram,” say, “On the screen, the diagram shows the water cycle starting with evaporation in the top left corner.”*

- Clear verbal explanations provided when giving a demonstration or verbalising what is written on a board, e.g. ‘radio teacher’.
- Understanding is regularly checked in an appropriate and non-shaming way.
- Open-ended questions and descriptive prompts are used to check understanding.
- CYP are encouraged to explain concepts in their own words or describe what they have understood to avoid yes/no responses and repetition.
- Sustained visual effort is considered with rest periods or alternative activities provided, e.g. audio practise/ listening to buddy reader.
- Extra time is given to complete tasks to reduce the effects of visual fatigue.
- Pens that provide clear contrast are used consistently, e.g. for board writing, marking, feedback purposes. Use black or dark blue ink on white backgrounds, avoid pale colours or red pens, and ensure writing is bold, legible, and well-spaced. Check with CYP which contrasts work best for individual.
- Curriculum content is made visually accessible, using commercially-available, adapted resources and equipment, e.g. use of coloured number lines, PE balls, contrast rulers.



- Fonts and handwriting are considered for legibility, and clear print is used on displays and worksheets, avoiding cursive or stylised fonts.
- Typed materials follow formatting guidelines as advised by QTVI, e.g. minimum 14pt font, left-aligned, no italics.
- Key vocabulary is displayed using visuals – ‘words disappear, visuals don’t’.
- Spoken definitions and contextual examples are used when introducing new vocabulary.
- Real-time, verbal mediation of visual content is provided and linked to the learning objective, e.g. describing images, diagrams, demonstrations, classroom displays, and gestures using clear, structured language.
- Access to own copy of learning materials, e.g. textbooks, worksheets, and visual aids are provided so CYP can hold and manipulate them at angles to suit their visual field.
- Relevant, real objects used to support concept development and understanding.
- Learning materials that have enlarged print and adapted visuals are formatted consistently on A4 paper to support ease of scanning. When enlarging fonts, be mindful of field of vision and check sizes.
- Concise, purposeful auditory reinforcements used to highlight key learning moments, transitions, and instructions. This includes verbal summaries, audio cues, and spoken prompts that reinforce visual content or replace it entirely.
- Auditory input is clear, relevant, and timely, ensuring CYP can access and retain core information without relying on visual cues.
- Time for specific interventions is allocated and appropriate environments for these organised.
- Catch-up opportunities are in place where learning is missed due to specialist intervention or targeted support.
- Exam Access Arrangements are in place with guidance from involved professionals.

Equipment

See [Personal Care and Hygiene](#) section for guidance on safe handling of assistive equipment and/or technologies.

- Medical advice about the wearing of glasses and/or occlusion (patching) is shared (appropriately) and followed.
- Vision support technology, as advised by QTVI, is fully set up and ready to use, enabling seamless integration into learning and promoting independence across the curriculum.  
*Example: CYP have access to default accessibility settings and WiFi are enabled (where appropriate). Technology is charged and available.*
- Equipment and personal technology are easily accessible and CYP has a trained person to support if there is a problem. Information around specific technology is clearly stated within documentation – see example in resources section.
- A clean, secure location for storing devices is allocated.
- Safe charging facilities for equipment are organised.
- Management and monitoring of equipment storage and charging are in place, following clear systems.

