

Good Practice Guidance For All Learners Through The Graduated Response – Minimum Standards

Settings and Schools

All children and young people are entitled to an appropriate education, one that is appropriate to their needs, promotes high standards and the fulfilment of potential. This should enable them to:

- achieve their best
- become confident individuals living fulfilling lives, and
- make a successful transition into adulthood, whether into employment, further or higher education or training

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. Schools and colleges must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.

“For those children that face the greatest educational challenges, high quality teachers trained to support pupils with a wide range of SEN will be the most powerful way to drive up attainment” *Support and aspiration: A new approach to special educational needs and disability: A consultation 2011.*

This document contains the expectations (**Minimum Standards**) of settings and schools for the Quality First Teaching, Targeted Support and Personalised Interventions they make for all children and young people (CYP). It describes what can be delivered from the settings/schools own resources and considers the offer from additional services external to the schools.

The document considers and outlines the importance of a ‘**Whole School Response**’ to Special Educational Needs and/or Disability (SEND) as well as the need for learning approaches which provide CYP with SEND support which is “additional to” or “different from” that required by other children and young people.

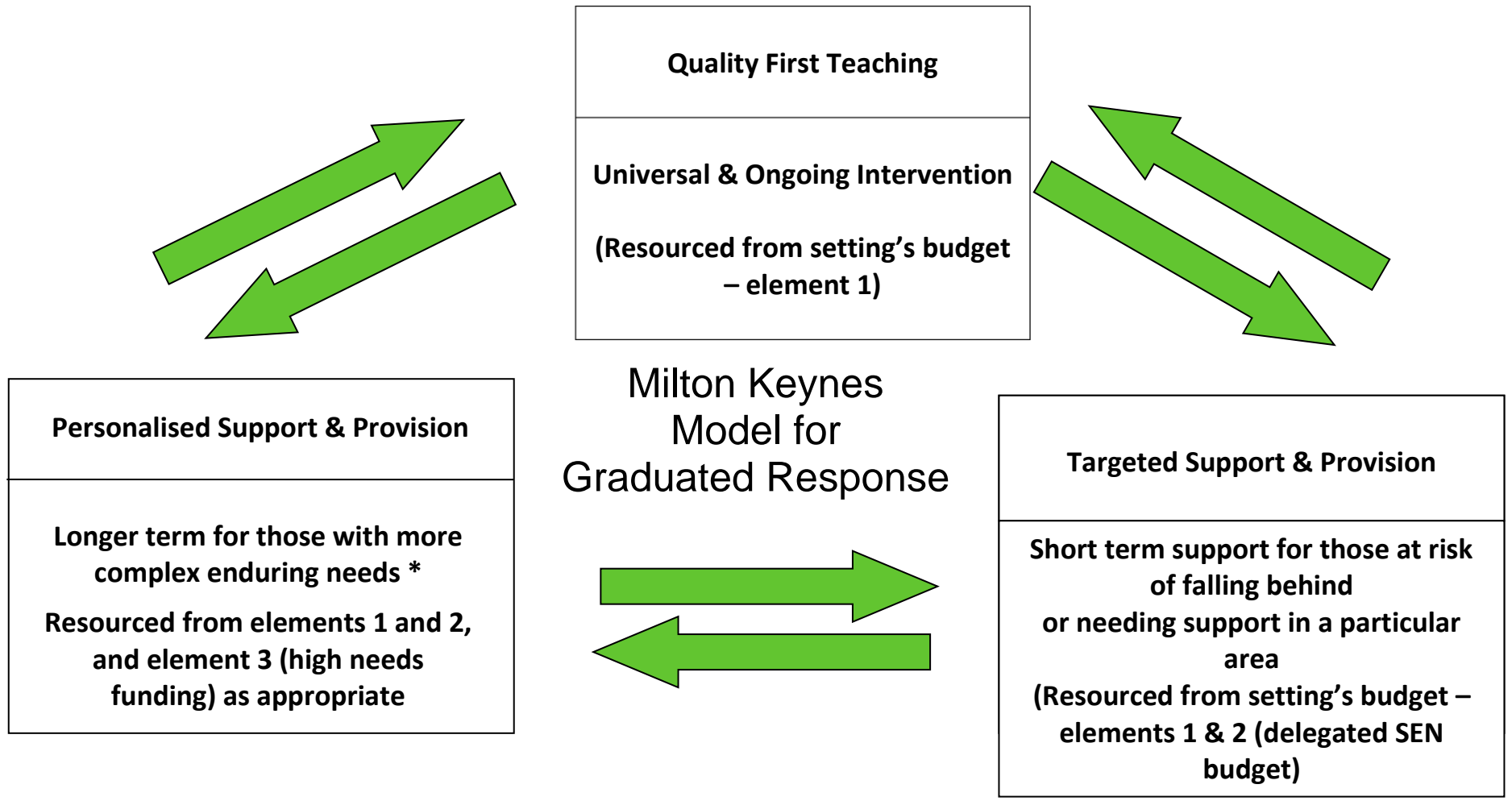
The document also takes into account of the thinking within the SEN Code of Practice 2014, *Support and aspiration: A new approach to special educational needs and disability: A consultation 2011* (SEN Green Paper) and *The Importance of Teaching: The Schools White paper 2010*. It avoids

previous terminology (i.e. waves, school action, school action plus) but considers the importance of a '**graduated response**' using the Quality First Teaching, Targeted Support and Personalised Provision.

This work is informed by the work done by groups of primary, secondary schools and officers of the local authority to produce; 'Inclusion for Excellence MK Schools: Five Steps for Success' and the 'Revised MK Inclusion Strategy 2012 -2015', as part of the SEN Strategy, Policy and Provision Review.

"The evidence from around the world shows us that the most important factor in determining the effectiveness of a school system is the quality of its teachers.....all the evidence shows that good teachers make a profound difference." *The Importance of Teaching- The Schools White Paper 2010.*

Thanks to Northampton County Council – SEND Document which was used to support the development of this document



WHOLE SCHOOL RESPONSE TO SEND

WHOLE-SCHOOL RESPONSE - Quality First Teaching (ensuring all day-to-day teaching meets the needs of each learner) through delegated resources to school.

The quality of teaching is fundamentally important to the achievement and life chances of every child.

It is the responsibility of schools to provide good teaching for all pupils. It is particularly important that pupils that have most difficulty with their learning are taught by good quality teachers.

Additional interventions at targeted and specialist level in this document should not be a substitute for weak or ineffective practice.

The school has an **Equality Scheme and Accessibility plan** that ensures that current and future pupils with Special Educational Needs and/or Disability (SEND) have full access to the life of the school to enable good progress in their learning.

The leadership of the school, informed by an analysis of their data which is based on moderated teacher assessment, strategically plans within its **school development plan** to meet the needs of all current and future pupils.

The school enables the smooth transition into school, within the school and beyond, offers a curriculum and accreditation to pupils which meet the diversity of learning needs. The school ensures that staffs are well trained and the learning environment of the school is supportive to all learners.

All teaching staff have **foundation level understanding and skills** (i.e. the Inclusion Development Programme (IDP) and awareness raising provided by other support professionals) which ensures that they understand how to make their teaching accessible for learners with high incidence SEND and a willingness to undertake training in low incidence needs should the need arise, e.g. visual timetables, alternative recording, ICT, adapted classroom equipment, personalised activities, etc.

All staff understand the overarching **teaching and learning policy** which reflects Equalities legislation and accessibility requirements which actively promotes overcoming barriers to learning for all children, taking into account individual differences (SEND or otherwise), and promotes understanding and acceptance in the peer group.

Teachers can demonstrate a good quality of teaching where the large majority of pupils make good progress as evidenced in the school's regular scrutiny of **quality of teaching**.

The staff have the confidence and capability to take account of individual children's learning styles and **adjust their teaching** accordingly.

All pupils are assessed during the year (at least three times) and their **progress tracked**. Where insufficient progress is noted quality of teaching is reviewed and where this is good quality they are offered targeted support/personalised intervention to secure their progress. That is, tracking progress against national benchmarks.

The school provides a warm, safe and empathetic ethos where children have the confidence to share their concerns with staff, and know that they will be addressed, in order to support their **emotional well-being**.

The school inspires **parental confidence** by establishing a reciprocal relationship with them as partners in their children's learning and development through good exchange of information and by using resources flexibly to meet needs.

Teachers are able to respond to un-predicted need by **flexible use of the environment**, e.g. time out space.

The staff are able to implement a care plan for pupils who require one to maintain their long term education, health and care.

WHOLE SCHOOL RESPONSE - Targeted support for Individual and/or small group short term interventions.

ALL strategies above 'Quality First Teaching' should be implemented and evidenced, plus the following:

Element 1 and/or 2 Funding

Additional **assessment/information to inform** the reason for absence of progress , and the choice of intervention and composition of groups

Some staff have undertaken **specialist training** in high incidence needs, in order to understand the range of assessments available, the most effective strategies to support learning and provide individual and group tuition where indicated

Staff trained to implement short term interventions to secure improved progress for children and young people which enable them to benefit from whole class teaching and to promote social development.

As part of **Provision Management**, a **Provision Map** which has a range of small group interventions is in place. The time-limited, pre-formulated interventions (ASSESS) (including baseline, PLAN, DO and REVIEW cycle) will include SMART outcomes so that they can be used by trained staff with minimal adaptation. They may also include training **CYP to be competent and independent** in use of curriculum aids e.g. appropriate computer software and equipment, keyboard and ICT skills.

The effectiveness of **interventions are evaluated** by the teacher and monitored by Senior Leadership Team (SLT) in order to determine the impact on pupil academic and personal development progress. The intervention should have the impact of **accelerated progress** with review every term.

The SLT applies a **greater level of scrutiny** of pupil progress through the use of interventions to ensure that learning is sustained within the classroom.

The **location of the group tuition** will have been carefully considered to provide the optimal conditions according to the profile of need.

The selection of targeted interventions for any individual pupil will be complimentary to the teaching offered at whole class level as demonstrated by the **balance of whole class/group** lessons in order to maintain the continuity of whole class learning.

WHOLE SCHOOL RESPONSE Personalised Intervention for long term interventions.

All 'Quality First Teaching' and 'Targeted support' above should be implemented and evidenced, then the following:
Element 1, 2 and/ or 3 funding

Pupil may have a **EHC Plan** which describes the strategies/outcomes required to meet individual needs, some of which may need to be delivered on an individual or small group basis. **SMART outcomes will be required.** Annual review will be required which shows tracked progress.

Pupil has a need which is long term and low incidence (with no peers requiring the same intervention). In these cases the planning for intervention is personalised and specifically formulated to take account of **unique individual need.** (Individual Education Plans) IEP/**Provision Map**, where used, with **SMART outcomes will be required** which shows baseline assessment, effective evidence based interventions and tracked progress.

A **Team Around the Family (TAF) meeting** may have been held in conjunction with parents for a pupil who has additional needs and requires the support of the team around the child. The **lead professional** may be a member of the staff.

External advice given in reports for individual pupils is implemented by the school.

Staff who have the skills to **create and implement a plan** for pupils who require one to maintain their education, health and care needs, which is monitored by specialist staff and/or IEPs.

QUALITY FIRST TEACHING

<p>Conditions for learning <i>Pupils work in a classroom climate in which they feel safe, secure and valued.</i></p>	<ul style="list-style-type: none"> • Access to adults and any resources used has been planned for, e.g. background noise avoided where possible, light source in front of teacher not behind, blinds in classroom • Classroom and behaviour expectations are displayed with visual prompts; effective and positive behaviour management strategies are used, including class routines, and listening rules • All learners are clear about structure of lesson and day, e.g. visual timetables are on display • Contribution of all learners valued – secure, safe and supportive learning environment • Transition from whole-class work to independent and group work clearly signalled and effectively managed • Texts and equipment are at learner’s instructional level and matched to their age, ability and needs • Classroom displays and working walls are used effectively and interactively • The environment reflects the cultural and linguistic background of learners • Access to appropriate ICT equipment and software • Minor adjustments to ICT equipment and furniture have been considered including, screen position, keyboard size and style, mouse size and style • Differentiated software and appropriate fonts are used. E.G. a simplified or supportive word processing package, is used • ‘Ease of Access’ features provided within operating systems are used to optimise the desktop and work environments
<p>Development of learning <i>Questions probe understanding and develop thinking and reflection</i></p>	<ul style="list-style-type: none"> • Time and support given before responses are required, e.g. personal thinking time, partner talk, persisting with progressively more scaffolding, <i>time for translation</i>, until child can answer correctly • Use of a variety of questioning and techniques used so as to challenge learners at all levels • Contributions reflected back by teacher in expanded form or expanded on by other learners • Visual and tangible aids used and made available when required, e.g. graphic organisers/key visuals, story sacks, real objects, signs and symbols, photographs, variety of number lines, computer animations, computer animations, digital video or audio recordings, abstract concepts made concrete, key language and first language prompts • Links made to previous lesson objectives • Tasks made more open or more closed according to learner’s needs
<p>Knowledge of subjects and themes <i>Teaching is lively, engaging and involves a carefully planned blend of approaches that direct pupils’ learning</i></p>	<ul style="list-style-type: none"> • New or difficult vocabulary and language structures clarified, written up, displayed and revisited with pre and post tutoring where appropriate. • Multi-sensory teaching approaches (visual, verbal, kinaesthetic) in use • Tracking back in literacy and numeracy to reinforce previous learning and language development • Time provided for oral rehearsal before writing • Bilingual resources are provided , where appropriate

<p>Planning <i>A range of assessment strategies, including peer and self-assessment, inform teaching</i></p>	<ul style="list-style-type: none"> • All learners are clear about the lesson intention and success criteria • Tasks clearly explained or modelled – checks for understanding, task cards or boards as reminders, time available and expected outcomes made clear to all learners • Learners have been taught strategies which mean they can continue to work without direct teacher help if they get stuck; prompts to remind them are on display • Tasks simplified or extended, e.g. short, concrete text used by one group or long, abstract text by another • Peer assessment/self-assessment • FACT/FACT plus and IDP checklists are used to inform planning and learning • There is assessment of language learning alongside curricular learning
<p>Understanding Learners' needs <i>Pupils are offered a variety of ways in which to record their learning</i></p>	<ul style="list-style-type: none"> • Teacher checks for understanding of instructions, e.g. by asking a child to explain them in their own words • Support in place for children with working memory problems – sticky notes, jottings, tasks broken down, concrete material to support • Interactive strategies used, e.g. children having cards to hold up or own whiteboards or coming to the front to take a role • Scaffolding, e.g. problem solving grids or visual tools or clue cards provided where needed, marking policy providing effective feedback used • Talking and writing partners used • Structured Handwriting programme is followed to develop handwriting patterns, letters and joining • Structured phonics programme is followed, implemented and embedded in reading whole texts supported by rich literacy provision
<p>Engagement with learners and learning <i>Pupil groupings are flexible and maximise learning</i></p>	<ul style="list-style-type: none"> • Learners help and support each other with ideas; they give one another space in which to think and respond to questions • Variety of learners groupings used so that learners are able to draw on each other's strengths and skills, produce random groups for talk partners • Effective use of additional adult support, e.g. learning objectives clear, independence rather than dependence promoted, peer interaction encouraged • Learners' seating purposely organised.
<p>Links beyond the classroom <i>Various approaches, notably ICT are used to help learners extend their learning</i></p>	<ul style="list-style-type: none"> • Alternatives to paper and pencil tasks used where appropriate, e.g. ICT, diagrams • Effective use of ICT as an access strategy • Using the outdoor environment to incorporate practical activities • Effective use of the (Interactive Whiteboard) IWB to model, demonstrate, reinforce and prompt • Parents actively involved in their children's learning • Links made to prior knowledge and learning

Relationship to the SEN Code of Practice 2014

Our settings/schools are advised to think of learners with additional needs in terms of two groups “underachieving and less experienced learners” and “learners with a closely defined special educational need or disability”, this document refers to these needs groups.

- Learners who are underachieving and/or are less experienced (for many reasons) but who do not have a special educational need and/or disability (SEND).
- In schools learners for whom the school needs to make additional provision from the schools or early years block funding in order for them to make and maintain progress. This is support which is “additional to” or “different from” the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. This may be a justification for funding additional provision from schools delegated funding. This additional provision should not be just ‘more literacy’ or ‘more maths’ - these are not the learners to whom schools may be offering **Targeted Support or Personalised Interventions** (which are methods of differentiating the usual school curriculum and part of the **Graduate Response**). On the contrary, learners requiring additional funding from school’s delegated budget in addition to the AWPU are likely to be those who need individual interventions, particular to them, in order to address their underlying learning needs and enable or improve access to the curriculum. Many settings/schools, nationally and within Milton Keynes, mistake underachieving learners for those with a genuine SEND, so schools should be vigilant about this. IEPs are no longer required for learners receiving additional funding from schools delegated budget **but there needs to be evidence of intervention and progress – perhaps using provision mapping**.
- In Early Years settings learners for whom the early years setting needs to make additional provision from the early years block funding in order for them to make and maintain progress. This is support which is “additional to” or “different from” the differentiated approaches and learning arrangements normally provided as part of high quality, targeted support or personalised teaching. The early years setting is expected to plan interventions, appropriate support and adaptations in order to enable the learner to have improved access to the curriculum and make maximum progress using the delegated budget from the early years block funding. In Milton Keynes, settings will continue to be encouraged to personalise planning and outcome setting for individual learners through the ‘assess, plan, do, review’ cycle.
- Learners who require additional funding from High Needs Block with or without a statutory assessment having been undertaken. Evidence required for accessing high needs funding is outlined below but, crucially, for these learners, there needs to be a strong case that the learner’s need cannot be provided for from schools/early year’s delegated budget. It is likely that before making a request for high needs funding, while the learner’s need is still being met by schools/early years delegated budget, a referral has been made to an external agency and action has been taken in response to the support and advice which has been sought. It is likely that the threshold for early year’s setting application will be lower than for school due to the level of delegated budget.

What is a special educational need?

All learners learn and develop at different rates and have both areas of strength and interest and areas of weakness. A learner may have a special educational need if, despite appropriate classroom/setting activities, and differentiated planning and support, they continue to experience a greater difficulty than their peers in learning and developing skills. It is important to distinguish learners with special educational needs from learners who are underachieving but who can and will catch up.

'Consideration of whether special educational provision is required should start with the desired outcomes, including the expected progress and attainment and the views and wishes of the pupil and their parents. This should then help determine the support that is needed and whether it can be provided by adapting the school's core offer or whether something different or additional is required.' (SEN Code of Practice (2014) section 6.40)

A SEND is a barrier to learning that might take a variety of forms. The wide range of strategies that can be employed by skilled staff is usually sufficient to overcome such barriers by setting suitable learning challenges and responding to learners' diverse learning needs. Examples are planning appropriately challenging work for those whose ability and understanding are in advance of their language skills or using positive behaviour management with a clear system of rewards and sanctions. These strategies and arrangements are often effective even when learners have more persistent or serious difficulties. ('Inclusion: providing effective learning opportunities for all students': National Curriculum handbooks for primary and secondary teachers QCA/00/457 and QCA/99/458.)

What should be in place in all settings/schools?

Provision for learners with SEND is a matter for the setting/school as a whole. All teachers are teachers of learners with SEND. In practice the way in which this responsibility is exercised by individual staff is a matter for settings/schools, to be decided in the light of the settings/schools circumstances and size, priorities and ethos. Settings/schools should be able to offer a minimum provision guarantee for individual learners and their families. In this document details are given of the process of meeting special educational needs and/or disability and descriptors of the appropriate minimum provision for different forms of special educational need and/or disability. Listed below are several supporting elements essential for effective action with, and on behalf of, learners with SEND that should be common to all settings/schools:

- **SEN Information Report (may be incorporated into a wider Inclusion Policy);**
- **A provision map for all vulnerable learners;**
- **School Leader - Special Educational Needs Co-ordinator (School Leader) information;**
- **Nominated Governor with responsibility for Special Educational Needs and/or Disability;**
- **Whole School/Setting Behaviour Policy;**
- **Attendance Policy;**
- **Access Plan;**
- **Published Equality Information and Objectives;**
- **Knowledge of the SEN Code of Practice;**
- **Knowledge of the services provided by the LA.**

Even when powerful strategies are available there will be times when something that is **additional to or different from** the usual range of provision will be needed if a learner with particular needs is to make progress. It is expected that all children will be monitored, their progress tracked and significantly differentiated learning opportunities will be provided and that there will be a provision map for all vulnerable learners, including those with special educational needs. For a provision map to be effective, it must cross reference provision with progress in order to be able to evaluate the effectiveness of what is being offered.

It would be reasonable to expect most learners who are underachieving, in any year group or key stage, to be able to make accelerated progress, with good teaching and appropriately targeted interventions. Those learners who, having received such provision, continue to struggle to access the curriculum or make progress, often because of some cognitive or emotional impairment, may need something additional to and different from the usual, well-differentiated, curriculum and methodology on offer in the school/setting. It is these learners who can be legitimately identified as having a SEND in relation to the SEN Code of Practice.

Parents should always be consulted and kept informed of the action taken to help the child and of the outcome of this action.

The School Leader and the class teachers/key person should decide on the action needed to help the child to progress in the light of their earlier assessment. There is sometimes an expectation that this help will take the form of the deployment of extra staff to enable one-to-one tuition to be given to the child. **However, this may not be the most appropriate way of helping the child. A more appropriate approach might be to provide different learning materials or special equipment; to introduce some group or individual support; to devote extra adult time to devising the nature of the planned intervention and to monitoring its effectiveness; or to undertake staff development and training to introduce more effective strategies.**

When SEND begin to present as severe and complex, so that the school/setting feels justified in applying for high needs funding, external agencies may be involved. These might include Educational Psychologists, Specialist Teacher, LA or external specialist services, Occupational Therapists and Speech and Language specialists. Although Teaching Assistants/Early Years Practitioners may deliver some of the programmes written/advised by external agencies, it is still the responsibility of the class teacher/key person to ensure all learners are making good progress.

Schools/settings may request involvement of specialists at any point to advise them on early identification of SEND and effective support. A school/setting should always request involvement of a specialist where a child continues to make little or no progress over a sustained period or where they continue to work at levels substantially below those expected of children of a similar age despite well-founded SEND support (graduated response) delivered, monitored and evaluated by appropriately trained staff (P 91 SEN Code of Practice 2014).

According to the nature of a learner's needs over time they may require less rather than more help if the interventions made are successful. Interventions using schools delegated budget/early years funding are the means to match provision to individual student needs and are therefore part of the continuous cycle of assessment, planning, action and review within schools/settings that enables all children and young people to learn and progress. Interventions using schools/settings delegated budget/early years funding will not necessarily be steps on the way to undertaking a statutory assessment, or accessing high needs funding, and must not be seen as such.

How is effectiveness to be monitored?

The general effectiveness of provision and outcomes for vulnerable groups of pupils in LA maintained schools is monitored through the School's effectiveness monitoring programme in Learning, Skills and Education.

Achievement of and provision for vulnerable groups of learners is discussed and graded annually using Ofsted criteria. Through this process settings/schools are encouraged to:

- Critically analyse the effectiveness of their own provision;
- Build improvements into school/setting planning;
- Ensure staff are adequately trained and all teachers/practitioners assume responsibility for the outcomes of learners with SEND;
- Share good practice with other schools/settings.

The LA also monitors:

- The school inspection reports from Ofsted with regard to inclusion and the achievement of all vulnerable learners.
- The use and the effectiveness of SEND delegated funding in schools/settings and funds secured from the High Needs Block.

For a **provision map** to be effective, it must cross-reference provision with progress, i.e. a setting/school must have some way of assessing (and recording on the provision map) where a learner was when he/she started the intervention (**baseline**) and where he/she is at the end of it, to be able to evaluate whether the additional provision has worked or not.

What is statutory assessment?

Statutory assessments are undertaken for learners with significant SEND. A statutory assessment of a learner's SEND can be undertaken when there is convincing evidence that, despite the school/setting, with the help of external specialists, taking relevant and purposeful action to overcome the learner's SEND, the difficulties remain or have not been remedied sufficiently. A statutory assessment is a multi-agency investigation that aims to define the long-term needs of a learner. **It may or may not result in an Education Health and Care (EHC) Plan being drawn up. It may, or may not, be linked to High Needs Funding.**

What are the areas of Special Educational Need and/or Disability (SEND)?

The Code of Practice (2014) outlines the following broad areas of need:

Sensory and/or Physical needs which includes visual impairment (VI), hearing impairment (HI), and multisensory impairment (MSI), physical difficulties (PD)

Cognition and Learning which includes moderate learning difficulties (MLD), severe learning difficulties (SLD) profound and multiple learning difficulties (PMLD), specific learning difficulties (SpLD).

Communication and Interaction which includes speech, language and communication needs (SLCN), Social Communication Difficulties (SCD) and Autistic Spectrum Disorder (ASD).

Social, an Emotional and Mental Health need which includes attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD), oppositional defiant disorder (ODD), attachment disorder, anxiety and depression.

A learner may have needs which span two or more categories, for example a learner with a hearing loss may also experience difficulty with reading and have some emotional health problems.