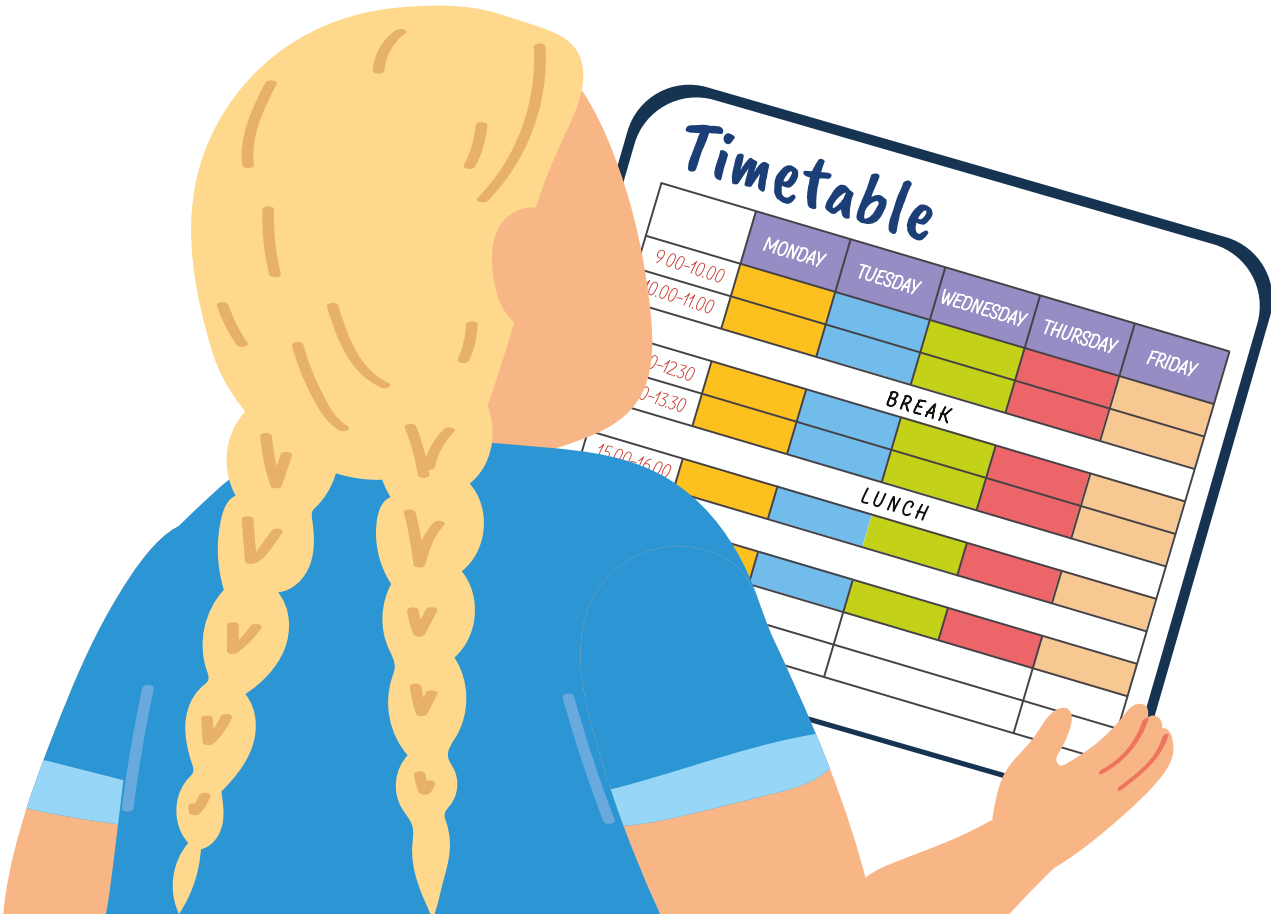
Wellbeing and Mental Health

See SEMH section for further guidance.

- Additional support for transitions is provided, e.g. through extra visits to new setting to help CYP familiarise with new environment, timely transfer of relevant information, specialist assessments and plans.
- Wellbeing and self-esteem are monitored and the impact this may be having on CYP’s learning and relationships is reviewed.  
*Example: CYP with VI have opportunity for check-ins from a trusted adult and know how and where to seek support.*
- Non-shaming ways to check understanding are agreed with CYP and shared consistently.

Implementation of specialist advice

- Advice and recommendations from QTVI are obtained, followed, shared with members of staff and reviewed regularly.  
These may include, but not limited to:
  - Providing guidance to teaching staff on effective strategies to support learning for CYP with VI.
  - Teaching specialist skills such as using assistive technology, developing independent living and learning skills, and learning Braille.
  - Advising on special arrangements for exams and assessments, including access technology and adapted formats.



## Resources - Evidenced-based advice, interventions and training

### **Sensory Support Service**

<https://www.bristol.gov.uk/sensory-support-service>

### **Training courses**

- Supporting CYP with brain-related vision difficulties
- Supporting CYP with a VI

### **Royal National Institute of Blind People**

<https://www.rnib.org.uk/>

### **Curriculum Framework for VI**

<https://www.rnib.org.uk/professionals/education-professionals/cfvi/>

### **Sense**

“Over 70 years, we’ve built extensive knowledge and expertise in supporting deafblind people and disabled people with complex needs.”

<https://www.sense.org.uk/our-services/support-for-children/>

### **Thomas Pocklington Trust**

Our Education Information Advice and Guidance Service is here for blind and partially sighted students aged 7+, their families and the professionals that support them. We provide expert information, advice and guidance supporting students to navigate primary, secondary school, college and university.

<https://www.pocklington.org.uk/>

### **Victa**

VICTA organises activities designed to instil confidence, promote independence and build social networks to share information and reduce isolation.

<https://www.victa.org.uk/>