Each learner should be considered “in the round”, so that all their needs can be identified. This consideration should include the context of the setting/class and school. A learner’s needs arise as a result of their interaction with their learning environment; it is not appropriate to regard all needs as being problems generated from within individual learners. Any needs identified need to be prioritised so that outcomes and provision can be focussed upon achieving measurable progress.

Sensory and/or Physical needs:

Hearing impairment, visual impairment and multisensory impairment:

Pupils with hearing, visual or multisensory difficulties would normally be able to access local mainstream provision as set out in the Local Offer, which should detail the access that these pupils will have to specialist support and/or equipment to access their learning, e.g. access to a Specialist Teacher for Hearing Impairment (Teacher of the Deaf); Specialist Teacher for Visual Impairment (QTVI); Multisensory Impairment) MSI specialist support. An EHC Plan would usually only be needed if the pupil meets the EHC Plan criteria.

Physical difficulties and medical difficulties:

Pupils with physical difficulties would normally be able to access local mainstream provision as set out in the Local Offer. However, it is important to consider what is in the best interests of the child and some children with complex or debilitating medical conditions may require a statutory assessment which may lead to an EHC plan and placement in a setting which could address their more complex physical and medical difficulties.

Schools must have regard to the statutory guidance for governing bodies of maintained schools and proprietors of academies '**Supporting pupils at school with medical conditions**' April 2014.

Cognition and Learning needs:

Severe learning difficulties:

The Code states that children with severe learning needs are likely to require support in all areas of the curriculum and may have other associated difficulties, such as with mobility and communication. Children with severe cognition and learning needs, who may require a statutory assessment, will have cognition and learning scores '**below the 2nd percentile**'. Scores at this level would appear to indicate that the child has a 'significantly greater difficulty in learning than the majority of others of the same age'.

A child who is attaining below the expected range in their key stage (defined as '**out of key stage**') may also have severe learning difficulties. Schools must give consideration to 'P' levels. A child achieving P8 or less in attainments may be out of key stage, but this approach will need to take account of child's year group, e.g. a Year 1, achieving P8, could still remain at this stage in mainstream.

The expected levels for most children to be working at in each Key Stage are as follows:

End of KS1: NC levels 1 – 3

End of KS2: NC levels 2 – 5

End of KS3: NC level 3 +

End of KS4: NC level 4 +

In early years cognition and learning evidenced delays as described in the descriptor table for access to high needs funding.

Specific Learning Difficulties (SpLD):

For children with specific learning difficulties (SpLD) we would expect that these needs can be identified and addressed from resources available in the Local Offer without the need for a statutory assessment, unless the child is affected significantly or has other needs which impede access to the curriculum.

Communication and Interaction including ***Speech, Language and Communication Need (SLCN), Social Communication Difficulties (SCD) and Autistic Spectrum Disorder (ASD):***

Children and young people with speech, language and communication needs have a range of severity, the majority should be able to have their needs met by quality first teaching and targeted provision but some may require specific personalised interventions. We would expect these needs to be addressed by the school and setting with advice, support and intervention if necessary from the NHS (SLT) service. However with regard to both speech, language and communication needs and ASD diagnoses, the child's barriers to learning, i.e. anxiety, self-centred behaviours, language difficulties, emotional difficulties and the extent to which it affects access to the curriculum should be supported through targeted support and personalised interventions and where appropriate an Educational, health and care plan.

Social, Emotional and Mental Health (SEMH):

Children and young people with these needs are likely to require access to specialist services, but would **not** require a statutory assessment leading to an EHC Plan unless they had low cognitive ability and/or a disability, which was hindering their access to the curriculum. For diagnoses of ADHD/ADD/ODD, consideration must be given to the extent in which these create a barrier to learning; however an expectation would be that these medical diagnoses would usually be addressed by medication and/or other interventions recommended by health professionals.

It is clearly stated in the Code (Page 98, s. 6.33) that schools and colleges should have clear processes to support children and young people with these difficulties, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils.

EARLY YEARS FOUNDATION STAGE (PRE RECEPTION)

Entitlement for all children

Most children will be able to participate in a mainstream setting and make progress through the Early Years Foundation Stage curriculum through high quality provision, referred to as Quality First Teaching (QFT) which includes effective differentiation. 'Quality First Teaching' means appropriately planned, quality experiences and provision, built on observations of children's starting points and interests in order to develop their learning. Sensitive interactions are essential to support this.

Description of pupil – Entitlement for All Children funded through Nursery Education Grant (NEG) Funding.				
Play Cognition & Learning	Social, Emotional & Mental Health difficulties	Sensory and/or Physical needs	Communication & Interaction	
			Social Interaction	Communication
Evidence of some delay in meeting expected milestones Under 2 years – 6 months delay Under 3 years – 12 months delay 4years – 18 months delay	Some short term difficulties settling into setting.	History of fluctuating hearing loss. Mild hearing loss (no aids) Unilateral hearing loss. History of conductive hearing loss/mild hearing loss/wears aids.	Some difficulties following social norms, for example, eye contact, turn taking and conversation	Child's expressive and or receptive language is showing some delay (age to be taken into account)
Some evidence of repetitive play, restricted interests and limited imaginative play.	Some short term unexpected behaviours.	Glasses and needs encouragement to wear. Needs to wear an eye patch. Some visual difficulties/ loss.	Some difficulties speaking with adults outside of the family. Some withdrawal from the company of others.	Immature speech sounds. Requires repetition, slow pace of language and use of key words, for example, intelligible to familiar adult, verbal or no- verbal.

	Some difficulties regulating own emotions and recognising those of others which may be evidenced by some difficulties in taking turns, sharing and social interaction (age to be taken into consideration).	Some combined hearing and visual loss.	Limited ability to tolerate social interaction (age to be taken into account).	Some difficulty speaking with adults outside of family. Some withdrawal from company of others.
	Short term withdrawal from activities/changes in behaviour and play/increase in anxiety levels.	Accessible information and support where English or signing is an additional language.	Higher than usual levels of anxiety at times of change (routine/environment/people).	
	Seeks frequent reassurance from adults.	Physical or medical difficulties that require specialist medication or equipment or some adult support, for example, gross or fine motor skills, or asthma.	Some difficulties following adult directed activities.	Accessible information and support where English/ signing is an additional language.
	Reluctant to explore activities or try new ideas.	Not reliably toilet trained (age to be taken into consideration).		
		Some difficulties with self-help skills, for example, dressing, meal times.		

Arrangements

Circle/register time/story time:

- kept short and interactive
- stories are short, well-illustrated and read with enthusiasm by adult
- rhymes and songs are used frequently to engage all
- use of props/story sacks etc.
- group kept as small as staffing resources allow
- children are given mats on which to sit well

Instructions:

- routines are clear for all
- repeated and accompanied by gestures/signs or pictures
- Class use of visual timetable and other visual aids

Adults:

- follow the lead of the children in play and use language to comment on and extend language/play skills
- are receptive and give time to children having difficulties speaking or who need time to understand and process thinking
- support development of turn taking in structured and incidental opportunities

Group work:

- within key worker groups
- for planned activities according to themes identified within curriculum plans

Resources: pictures for labels and picture/visual timetables

Make arrangements for drug administration in line with Health & Safety policy

Provide accessible changing facilities and staff available to deal with accidents

Ratios: required for registration maintained throughout the day. In schools and settings where practitioners are given breaks, the manager should make appropriate arrangements to ensure that the staffing levels are maintained.

It may be appropriate to request informal telephone advice at this stage from a Specialist Teacher: Early Years (ST-EY) if you have concerns regarding a child's development.

Additional documents as required:

- Individual health care plans.
- Individual risk assessments.

Targeted support for Early Years pupils with additional needs - funded from within the settings own resources and enhanced with the support of external professionals and SEND Inclusion Grant where appropriate.				
Play Cognition & Learning	Social, Emotional & Mental Health needs	Sensory and/or Physical needs	Communication & Interaction	
			Social Interaction	Communication
<p>Significant delay in reaching milestones: Under 2 years – 6-12 months delay 3 years – 12 – 18 months delay 4 years – 18 – 24 months delay</p>	<p>Significant separation difficulties that persist.</p>	<p>Moderate to severe hearing loss, wears aids.</p>	<p>Frequent and significant difficulties following social norms, for example, eye contact, turn taking, conversation</p>	<p>Child’s expressive and/or receptive language is showing significant delay and/or disorder requiring support from SALT, for example, little or no speech or signing (age and first language to be taken into consideration).</p>
<p>Evidence of frequent repetitive play, restricted interests and significant difficulties with imaginative play.</p>	<p>Reluctance to engage with activities by withdrawing or challenging behaviour.</p>	<p>Sight impaired or severely sight impaired. Multisensory impairment (moderate hearing loss (or greater) and sight impaired) requiring adult support to teach and manage learning with the support from outside agencies.</p>	<p>Persistent and significant difficulties forming relationships which may be evidenced by lack of recognition of self and others.</p>	<p>Additional support required to teach and manage alternative communication systems which may involve support from outside agencies.</p>

Evidence that the child has difficulties retaining concepts over time.	Significant and frequent unusual behaviours requiring adult intervention.	Physical/medical difficulties that require varied and extensive equipment and adapted resources and regular support.	Significant difficulties understanding social boundaries and play and other activities.	Loss of previously demonstrated communication skills specifically spoken or signed.
Child beginning to lose skills.	Significant difficulties regulating own emotions and recognising those of others which may be evidenced by persistent significant difficulties in turn taking, sharing and social interaction.	Physical independence is impaired and requires input or programmes from relevant professionals.	Persistent significant difficulties in tolerating social interaction and, or inappropriate attempts at interaction or actively withdraws over a period of time.	
	Frequent withdrawal from activities and significant changes in behaviour and/or play and frequent increase in anxiety level.	Significant physical/medical difficulties that require close monitoring to ensure well-being/ safety.	Significant, frequent high levels of anxiety at times of change (routine, environment, people).	
	Attachment to key carers not securely established.		Frequent and significant difficulties in following adult directed activities.	
	Significant concerns raised regarding poor growth, weight gain/loss, social, mental and emotional SEN Descriptors September 2014 Page 21 health that require advice from outside agencies and are impacting on the child's development.			

Arrangements

As above plus:

- Individual outcomes agreed, monitored and reviewed using Assess, Plan, Do, Review cycle of graduated approach, documents such as FACT / FACT plus could be used
- Flexible and differentiated curriculum to support individual outcomes
- Assessment and monitoring by key person, supported by SENCo
- Support and advice from external agencies to inform ongoing support, e.g. ST-EY and SALT
- Staff training on specific SEN issues/needs
- Increased differentiation of activities/materials to support specific outcomes.
- Individual visual timetables and behaviour support materials (e.g. choosing boards, behaviour prompts, reward charts, finished boxes)
- Possible use of individual work areas
- Specific environmental adaptations for physical and sensory needs
- Staffing ratios in excess of minimum for parts of the day
- Some dedicated individual support time for children, which may be carried out outside of the main room

Higher Needs: pupils who require continued access to personalised arrangements and who are supported via an SEND Inclusion Grant.

The majority of children with learning, developmental and/or other difficulties will have their special educational needs and/or disability suitably addressed by arrangements in previous stages noted above. There will, however, be some who continue to experience a much higher level of difficulty than their peers in making progress in the Early Years Foundation Stage.

Where, despite continuing intervention, this turns out to be the case, the setting may continue to submit evidence to the Local Authority to request funding from the SEND Inclusion Grant budget where any of the following apply and the child's needs are in line with the high needs descriptors on the following pages. An Education, Health and Care needs assessment may need to be initiated by a ST-EY, in conjunction with the Early Years setting if there is little or no progress over two six week blocks of the Assess, Plan, Do and Review cycle.

The child's current rate of progress is of constant concern, despite receiving appropriately structured early education experiences, and the gap between his/her performance and that of his/her peers continues to widen.

- Revision of the differentiated provision for the child's education has not resulted in the expected progress towards achieving learning and/or developmental outcomes as determined by the review of individual outcomes or specific information from involved professionals.
- Evidence of the child continuing to work at levels consistently below those expected of children of the same age (using EYFS profile and tracker).
- Evidence of the child displaying social, emotional, and mental health difficulties which persistently and severely interfere with his/her learning or that of the group, despite the implementation of an individualised behaviour management programme and appropriate modifications to the learning environment.
- Evidence of the child experiencing sensory and/or physical difficulties to the extent that he/she continues to require specialist equipment or regular visits for very high level intervention or advice by specialist practitioners.
- Evidence of the child experiencing ongoing communication and/or interaction difficulties, impeding his/her development of social relationships and causing severe barriers to learning.
- A consensus of those who teach the child and an external professional, in partnership with his/her parents, that the gap in levels of development is continuing to widen between the child and those of a similar age and that outcomes have not been met.

Personalised Interventions for Early Years pupils with additional needs: *those pupils who require continued access to individual arrangements and who are supported via an SEND Inclusion Grant.*

Play Cognition & Learning	Social, Emotional & Mental Health difficulties	Sensory and/or Physical needs	Communication & Interaction	
			Social Interaction	Communication
Milestones Under 2 years – more than 12 months delay 3 years – more than 18 months delay 4 years – more than 24 months delay	Severe attachment difficulties affecting development.	Severe or profound hearing loss that has a severe impact on development.	Persistent and severe difficulties following social norms.	Child’s expressive and or receptive language is showing severe delay and is supported by SALT.
Evidence of persistent repetitive play, restricted interests and severe difficulties in imaginative play.	Unable to sustain activities without significant support, consistent adult attention and intervention.	Severe visual loss which requires continuous support for mobility and self-help skills.	Inability to form relationships which may be evidenced by no recognition of self or others.	Child has limited understanding of what is said or signed (age and first language to be taken into account).
Evidence that the child has significant difficulties retaining concepts over time.	Persistent, unpredictable extremes of demanding behaviour which affects the child’s safety and that of others.	Severe multisensory impairment with severe impact on development.	No understanding of social boundaries in play or other activities including social interaction.	Intensive support required to teach and manage alternative communication systems involving outside agencies.
Child consistently losing skills.	Persistently presents a significant danger to self and others and destroys materials.	Physical or medical difficulties that require specialist equipment, adapted resources and position changes and a high level of adult support.	Unable to tolerate any social interaction other than in meeting own basic needs.	Sustained loss of previously demonstrated communication skills specifically spoken or signed.

	Totally withdrawn from activities over a period of time and severe changes in behaviour and play/ frequent high anxiety levels.	High levels of adult support for self-care needs Severe medical difficulties that require controlled medication and intensive intervention throughout the day.	Activities remain at sensory motor, self-stimulatory level or are self-absorbed/repetitious to the exclusion of other activities. Child may be frequently overwhelmed by sensory stimuli.	
	Severe and persistent difficulties regulating own emotions and recognising those of others which may be evidenced by: Long term severe difficulties in social interaction which prevent learning.	Physical/medical difficulties that put the safety and well-being of the child at severe risk and require intensive monitoring Adults may need specialist training to support physical/medical needs.	Severe and persistent levels of anxiety requiring intensive support to enable emotional regulation.	
	Child may have suffered from acute trauma, or abuse which renders them extremely vulnerable and is impacting on the child's development. Needs a high level of multi-agency involvement over a sustained period.	Continuous loss of physical skills.	Severe and persistent difficulties in following adult directed activities.	

Arrangements for a child at this level will be highly individualised, and it is anticipated that these pupils will be receiving support via an SEND Inclusion Grant. As the child approaches school age, careful consideration should be given to their transition, and schools should be made aware of the support that is likely to be needed. This may take the form of an EHC assessment (initiated by ST-EY or Specialist Teacher or Educational Psychologist).

When considering a delay think about a best fit model with regard to the Early Years Outcomes age/stage bands and the chronological age. A child who is identified at working 18 months plus, below their chronological age of 3 or over is showing a severe delay.

SENSORY IMPAIRMENTS

DEAF AND HEARING IMPAIRMENT

DESCRIPTION OF NEED

Some pupils with hearing loss require minimal support in school and others will need high levels of individualised and specialist help. Hearing loss may be mild, moderate, severe or profound. It may be temporary or permanent and affect one or both ears. It could be a conductive (e.g. caused by damage or malformation to the middle and outer ear) or sensori-neural (e.g. damage to the processing system in the cochlea or inner ear) or mixed loss. Some children and young people acquire a hearing loss later on in their development. Others have degenerative hearing loss. Around 45% of children with hearing loss have an additional learning, physical or medical difficulty. Some deaf children are now also identified as having “auditory neuropathy spectrum disorder” (ANSO).

The impact of a hearing loss does not always relate to the clinical definition. For example early support and modern technology may result in positive outcomes for profoundly deaf children. However a child with a moderate hearing loss who hasn’t had support and hearing aids early in life or who has ANSO may struggle to catch and keep up with similarly abled hearing peers.

Temporary mild or moderate hearing loss caused by frequent ear infections and “glue ear” are common in young children during Foundation Stage and Key Stage 1. For most children this will not affect progress and attainment in the longer term but for others the condition may compound existing learning difficulties or if it is not resolved can even cause permanent damage to hearing.

Most children with permanent hearing loss are identified through new-born hearing screening. When an older child is diagnosed schools need to be aware that most parents will be extremely anxious even if it appears that the child is managing well. Responding sensitively at an early stage and involving support services promptly at the time of diagnosis should be a priority.

A hearing loss is significant if it:

- Requires the child or young person to listen through artificial devices, e.g. hearing aids, cochlear implants, FM systems and/or requires them to sustain their visual attention for long periods of time (e.g. to watch a signer and/or lip read).
- Means they will have difficulty adapting to or functioning in unfavourable acoustic environments, e.g. where there is background noise and/or high levels of reverberation.
- Causes the child or young person to miss out on incidental learning, e.g. peer and pretend play and learning, group discussions.
- Causes a delay in acquiring and maintaining language and communication skills in keeping with the pupil's age and abilities.
- Requires them to undergo intensive hearing, speech and language rehabilitation following cochlear implant surgery.
- Results in the child having to learn and use sign language as their primary mode of communication and to access to learning, or to supplement delayed or limited spoken language.
- Prevents the child or young person from achieving and maintaining levels of attainment in keeping with their age and abilities or from making expected progress.
- Has an adverse effect on self-esteem and confidence.
- Has an adverse effect on social interaction especially with peers and in developing an understanding of how others think and feel.

Children with permanent or long term hearing loss are likely to experience some or all of these difficulties in schools or early year's settings. Assessment and monitoring should be holistic and include observation of and sensitive discussions with children and young people, parents and carers as well as curriculum assessments and other standardized or specialist tests e.g. for language, communication, listening and speech discrimination.

Particular care needs to be taken in assessing children and young people who are deaf and have additional needs. Where communication and language is severely delayed the child or young person may be more able than is first assumed. Regular strategies and intervention for children with hearing loss may also be less available to a child who has other difficulties e.g. sign language for a child with physical difficulties.

- **Specialist Teachers for Hearing Impairment (Teachers of the Deaf) support will be determined following consultation/assessment. Setting and support workers will need to have access to continuous professional development in order to acquire and maintain the specialist skills required for their role. A range of CPD opportunities will be made available through the specialist support services**

Quality First Teaching for pupils with a Hearing Impairment:

(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)

Impact of Condition on Learning	Quality First Teaching Strategies/ Specialised Adaptations	Relevant Information/Assessments
<p>Making satisfactory progress but at risk of or beginning to fall behind.</p> <p>Sometimes misunderstands instructions and needs reassurance or reinforcement before beginning a task.</p> <p>Apparent fluctuations in attention, responses to sound and spoken language.</p> <p>Difficulties understanding peers in group discussions and on the playground – may feel isolated or anxious at times.</p> <p>Frequent ear infections and hospital appointments may have caused higher than usual school absence as well as intermittent hearing loss.</p> <p>A student with unilateral (one sided) hearing loss will have difficulties with sound location and communicating in background noise.</p>	<p>Basic classroom management strategies should be put in place using materials and guidance available from the National Deaf Children’s Society. Examples include:</p> <ul style="list-style-type: none"> • Favourable Positioning • Management of background noise • Repetition of instructions • Multi-sensory approaches to teaching and learning – practical and visual reinforcement • Management of turn taking in classroom discussions , repeating key points • New vocabulary is shared with parents • Home-School communication book is set up 	<p>The School Leader should clarify the nature and possible implications of the diagnoses by liaising with parents, health professionals and the Sensory Team , for example:</p> <ul style="list-style-type: none"> • Unilateral hearing loss • Mild or moderate bilateral (both sided) temporary hearing loss caused by Glue Ear • Mild or moderate bilateral hearing loss which may or may not require hearing aids <p>The school should carry out a basic assessment of the impact of the hearing loss using a telephone consultation with the Sensory Team if needed.</p> <p>The School Leader can make a full referral to the Sensory Team if it felt that further guidance is needed. School Leader may need to discuss with parents about a referral to the School Nurse/GP. A more detailed assessment by the Sensory Team might include:</p> <ul style="list-style-type: none"> • Speech discrimination, language and communication • Environmental assessment • Classroom observation, management advice and training for key staff • Provision of a radio aid with advice from the Specialist Teacher for Hearing Impairment • Parental support on issues relating to hearing loss

TARGETED SUPPORT for pupils with a Hearing Impairment (Quality First Teaching strategies for pupils with a hearing impairment, above, should be implemented and evidenced)

Impact of Condition on Learning	Targeted Support/ Specialised Adaptations	Relevant Information/Assessments
<p>Students with moderate or severe hearing loss may have delayed language development.</p> <p>They may have difficulties with the perception of some speech sounds especially at the ends of words.</p> <p>There may be ongoing disadvantage in relation to acquiring new vocabulary and concepts.</p> <p>Specific listening activities may give problems, e.g. video/audio tape work, spelling tests.</p> <p>The student may be slower to process and understand verbal instructions.</p> <p>The student may show signs of increasing fatigue, e.g. towards the end of the school day.</p> <p>They may have great difficulty adapting to or functioning in unfavourable acoustic environments, e.g. where there is background noise and/or high levels of reverberation.</p> <p>May sometimes have issues with self-esteem, emotional wellbeing and social knowledge.</p>	<p>In addition to the basic strategies and approaches described above, some pupils <u>may</u> also require daily support from an adult in school, e.g. TA or SCHOOL LEADER:</p> <ul style="list-style-type: none"> • For equipment management • To monitor and support understanding of classroom instructions and key learning points at different times in a lesson • To prepare and provide visual resources to reinforce key concepts and vocabulary • To deliver an individual programme particularly pre and post tutoring, e.g. for speech, language, literacy and listening • Social skills development <p>The hearing peer group should be taught to be supportive and deaf aware.</p> <p>Deaf pupils may also need opportunities to meet up with other hearing aid users/deaf students and deaf adult role models. The specialist support service can facilitate some opportunities for these and signpost schools and families to other local and national providers.</p>	<p>May benefit from the advice and support from Specialist Teacher for Hearing Impairment with regard to assessing and improving the acoustic environment for deaf learners.</p> <p>Regular audiological reviews and monitoring will be undertaken by the Health Authority. May require advice from a Speech and Language Therapist.</p> <p>May benefit from additional or specialist ICT software and hardware.</p> <p>May require a (Team Around the Family) TAF to be put in place.</p> <p>All school staff should have some basic deaf awareness training and key members of staff should attend training delivered by Specialist Teacher for Hearing Impairment.</p> <p>Key adults (class teacher/form tutor, school leader, teaching assistant) should have a good understanding of the individual child's hearing loss and how it affects their understanding and access to learning and social opportunities. For example:</p> <p>Moderate and severe Hearing loss: The loss is permanent or long term and can be conductive but is likely to also have a sensori-neural element. The student usually wears two hearing aids all the time. The hearing loss may be worse if the child has a cold or develops glue ear. Some will have a condition that causes hearing to deteriorate over time. High frequency hearing loss means that there may be particular difficulties in perception of certain consonants.</p>

<p>The hearing loss may affect the student's social interaction;</p> <p>Where the effects of the loss are more marked and severe, and where their functioning in school is at a lower level than would be expected, there may be a greater need for supported provision, with higher levels of in-class support and greater involvement of a specialist teacher of the deaf.</p>		<p>The specialist teaching team may help to monitor and review progress or offer a series of visits to support specific objectives or to model/demonstrate activities and approaches to supporting adults.</p>
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Personalised Interventions for pupils with a Hearing Impairment (Quality First Teaching and Targeted Support strategies for pupils with a hearing impairment, above, should be implemented and evidenced)

Impact of Condition on Learning	Personalised Interventions/Specialised Adaptations	Relevant Information/Assessments
<p>In addition to the difficulties described above the pupil:</p> <p>May need to focus their visual attention for long periods of time (e.g. to watch a signer and/or lip read).</p> <p>May have difficulties with literacy e.g. reading comprehension and written English – grammatical structure and content. May not be able to benefit from the usual approaches to learning to read, e.g. synthetic phonics.</p> <p>May have delayed language development, gaps in vocabulary and general knowledge such that the language and conceptual demands of the curriculum have to be targeted and differentiated with advice and support from external specialists.</p> <p>May have significant difficulty with processing verbal information at the same speed as hearing peers.</p> <p>May need to develop their working memory.</p> <p>May miss out on incidental learning, e.g. peer and pretend play and learning, group discussions.</p> <p>May find it difficult to maintain positive self-esteem and social confidence.</p> <p>May need support to fully develop an understanding of how others think and feel and to establish and maintain positive relationships with peers.</p>	<p>In addition to the strategies and approaches described above the pupil may:</p> <p>need intensive hearing, speech and language rehabilitation following hearing aid fitting or cochlear implant surgery.</p> <p>have to learn and use sign language as their primary mode of communication and to access to learning, or to supplement delayed or limited spoken language.</p> <p>require a Communication Support Worker (CSW) for British Sign Language, sign supported English or different communication approaches according to the situation (known as Total Communication).</p> <p style="text-align: center;">or</p> <p>be following an auditory/oral approach but finding it difficult to keep up with demands of a regular classroom without intensive support e.g. note talking, frequent reinforcement of key vocabulary and concepts.</p> <p>need an adult who is skilled in monitoring and managing the learning environments for deaf learners, can prompt subject and class teacher to make adjustments and ensure that assistive technology is used appropriately.</p> <p>need group discussions to be carefully managed and paced in order to participate.</p> <p>benefit from teacher led small group work.</p> <p>usually benefit from additional assistive listening devices e.g. radio aid, sound field systems and will require a speedy response to any problems with this technology.</p>	<p>May or may not have progressed at nationally expected levels linked to prior attainment.</p> <p>Should have the support of a multi-agency team with a meeting TAF (Team Around the Family) in place.</p> <p>Specialist teams might include hearing assessment clinic/cochlear implant centre, Specialist Teacher of the Deaf, Educational Audiologist, Community Paediatrician, and Educational Psychologist.</p> <p>Request for statutory assessment may be considered necessary noting guidance earlier in this document.</p>

<p>Without specialist support they will be at high risk of not achieving and maintaining levels of attainment in keeping with their age and abilities or making expected progress.</p>	<p>need access to quiet working spaces for tutorial/small group work and specialist assessment.</p> <p>require frequent contact with a specialist teacher of the deaf, e.g. to provide pre and post tutoring, auditory rehabilitation, staff training, mentoring and supervision of specialist support workers.</p>	
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VISUAL IMPAIRMENT

DESCRIPTION OF NEED

Visual impairment can have a significant impact on a student’s educational development in some cases resulting in learning delay and reduced curricular access. This will require careful monitoring by schools and the Specialist Teacher for Visual Impairment. It is possible for some students to acquire visual loss later in life through accident or illness.

The Code of Practice is clear that schools can consult outside agencies for advice in preventing the development of more significant needs. Schools should feel free to contact the Sensory Team (Specialist Teacher for Visual Impairment) for advice at any time.

Visual difficulties take many forms, with widely differing implications for a student’s education. They range from relatively minor and remediable conditions to total blindness. Some students are born blind; others lose their sight, partially or completely, as a result of accident or illness. In some cases visual impairment is one aspect of a multiple disability. Whatever the nature and cause of the student’s visual impairment, the major issue in identifying and assessing his/her special needs will relate to the degree and nature of the functional vision and the student’s ability to adapt socially and psychologically, as well as to progress in an educational context.

A defect of a student’s colour vision alone may not necessarily result in any special educational needs.

Definitions for Children and Young People with Visual Impairment

The standard definition of normal vision is 6/6. This means a person can see at 6 metres what they are expected to see at 6 metres. The larger the number on the right the weaker the distance vision. For those with short sightedness assessment would indicate appropriate font size.

The following classification applies to corrected vision with both eyes open. Acuity criteria are for guidance purposes only. The professional advice from a Specialist Teacher for Visual Impairment (also known as Qualified Teacher for Visual Impairment (QTVI)) should be applied. For example, a child/young person may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition, e.g. Nystagmus, visual field reduction, cerebral (cortical) visual impairment, and/or additional learning difficulties.

Cortical Visual Impairment (CVI): A condition where some of the special 'vision' parts of the brain and its connections are damaged and the child or young person with this are unable to make sense of what they see.

Perceptual Difficulties: Inability to perceive, integrate and recall visual stimuli.

Sight Impaired: Visual acuity between 6/18 and 6/36.

Severely Sight Impaired: Visual acuity between 6/36 and 6/60, Visual acuity 6/60 or less.

Specialist Teacher for Visual Impairment (QTVIs (Qualified Teacher for Visual Impairment)) and ICT and Mobility assessment may be provided and will be determined following a consultation/assessment. Assistive Technologies such as Braille equipment, ICT, etc. will require an APPLICATION THROUGH THE SEND Panel.

Quality First Teaching for pupils with a Visual Impairment:

(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)

Impact of Condition on Learning	Quality First Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Some deterioration in certain areas of academic performance, e.g.</p> <ul style="list-style-type: none">• deteriorating handwriting,• slowness in copying from the board,• increasingly asking for written instructions to be given verbally. <p>A recognisable ophthalmic condition which has the potential to affect the learning process.</p>	<p>The central form of action for most students experiencing visual difficulties will be that which the class or subject teacher is able to take using resources and strategies available in the ordinary classroom.</p> <p>Tasks may need to be differentiated by some variation of teaching material and time given to complete tasks.</p> <p>The school will provide easily made changes in the learning environment; provide some differentiation to meet the needs of the range of students within the ordinary classroom.</p> <p>Basic classroom management strategies should be put in place. Examples include:</p> <ul style="list-style-type: none">• Favourable positioning• Repetition of instructions• Multi-sensory approaches to teaching and learning – practical reinforcement• Management of turn taking in classroom discussions , repeating key points• Pupil’s own copy of the text• Use of clear font• High contrast for Labelling	<p>Parent/carer involvement through normal school policy arrangements.</p> <p>The school should carry out a basic assessment of the impact of the Visual Impairment using a telephone consultation with the Sensory Team if needed.</p> <p>The School Leader can make a full referral to the Sensory Team if it felt that further guidance is needed. School Leader may need to discuss with parents about a referral to the School Nurse/GP. Smaller and/or consumable items will need to be provided by the school.</p> <p>General whole school training, advice and support from external specialists, e.g. the Sensory Team (Specialist Teacher for Visual Impairment).</p> <p>Occasional consultation and advice from the Visual Impairment team.</p> <p>Monitoring by class/subject teachers/School Leader</p>

Targeted Support for pupils with a Visual Impairment (Quality First Teaching strategies for pupils with a visual impairment, above, should be implemented and evidenced)

Impact of Condition on Learning	Targeted Support/Specialised Adaptations	Relevant Information/Assessments
<p>Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used.</p> <p>As visual impairment is about the ability to access the visual world, and not a cognitive difficulty, care must be taken to maintain appropriately high expectations in curriculum achievement.</p> <p>Mobility, Orientation and Independence skills training may be required.</p> <p>All areas of the curriculum should be accessible with appropriate adaptation or modification as necessary</p>	<p>School will provide some changes in the learning environment as advised by a Specialist Teacher for Visual Impairment/Habilitation Specialist.</p> <p>The student’s position in class will need to be considered for access to visual stimuli.</p> <p>Social interaction with other students may need to be encouraged through sensitive grouping arrangements.</p> <p>If grouping by ability, care should be taken that cognitive ability is the criteria used rather than the impaired ability to access materials.</p> <p>Withdrawal sessions for individual or small group work may be necessary to:</p> <ul style="list-style-type: none"> • Complete tasks made slower by the visual impairment; • Prepare student for a class activity/learning experience; • Reinforce mainstream work; • Provide additional hands-on experience of materials or presentations; • Provide additional experiences of the environment to remedy; a lack of adventitious learning 	<p>A full assessment of the pupil’s functional vision from the Sensory Team (Specialist Teacher for Visual Impairment) in the educational setting will be carried out and appropriate advice provided.</p> <p>Outcomes will be written with consideration of the advice from the Specialist Teacher for Visual Impairment and reviewed regularly.</p> <p>The Habilitation Specialist from the Sensory Team will assess and provide a report if required.</p> <p>The monitoring and review cycle will vary depending on the needs of the pupil. The class teacher will monitor progress and their visual access to the curriculum on an on-going basis. Any concerns will prompt a request for additional advice or intervention from the Specialist Teacher for Visual Impairment.</p> <p>Specialist Teacher for Visual Impairment to liaise with School Leader/school examination secretary to ensure that appropriate SATs/GCSE/other examination concessions are applied for in relation to the visually impaired pupil.</p>

Personalised Interventions for pupils with a Visual Impairment (Quality First Teaching and Targeted Support strategies for pupils with a visual impairment, above, should be implemented and evidenced)

Impact of Condition on Learning	Personalised Interventions/Specialised Adaptations	Relevant Information/Assessments
<p>Visual impairment will have a severe impact on the learner’s ability to function independently in the school environment and in their everyday life.</p> <p>May have extreme difficulties in making and maintaining relationships resulting in frequent social isolation and vulnerability, with some disengagement requiring extensive adult support.</p>	<p>May require Assistive Technologies, such as Low Vision Aids (LVAs), ICT, CCTV, etc.... and will need planned one-to-one support the majority of the time.</p> <p>May require mobility, orientation and independence skills programmes.</p> <p>Will always need practical tasks, activities and experiments modifying. Significant modification of materials and presentation will allow access to the majority of the curriculum e.g. touch typing/ ICT support</p> <p>Will require significant one-to-one planned intervention:</p> <ul style="list-style-type: none"> • support to manage personal access equipment, and • specialist teaching of life skills to access age appropriate activities independently, e.g. <ul style="list-style-type: none"> ○ money management ○ shopping ○ personal hygiene <p>Where Braille is required, a tactile curriculum will need to be implemented. Resources will need to be modified by appropriately trained setting/school staff.</p>	<p>The Specialist Teacher for Visual Impairment/Specialist Teacher for ICT can support by advising on appropriate ICT software and/or equipment, modified materials training and other specialist equipment, e.g. talking calculators etc.</p>

MULTI-SENSORY IMPAIRMENT AND DEAF BLINDNESS

DESCRIPTION OF NEED

“A person is regarded as deaf blind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.” Deaf blind does not mean no hearing and no sight but a degree of loss of both senses. It is the combined loss that presents the unique difficulties.

(Department of Health “Think Dual Sensory” 1995)

“Deaf-blindness is not just a deaf person who cannot see, or a blind person who cannot hear. The two impairments together increase the effects of each”.

<http://www.sense.org.uk/content/about-deafblindness>

Multi-sensory impairment (MSI) is generally associated with children who are **born with** a sight and hearing loss. They may have a range of other disabilities that affect their ability to process information and communicate.

Children who are born with vision and hearing impairments will need to use their other senses – touch, body awareness in space, balance, taste and smell – to access information which is more easily available to other children. This can delay development. Communication and learning are significant challenges for children born with deaf blindness, and key concepts are often achieved later than might be expected. Developing an awareness of others, self-perception, and the impact of actions on others can all be affected. This can sometimes lead to a misdiagnosis of autism or a severe learning disability, when in fact the key factor impacting on learning is the combined sight and hearing loss.

Some of the conditions associated with multi-sensory impairment/deaf blindness include:

- CHARGE
- Usher Syndrome
- Downs Syndrome
- Cerebral palsy
- Congenital maternal rubella

Some children and young people acquire a second sensory impairment as they get older. For instance children with Usher syndrome may have hearing loss from birth but develop visual problems as teenagers. The diagnosis of a second sensory impairment or the confirmation that a condition is deteriorating will usually be very distressing for young people and their families. Responding sensitively at an early stage and involving support services promptly should be a priority. The provision of counselling may be as important as the provision of support to address the needs on a practical day-to-day level.

Children with deaf blindness/MSI should also be assessed and monitored by a qualified specialist teacher for MSI.

The impact that deaf-blindness/MSI has on a person will vary according to the cause, age of onset, and the skills a person has in using their residual sight and hearing.

Exemplars of the impact on learning and the support that should be put in place for pupils with different degrees of MSI/deaf blindness will be developed in partnership with a newly established working group which includes parents, voluntary organisations and local services.

COGNITION AND LEARNING

DESCRIPTION OF NEED

Moderate Learning Difficulties (MLD)

The majority of CYP with learning difficulties will be identified early in their school career. In most cases, they will have difficulty acquiring basic numeracy and literacy skills **and learn at a slower pace than their peers, even with appropriate differentiation.** CYP may also have other difficulties, such as social emotional and mental health, speech, language and communication.

CYP who have received support through targeted interventions should not necessarily be categorised as having learning difficulties, unless there is evidence of difficulties in most of the areas below:

- memory and reasoning skills;
- organising and co-ordinating spoken and written language;
- sequencing and organising the steps needed to complete tasks;
- problem solving and developing concepts;
- fine and gross motor skills , which significantly impair access to the curriculum;
- understanding of abstract concepts.

Specific Learning Difficulty (SpLD)

Specific Learning Difficulty is the overall term used to describe a developmental condition such as dyslexia, dyscalculia and Developmental Co-ordination Disorder. (DCD). Effects of a specific learning difficulty can largely be managed by a combination of good QFT and appropriate provision, including the use of compensatory strategies. CYP with specific learning difficulties fail to acquire levels of skills in some subjects commensurate with their performance in others, despite good attendance and health, satisfactory attitudes to learning and sound teaching.

It is possible for specific learning difficulties to be present alongside other learning disorders, thus creating different complexities of special need.

Dyslexia - Dyslexia is the most common type of specific learning difficulty that CYP are likely to experience with about 10% of the population having some degree of dyslexia.

‘Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.’ (Sir Jim Rose, 2009)

In addition, short-term memory, mathematics, concentration, personal organisation and speech and language may be affected.

Dyscalculia – Dyscalculia is a condition that affects the ability to acquire arithmetical skills. Learners with Dyscalculia may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.

Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence. (DfES 2001)

Developmental Coordination Difficulties (DCD) is a condition where pupils of average or above average ability show significant motor impairment, including motor skill delay and difficulty learning new motor skills where there is no other medical explanation. These motor problems impact on ability to perform every day self-care, leisure and academic activities. (DSM 5, 2013)

Quality First Teaching for pupils with Cognition & Learning difficulties: <i>(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)</i>		
Impact of Condition on Learning	Quality First Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Levels of attainment which are generally lower than those of their age equivalent peers.</p> <p>Some difficulty in acquiring early development skills or language, literacy and numeracy skills.</p> <p>Learning progresses at a slower pace than their peers, even with appropriate differentiation.</p> <p>Poor self-esteem may lead to social and emotional issues.</p> <p>They may find difficulties particularly frustrating if they become an obstacle to the development of learning in other areas. Poor concentration and behavioural difficulties can arise as a consequence.</p>	<p>The FACT should be undertaken for all pupils who are experiencing difficulty. Strategies should be implemented, monitored and amended as appropriate over minimum of two periods of six week sessions.</p> <p>Literacy</p> <ul style="list-style-type: none"> • Daily use of well researched, evidence based programmes for reading or spelling, e.g. Letters and Sounds, Read Write Inc., etc.; • Access to grouping that enables pupils to work with peers who will provide good role models for language and communication skills and for co-operative and independent application to task • Opportunities for over learning • Support to access reading materials, e.g. reading buddy, adult help or use of ICT. • Effective spelling strategies and provision of subject specific spelling lists, specialist dictionaries and thesaurus • Alternative methods of recording, including the use of ICT; • Modelling, explaining and questioning; • Links to prior learning made explicit to CYP; • Opportunities for pupils to verbalise their learning; 	<ul style="list-style-type: none"> • Reasonable adjustments will be made to enable pupils to participate in appropriate school assessments/ statutory assessment and tasks. Evidence will be gathered for Access Arrangements for external assessment • Whole school training informed by staff audit of need and requested within Action Plan meetings in school in September and February. • Quality First Teaching ICT Audit to be used as indicator of what can be in place within the classroom to remove barriers to learning. (Appendices) <p>Literacy difficulties</p> <p>The provision for literacy difficulties and dyslexia is similar; the following audit can be used to decide next steps for implementing appropriate provision.</p> <p>Cognition and Learning Specialist Teaching Team Audit for Dyslexia Friendly Classrooms (Appendices)</p>

<p>Numeracy Difficulty with some or all of the following;</p> <ul style="list-style-type: none"> • Number awareness • Estimating • Memory • Reliable counting • Visual and spatial orientation • Directional confusion • Slow processing • Sequencing • Noticing patterns • Money • Telling the time <p>DCD CYP may experience difficulty with the following:</p> <ul style="list-style-type: none"> • Gross and fine motor skills; • Spatial awareness; • Organisational skills; • Over reliance on vision to guide motor behaviour; • Poor core stability, balance, excessive fidgeting; • Gross and fine motor planning; • Visual perception. 	<ul style="list-style-type: none"> • Appropriate learning resources are available through all the phases and CYP are taught how to use them, e.g. pencil grips, sloping boards, concrete materials, spelling aids, talking tins; • Specific praise and feedback; • Time to think – think, pair, share. <p>Numeracy</p> <ul style="list-style-type: none"> • Access throughout all phases to concrete resources e.g. hundred squares, number lines, Numicon, cubes etc. • Priority given to understanding above rote learning; • Teach in the sequence of language, concrete resources and diagrams before symbols; • Use of a calculator when calculation is not the focus of the lesson, e.g. when solving word problems; • Opportunities for over learning through games • Planned regular revisiting of prior learning • Link learning to real world situations <p>DCD</p> <ul style="list-style-type: none"> • Core stability, e.g. wobble cushion, exercises and games; • Correct seating position, e.g. appropriate size tables and chairs; • Development of letter formation, e.g. using a multi-sensory handwriting scheme, pencil grips, sloping board etc.; • Gross motor skills, e.g. throwing, catching hopping etc.; • Fine motor skills, e.g. hand and arm exercises, specialist scissors, specialist rulers, pegboard, threading, play dough, putting pegs on washing lines, etc.; 	<p>Use of the Inclusion Development Programme (IDP) - a suite of training materials for schools to increase their knowledge and skill around difficulties with Literacy and Dyslexia. www.idponline.org.uk IDP - DVD</p> <p>Primary and Secondary Inclusion Development Programme: Teaching and supporting pupils with dyslexia</p> <p>Checklist for DCD to aid recognition of difficulties. (Appendices)</p> <p>There are many multi-sensory programmes within schools to develop motor skills. Write Dance is just one of these. writedancetraining.com Write Dance - an approach/method that provides to develop physical skills needed to develop handwriting skills driven music for pre-school/nursery, Reception, KS1 and SEND</p>
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<p>Memory</p> <p>Memory weaknesses often accompany learning difficulties.</p> <p>Pupils will often have difficulty with the following:</p> <ul style="list-style-type: none"> • Following instructions – they may only be able to retain the first or last part of instruction • Organisation e.g. remembering equipment; • Place keeping difficulties e.g. copying from the board, reading from a book, working from a text book; • Task completion; • Volunteering information; • Recognition of shape and orientation of letters and numbers and the sound related to them; • Memory of visual sequences e.g. pattern and written alphabet; • Recall of recent events and teaching; • Undertaking homework. 	<ul style="list-style-type: none"> • Sequencing and organisation skills e.g. first/next boards, writing frames, visual timetables. <p>Memory</p> <ul style="list-style-type: none"> • Slow down delivery of information; • Chunk information; • Allow thinking time; • Provide visual support, e.g. gesture , diagrams or illustrations; • Pupils have access to memory aids, e.g. alphabet strips, number squares, post –its, keyword lists, table squares; • Use of planning tools, e.g. mind mapping; • Plan for over learning; • Provide written instructions (if they read). <p>ICT</p> <ul style="list-style-type: none"> • Use of ICT Quality First Teaching Audit and implementation of strategies. 	<p>Checklist for Memory Difficulties to aid recognition. and Classroom Support for Children with Working Memory Problems to ensure provision is in place (Appendices)</p> <p>Cognition & Learning Team Audit for Quality First Teaching in ICT (Appendices)</p>
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Targeted Support for pupils with Cognition and Learning difficulties (Quality First Teaching strategies for pupils with Cognition and Learning difficulties above, should be implemented and evidenced)

Impact of Condition on Learning	Targeted Adaptations	Relevant Information/Assessments
<p>Evidence of continuing difficulties with literacy, numeracy and co-ordination which affect progress in other areas of the curriculum.</p>	<p>In addition to the basic strategies and approaches described above in the Quality First Teaching, pupils require the following:</p> <ul style="list-style-type: none"> • Adapted use of multi-sensory teaching targeted at their areas of needs • Pre and post tutoring • Breaking down of tasks into even smaller steps • Small group intervention using time limited programme at least twice a week in addition to the daily phonics and numeracy sessions • Daily overlearning of the reading of irregular words, e.g. SEFT programme (Appendices) • Daily over learning of the spelling of irregular words, e.g. Rolling Programme (Appendices) • Opportunities to transfer knowledge of spelling at word level to sentence level through dictation • Opportunities for frequent game based activities to reinforce learning and develop skills, e.g. games for memory, numeracy, reading, spelling and motor skills • Work systematically at the pupils' pace until mastery level is attained. 	<p>Resources: Activities from the FACT for language and memory</p> <p>Literacy An overview of evidenced and well researched interventions can be found within the following: What works for children and young people with literacy difficulties. Greg Brooks - The Dyslexia-SpLD Trust www.interventionsfor literacy.org.uk</p> <p>Numeracy An overview of evidenced and well researched strategies and interventions can be found within What does work for mathematical difficulties? www.leics.gov.uk/...3_what_works_for_pupils_with_numeracy_difficulti... This refers to advice given in “What Works for Children with Mathematical Difficulties?” Ann Dowker [2004] and the William’s Interim Report “Review of Mathematics Teaching in Early Years Settings and Primary School” [2008]</p> <p>DCD There are many programmes/interventions beneficial to pupils with aspects of difficulties associated with DCD including the following: Fizzy - free http://www.ekhuft.nhs.uk/patients-and-visitors/information-for-patients/patient-information-leaflets/fizzy-leaflets/</p>

		<p>BEAM http://www.covkidsphysio.co.uk/pages/beam.html 02476 961455 £93.58</p> <p>Rainbow Road www.rainbowroadresources.com.au/who.html £450</p> <p>Parent/carer to be involved in the formulation, monitoring and implementation of outcomes. A record will be kept of consultation with external professionals, if they are involved with the student. Tracking progress. Progress should be tracked using an appropriate tool, ensuring entry and exit data is used to evidence progress.</p>
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<i>Personalised Interventions for pupils with Cognition and Learning difficulties (Quality First Teaching and Targeted Support strategies for pupils with Cognition and Learning difficulties, above, should be implemented and evidenced)</i>		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
The student's difficulties in acquiring expected literacy and/or numeracy skills are significantly greater and more persistent than would normally be expected for CYP of his/her age.	<p>CYP will have continued access to good Quality First Teaching and Targeted Intervention.</p> <p>Daily highly individualised learning programmes using well researched evidence based interventions, managed and monitored by the SENCo will be in place.</p> <p>Where not making expected progress despite good Quality First Teaching and Targeted intervention, advice and support can be sought from Specialist Teachers.</p> <p>It is expected that schools will implement 13¼ hours support for pupils experiencing difficulties requiring Personalised Intervention.</p>	<p>Resources recommended within QFT and Targeted Intervention.</p> <p>Regular liaison between external professionals and school staff in relation to specific programmes and outcomes.</p> <p>Individual diagnostic assessment of CYP's fundamental skills and knowledge to identify specific gaps that are preventing progress.</p>

COMMUNICATION & INTERACTION

Speech, Language and Communication Needs (SLCN)

DESCRIPTION OF NEED

Students may exhibit a range of difficulties with speech and language, some of which will resolve as the student develops.

For some students, such difficulties may be confined to problems with their production of speech. For others, it may be hard to find the right words or join them together meaningfully in expressive language. They may have problems in communicating through speech and other forms of language use and may find it hard to acquire language and express thoughts and ideas. They may experience difficulties or delays in understanding or responding to verbal cues from others, or in understanding and using appropriate language for social interaction.

In some instances, a persistent failure to communicate effectively with others may give rise to feelings of frustration or anxiety. These feelings may in turn lead to some behavioural difficulties and/or deteriorating social relationships with peers and adults alike.

The fact that the student may speak and understand English as an additional language does not in itself constitute a speech and language difficulty. It is important to note, however that different languages have different structure/phonologies which can sometimes cause initial short term difficulties.

Quality First Teaching for pupils with SLCN:*(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)*

Impact of Condition on Learning	Quality First Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none">• Speech is understood by others but has some immaturities, which at times interfere with the acquisition of literacy and/or create mild social difficulties. Comments and questions often indicate an initial difficulty in understanding the main points of discussions, explanations, information given, in a whole class situation.• Sometimes develops and explains own ideas clearly, but sometimes needs support:• To contribute successfully to discussion about imaginary and factual activities• To use vocabulary precisely and effectively	<ul style="list-style-type: none">• Needs some encouragement to take responsibility for own learning and to collaborate with peers in curriculum activities.• Needs some support to listen and respond to longer explanations, stories, sequences of information in whole class situation.• Some differentiation of speaking, understanding, listening tasks to allow access to the curriculum.• Staff are aware of the implications of mild sensory impairment, perceptual impairment, fine motor skill development and medical issues.• All staff will have used the IDP audit tool for SLCN.• All staff will be familiar with the First Assess Communication Tool (The FACT) as a teaching resource.	<ul style="list-style-type: none">• Effective home/school liaison.• Students' pastoral care needs are met .• Students have regular opportunities to evaluate their performance in learning activities. Students' self-assessment routinely used to set individual learning outcomes.

Targeted Support for pupils with SLCN:

(Quality First Teaching strategies for pupils with SLCN, above, should be implemented and evidenced)

Impact of Condition on Learning	Targeted Support/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none">• Difficulties in using language for learning and/or social interaction, although other areas of expressive language appear to be age-appropriate. The student's responses to verbal and non-verbal communication are often inappropriate.• Student may show underachievement in a number of curriculum areas, not predicted by reference to his/her general ability.• Student may exhibit difficult-to-manage behaviour in a variety of learning and/or social settings within the school.• Significant speech or language difficulty prevents access to a large part of the National Curriculum.	<ul style="list-style-type: none">• Teaching methods may include the use of visual aids, signalling and signing to support understanding in lessons.• There may need to be specific teaching of vocabulary, comprehension and inference, use of language, sentence structures, the speech sound system, sequencing and active listening skills.• Strategic use of equipment to sustain learning, e.g. I.T. and audio-visual equipment.• There should be staff training regarding the characteristics of students with SLCN and the impact on curriculum access.• The physical environment should be methodically organised, well defined and labelled and conducive to good listening and attention.• Groupings in class should provide opportunities for peer support, the development of social understanding and inference, together with structured opportunities for conversation.• The grouping arrangements should be used flexibly to promote independent learning.• Verbal instructions, explanations require simplification and visual or experiential support.• Individual support for specific skill development/reinforcement.• Provision management should include a rolling programme of targeted group intervention for children and young people with SCLN. Training on running language and communication groups in school is available (see the LA training directory).	<p>Staff able to monitor and assess for access to special exam arrangements.</p> <p>Multi-agency advice may be required through the CAF or diagnostic process.</p> <p>Multi-agency support may be required due to overlap of educational, social or health needs.</p> <p>Parent/carer to be involved in the formulation monitoring and implementation of outcomes.</p> <p>Staff have received focused training on the specific implications of the effects of SLCN on the student.</p> <p>A record will be kept of consultation with external professionals, such as the Educational Psychologists, Specialist Teacher or Speech and Language Therapists if they are involved with the student.</p>

	<ul style="list-style-type: none"> Class teacher will use the First Assess Communication Tool (The FACT) to inform outcome setting and using the plan, review, assess cycle. 	
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Personalised Interventions for pupils with SLCN: <i>(Quality First Teaching and Targeted Support strategies for pupils with SLCN, above, should be implemented and evidenced)</i>		
Impact of Condition on Learning	Personalised Interventions/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> The student's progress in many areas of the curriculum is significantly and specifically impeded by his/her speech and language difficulties. Despite implementation of relevant teaching programmes funded from the school's delegated budget evidence from reviews shows that they have not enabled him/her to make expected progress. 	<p>Highly individualised learning programme developed by the School Leader with support from external professionals as required which evidences:</p> <ul style="list-style-type: none"> Advice from external professionals, Interventions implemented and impact on progress. Planned strategies to support the individual student with expected outcomes. Highly individualised and differentiated provision planned by external professionals who are specialists in this field to be delivered collaboratively by the school and professional. Class teacher will use the First Assessment Communication Tool (The FACT) to inform outcome setting and using the assess, plan, do, review cycle. 	<p>Application to High Needs Panel by completion of on-line form.</p> <p>Wide multidisciplinary team involvement may be required.</p> <p>SALT may be directly involved.</p>

Social Communication Difficulties (SCD) including (ASD)

DESCRIPTION OF NEED

Pupils with Social communication difficulties (SCD) and Autistic Spectrum Disorders experience difficulties typically falling within the areas of social interaction and relationships, social communication, social understanding, flexible thinking and sensory challenges. Social Communication Difficulties and Autistic Spectrum Disorders occur across a wide range of abilities and may also be found in combination with other difficulties.

Some of the characteristic difficulties students' experiences include:

- Difficulties in understanding social situations and responding to normal environmental cues;
- Difficulty in intuitively sensing other people's feeling and intentions;
- Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships;
- Rigidity of thinking and a tendency to follow personal agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others;
- Difficulty with open-ended or unstructured situations and with change;
- High susceptibility to anxiety and stress;
- Limitations in expressive or creative activities extending to obsessive interests or repetitive activities;
- Impaired use of language, either expressive or receptive, which may include odd intonation, literal interpretations and idiosyncratic phrases and may extend to more bizarre expressive forms and limited expression, reducing the potential for two-way communication. Good vocabulary may lead others to overestimate the true level of understanding;
- Difficulty in processing and navigating environments; e.g. transitioning from activities, rooms, year groups and schools;
- High susceptibility to hyper/hypo- sensitivity.

The majority of students with social communication difficulties/autistic spectrum disorders will have their special educational needs suitably addressed by arrangements in mainstream classrooms supported, if necessary, as described above, by the school's delegated budget. There will, however, be some pupils who continue to experience a much higher level of difficulty than their peers in making progress in their education. These situations may occur when, despite carefully planned and executed interventions by the school, the student continues to have difficulties with communication, interaction and imagination which impede his or her access to the curriculum. The difficulties are more clearly evident and severe: impaired language development, rigidity and inflexibility of thought and behaviour, difficulties with social interaction and communication and sensory issues.

Quality First Teaching for pupils with SCD/ASD:
(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • Mild social difficulties. Able to work on same tasks as peers with some additional support. Able to learn in the whole class group. Interested in peers and wants to have friends but needs help with this. • Student responds to planned strategies. • Student may be developing understanding of their difficulty and can manage their levels of occasional mild anxiety and sensory needs. This will depend on the student, their age, cognitive ability and their autism. 	<ul style="list-style-type: none"> • Whole school awareness and understanding of SCD/ASD and its implications for the curriculum. • Tasks may need to be differentiated by level/outcome/pitch/pace and grouping. Aspects of structured teaching (TEACCH) may be helpful. • Staff are skilled at selecting appropriate methods and materials into their lesson plans to ensure access across the curriculum for student with individual needs. • Class teacher will use the First Assess Communication Tool (The FACT+) to inform outcome setting and using the plan, review, assess cycle. 	<ul style="list-style-type: none"> • Effective home/school liaison. • Students’ pastoral care needs are met. • Students have regular opportunities to evaluate their performance in learning activities. • Students’ self-assessment routinely used to set individual learning outcomes.

Targeted Support for pupils with SCD/ASD:

(Quality First Teaching strategies for pupils with SCD/ASD, above, should be implemented and evidenced)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>The students difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • inability to interpret social cues, • poor social timing, • lack of social empathy, • rejection of normal body contact or unawareness of other people’s personal space, • sensory reactions to body contact, difficulties maintaining appropriate eye contact, • lack of social conversation skills, • literal use and interpretation of speech, rigidity and inflexibility of thought processes, • resistance to change, • solitary play and unusually focussed special interests. • may have issues relating to health and personal care issues <p>The student can exhibit highly atypical behaviour, such as: obsessive, challenging and/or withdrawn behaviours, an inappropriate use of language, abnormal responses to sensory experiences and signs of distress requiring significant adjustments.</p>	<p>Students may need access to:</p> <ul style="list-style-type: none"> • Flexible teaching arrangements; • Help in acquiring, comprehending and using language; • Help in articulation; • Help in acquiring literacy skills; • Where necessary, help in using low level alternative means of communication; • Support in using different means of communication confidently for a range of purposes; • Support in organising and coordinating oral and written language; • Withdrawal facilities provided for times of stress; • Opportunities for the development of social interaction and communication skills. <p>Staff to monitor students during break times and lunchtimes and have strategies in place to reduce anxiety during unstructured times.</p> <p>Curricular language will benefit from ‘scaffolding’ approaches.</p> <p>Additional access to I.T. may be necessary.</p> <p>The student may need considerable preparation for changes in routine.</p>	<p>Staff able to monitor and assess for access to special exam arrangements.</p> <p>Strategies such as Social Scripts may be used to promote social success/appropriate behaviour.</p> <p>Multi-agency advice may be required through the TAF or diagnostic process.</p> <p>Multi-agency support may be required due to overlap of educational, social or health needs.</p> <p>Parent/carer to be involved in the formulation, monitoring and implementation of outcomes.</p> <p>Use of a home-school diary to aid communication.</p> <p>Staff have received focused training on the specific implications of the effects of SCD/Autism on the student.</p> <p>The student may need an individual risk reduction plan.</p> <p>A record will be kept of consultation with external professionals, such as the Specialist Teacher , Educational Psychologists, CAMHS or Speech and Language Therapists if they are involved with the student.</p>

	<p>Provision map outcomes will be addressed through individual, small group and class work within the curriculum framework.</p> <p>Strategies used to facilitate transfer from one school/teacher to another, may include passports, one page profiles, a familiarisation book of photos of the new environment, a file of coping strategies/equipment and social scripts.</p> <p>Structured programmes of work may need to be clearly set out via a visual timetable.</p> <p>There should be consistency within the classroom in terms of organisation, structure, routines, space and place.</p> <p>Student may need access to a workstation and equipment for Augmented and Alternative Communication (AAC), e.g. Picture Exchange Communication System (PECS) (2:1 ratio may be necessary in early stages), signing or due to sensory integration difficulties.</p> <p>Consideration may need to be given to the physical environment.</p>	
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Personalised Interventions for pupils with SCD/ASD:

(Quality First Teaching and Targeted Support strategies for pupils with SCD/ASD, above, should be implemented and evidenced)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none">• The student’s impaired social development, rigidity of behaviour and thought and communications are enduring, consistently impeding his/her learning and leading to severe difficulties in functioning.• Revision of the differentiated classroom provision for the student’s education has not resulted in the expected progress towards achieving learning, pastoral and social interaction outcomes.• In respect of receptive and expressive communication and social interaction, evidence of the student’s need for a systematic programme to develop his/her understanding of verbal and non-verbal communication.• Evidence of significant difficulties persisting for the student as a result of his/her thoughts.• Evidence of a high priority having to be given to the management of the student’s behaviour in the planning of most classroom activities and the organisation of his/her learning environment.• High levels of anxiety are beginning to impact negatively on attendance (below 85%).	<p>Highly individualised learning programme developed by the School Leader with support from external professionals as required which evidences:</p> <ul style="list-style-type: none">• Advice from external professionals, interventions implemented and impact on progress.• Planned strategies to support the individual student with expected outcomes.• Class teacher will use the First Assess Communication Tool (The FACT Plus) to inform outcome setting and using the plan, review, assess cycle.	<p>Evidence of recognised social communication difficulties/autism specific interventions having been attempted or implemented.</p>

PHYSICAL NEEDS

DESCRIPTION OF NEED

For some students with physical disabilities the only resource that will be required will be minor to moderate adaptations to allow access. This should always be considered in the first instance, before resorting to other types of support.

Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment; others may lead to more complex learning and social needs. For some students with the most complex physical needs the LA will consider a multi-disciplinary assessment to be necessary. However for many students with a lesser level of physical needs, intervention at a school level of response will be appropriate. Students with severe physical difficulties are normally identified at the pre-school stage. Exceptions to this would include students experiencing the result of serious illness or accident, leading to a long term disability (which may or may not be permanent) or a degenerative condition.

Occasionally unforeseen or unexpected situations arise. A student may have an accident, undergo emergency surgery or perhaps break a limb. If this occurs there is no pre-arranged programme in place and a plan should be put together and implemented to organise the student's return to school. The school may need to put adult support in place for a short period.

If appropriate arrangements are not made, some medical conditions may have a significant impact on the student's access to educational opportunities, or on his/her levels of attainment, and/or give rise to emotional, behavioural and social difficulties. The medical condition may, in itself, significantly impair the student's ability to participate fully in the curriculum and the wider range of activities in school. Some prolonged conditions will affect the student's progress and performance intermittently, others on a continuous basis throughout the student's school career.

Drug therapies may compound the problem of the condition and have implications for the student's education. Medication may similarly impair concentration and thus lead to difficulties for the student in the classroom. In some instances, students with potentially life-limiting conditions may have periods of hospitalisation or frequent attendance at out-patients, emotional and behavioural difficulties related to their condition and associated restrictions on everyday life because of the nature of the treatment required.

Nevertheless, the existence of a medical diagnosis or a disability in itself does not imply that the student in question has special educational needs.

A student with a particular diagnosis or medical condition may not require any form of additional educational provision in any phase of his/her education. In the context of these criteria, it is the student's special educational needs rather than a medical diagnosis that must be considered.

It follows, therefore, that some students may not require Education Health and Care Plans or school-based SEN provision but they have physical conditions that, if reasonable adjustments are not made by the school, could hinder their access to education. The Equality Act 2010 states that public bodies must not discriminate and must make reasonable adjustments for disabled children and young people.

However, the SEN Code of Practice 2014 recognises that there is a significant overlap between disabled children and young people and those with SEND. Children and young people may therefore be covered by both SEN and disability legislation.

Quality First Teaching for pupils with Physical Needs:
(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • Has physical needs but the student can be independent with some minor adaptations to the environment. • The teacher has concerns based on observation of some minor physical difficulties, e.g. motor control problems, hand eye co-ordination, problems causing difficulties in throwing, catching in P.E. 	<p>The school will provide easily made changes in the learning environment, and provide some differentiation within the classroom.</p> <p>Careful consideration given to the position of the student in the classroom to allow for maximum independence of movement/access to resources/equipment. Well-structured curriculum plan in P.E.</p>	<p>Full inclusion in all statutory assessments, school assessments and tasks.</p> <p>General whole school training.</p>

Targeted Support for pupils with Physical Needs:*(Quality First Teaching strategies for pupils with Physical Needs, above, should be implemented and evidenced)*

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting.</p> <p>Progress within the curriculum may be affected by condition or medication.</p> <p>May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day:</p> <ul style="list-style-type: none"> • will have a defined physical or medical condition that may be subject to regular medical/intervention; • will have needs that may impact on their self-esteem and social relationships; • will have moderate difficulties in aspects of curriculum access (e.g. wheelchair user); • will have some gross and fine motor difficulties. Minor difficulties with spatial orientation; • will make progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact; • will be independent in most activities; • will be working at slower pace than peers or signs of increasing fatigue during the school day. 	<p>The focus should be school based, with the aim of helping the student to be a fully integrated member of the school community.</p> <p>Withdrawals from the class group should be kept to a minimum, should only occur when commensurate with the student's interests and be planned above all else as an aid to his/her learning and/or health needs.</p> <p>Allowing for the emphasis of the Provision Map on addressing the student's physical difficulties, the provision overall should be informed by flexible approaches to whole curriculum planning for individual students.</p> <p>Specific skill development or ameliorative activities in support of outcomes may be required.</p> <p>Flexible support in school to include dressing, undressing and toileting. Appropriate toilet with hoist available if needed. Changing bed and shower as appropriate.</p> <p>Extra time provided to address opportunities and comprehensive resources for motor skill development offered within the school curriculum.</p> <p>There will be focus on the educational implications of the physical difficulty but there may also be therapy targeted at these difficulties.</p> <p>Additional access to IT, specialist aids and adaptations may be necessary to facilitate access to the curriculum.</p> <p>Consideration should be given to exam arrangements.</p> <p>Specialist transport may be required.</p>	<p>Annual Audit of environment for basic access issues.</p> <p>The school will need to consider the implications of the Equality Duty for school visits and extracurricular activities to its environment and some building adaptations may be required.</p> <p>Staff are able to monitor progress and demonstrate understanding of fine and gross motor skills development within personalised learning outcomes.</p> <p>Staff able to implement and manage changes and adaptations to the learning environment.</p> <p>Advice from external support agencies should be sought to inform and/or guide curriculum adaptation.</p> <p>Multi agency collaboration will usually be essential.</p> <p>School will seek Manual Handling Training from an external provider.</p> <p>There will be thorough monitoring of student progress in terms of effectiveness of the interventions arising from the Provision Map.</p>

<p>The student may:</p> <ul style="list-style-type: none"> • use specialist aids relating to their disability e.g. wrist splint; • utilise limited, low tech specialist equipment to enhance their curriculum access; • require limited adult assistance with practical aspects of the curriculum or self-help skills or personal care. • utilise specialist equipment to ameliorate difficulties with either curriculum or daily living tasks; • require a medical plan; • require a level of adult assistance to access the curriculum, manage their condition, or move with safety around the environment; • exhibit fatigue, lack of concentration or motivation due to their condition that has having a marked effect on classroom performance. 	<p>Consideration should be given to the identification of a key worker.</p> <p>Most students will require access to a base for therapy or developmental programmes and/or special arrangements for personal and hygiene needs.</p> <p>Strategies incorporating specific activities to overcome physical difficulties, e.g. reducing written work.</p> <p>Pace of teaching takes account of possible fatigues and frustration experienced by the student.</p> <p>Consideration will need to be given to timetabling and location of rooms.</p> <p>Delivery of physiotherapy programmes, support with physical aids and support needed in safely moving around the school as appropriate and advised by external specialists.</p>	
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Personalised Interventions for pupils with Physical Needs:

(Quality First Teaching and Targeted Support strategies for pupils with Physical Needs, above, should be implemented and evidenced)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Severe difficulties with the ability to function independently in the school environment and in their everyday life. May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity. Supervision and support to navigate an appropriately adapted school building/campus and access to the curriculum.</p> <p><u>If a wheelchair dependent user the student:</u></p> <ul style="list-style-type: none">• will be a dependent wheelchair (electric or manual) and/or walking aid user with a severe physical difficulty;• will have very restricted movement and hoisting/position changes required regularly during the day;• will require intimate self-care/self-help skills to be met by others;• will have minimal fine motor skills;• may be at the early stages of developing mobility. <p><u>If not wheelchair dependent the student:</u></p> <ul style="list-style-type: none">• will have a severe physical difficulty;• may need the use of physical aids, for example, a standing frame or moulded seating.• may have restricted purposeful hand movement. <p>May require intimate care/self-help skills to be met by others.</p>	<p>Differentiation of opportunity and extra time to access the curriculum.</p> <p>Needs one-to-one adult support 100% of the time.</p> <p>May need help to record work.</p> <p>May need help eating and drinking.</p> <p>Needs adaptations for PE curriculum and all practical subjects.</p> <p>Needs support for social intervention/breaks, lunchtimes, between lessons, as well as arriving and departing from school.</p> <p>May need taught lessons on self-help.</p>	<p>Requires a Mobility Plan which includes focused activities to develop physical skills.</p>

MEDICAL NEEDS

DESCRIPTION OF NEED

A medical diagnosis or a disability does not necessarily imply a special educational need SEN. It may not be necessary for the student with any particular diagnosis or medical condition to have any form of additional educational provision at any phase of education, high needs funding or an Education Health and Care Plan. **It is the child's educational needs rather than a medical diagnosis that must be considered.**

Some students may have medical conditions that, if not properly managed could hinder their access to education. The Equality Act 2010 states that public bodies **must** not discriminate and **must** make reasonable adjustments for disabled children and young people. The definition of disability in the Equality Act includes children with long term health conditions.

Students with medical conditions will include those with Asthma, Diabetes, Arthritis, Epilepsy, severe allergies, Incontinence, Eczema, Cystic fibrosis, Tracheotomy, Colostomy and Ileostomy

The SEN Code of Practice 2014 recognises that there is a significant overlap between disabled children and young people and those with SEN. Children and young people may therefore be covered by both SEN and disability legislation.

For children and young people with medical needs schools **must** have regards to the new DfE guidance: **Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.**

Quality First Teaching for pupils with Medical Needs: <i>(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)</i>		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>May mean occasional absence from school</p> <p>The condition may influence tiredness and concentration levels.</p> <p>Students may need access to specific items of small equipment if medical conditions have resulted in minor motor impairments.</p>	<p>Differentiation may be required to take account of slower pace in performing some tasks – may tire easily.</p>	<p>DfE guidance: Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.</p>

Targeted Support for pupils with Medical Needs:

(Quality First Teaching strategies for pupils with Medical Needs, above, should be implemented and evidenced)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Medical condition may necessitate supervision or support for medication needs at specific times, e.g. medication, diet, toileting</p> <p>Progress within the curriculum may be affected by condition or medication.</p> <p>May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day.</p>	<p>Access to word processors. Some limited items of special equipment and teaching approaches.</p> <p>May need more supervision in potentially hazardous situations e.g. science lab, swimming, using PE apparatus</p> <p>Differentiation may be required to take account of slower pace or to catch up following periods of absence.</p> <p>Extra help may be required at times in the school day, e.g. dressing, undressing, steps, and stairs.</p> <p>Focused support via a Provision Map in place by class/form teacher to allow the students to catch up following periods of absence</p> <p>Suitable arrangements may be needed for administration of emergency medication</p> <p>Suitable training to school staff or other emergency measures in school</p> <p>Supervision of health and hygiene procedures.</p> <p>Access to alternative methods of recording if required.</p> <p>Class or subject teachers are responsible for working with the student on a daily basis, delivering any individual programmes.</p> <p>Some additional support may be required at periods throughout the day and social situations such as breaks may need particular attention.</p> <p>Possibly teaching assistant trained in managing care needs.</p> <p>Training in Manual Handling may be necessary.</p> <p>Differentiation required to access some curricular areas, e.g. PE, handwriting tasks, unstructured times and environmental adaptation.</p>	<p>Medical condition will be generally stable and under control, but may need monitoring in school and close liaison maintained with home.</p> <p>School curriculum promotes personal care and safety and school staff arranges and takes responsibility for any regular medical intervention to be carried out.</p> <p>Risk assessment + emergency plan for medical emergency.</p> <p>Teaching staff and therapist to assess changing needs.</p> <p>Input to the provision map/IEP may be required from a physiotherapist, occupational therapist.</p> <p>Consideration of concessions for examinations etc.</p> <p>Specific information on the causes and implications of the medical condition may need to be circulated to relevant members of staff.</p>

Personalised Interventions for pupils with Medical Needs:
(Quality First Teaching and Targeted Support strategies for pupils with Medical Needs, above, should be implemented and evidenced)

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • Student has severe difficulties with the ability to function independently in the school environment and in their everyday life. • May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity. • May have a chronic condition, potential degenerative condition, newly acquired condition or has special educational needs in addition to physical difficulties. 	<ul style="list-style-type: none"> • Needs differentiation of opportunity and extra time to access the curriculum. • Needs one-to-one adult support 100% of the time. • May need help to record work. • May need help eating and drinking. • May need adaptations for PE curriculum and all practical subjects. 	

SOCIAL EMOTIONAL AND MENTAL HEALTH needs (SEMH)

DESCRIPTION OF NEED

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools – Mental Health and Behaviour Guidance:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf

Where more specialist provision is required, schools, colleges and early years providers should have clear arrangements in place with local health partners and other organisations for making appropriate referrals to Child and Adolescent Mental Health Services (CAMHS).

Behavioural difficulties do not necessarily mean that a child or young person has a SEND and should not automatically lead to a pupil being registered as having SEN. However, consistent disruptive or withdrawn behaviours can be an indication of unmet SEND, and where there are concerns about behaviour, there should be work undertaken to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, a multi-agency approach, supported by the use of the Common Assessment Framework (CAF) may be appropriate. In all cases, early identification and intervention can significantly reduce the need for more expensive (intensive) interventions or sanctions at a later stage.

Use of the phrase 'Social, Emotional and Mental Health' is therefore meant to have a specific connotation to help determine the extent and nature of the student's special educational needs in this area. It should not be applied as a blanket term to include in the SEN framework all those:

- Whose behaviour may more loosely be described as anti-social or disaffected
- Who are in the care of the LA

Pupils presenting social, emotional and mental health difficulties may act unpredictably, unusually or in an extreme fashion in a variety of social, personal or physical settings. Severely withdrawn or passive behaviour may be as significant an indicator as aggressive or very strange or age inappropriate behaviour.

Schools' pastoral care arrangements should ensure that students are able to discuss any health-related and other problems with a relevant health professional, educational psychologist, education welfare officer, counsellor or other professional. A Pastoral Support Plan (PSP) is a school-based intervention to help an individual student manage and modify their behaviour and should be drawn up for:

- Any student who needs extra support in managing their behaviour.
- Any student who has had a number of fixed term exclusions.
- Any student whose behaviour is deteriorating rapidly.

Quality First Teaching for pupils with SEMH needs:
(Provided from – Age Weighted Pupil Unit (AWPU) delegated resources)

Impact of Condition on Learning and Development	Quality First Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Occasionally withdrawn and isolated and on the fringes of activities.</p> <p>Involved in low level distractions which hinder own concentration and that of others.</p> <p>Pupils may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.</p> <p>May occasionally be unpredictable or destructive.</p>	<p>At this level there is an awareness of some difficulties, noted and monitored by the class/form teacher.</p> <p>Clear boundaries and routines.</p> <p>Weekly timetables to monitor behaviours.</p> <p>Explicit teaching of rules / values and routines i.e. 'Rule of the week'.</p> <p>Visual timetable clearly displayed – appropriate for the age of children in the class.</p> <p>Changes of routine explained and discussed with CYP with time to prepare for them.</p> <p>Appropriate behaviour is noticed, praised and rewarded.</p> <p>Opportunities for positive social interactions, including turn taking and sharing.</p> <p>Modelling, by adults, of behaviour that shows patience, respect, good humour and calmness.</p> <p>System of meaningful rules, incentives and sanctions with consistent and fair application –remove.</p> <p>Tasks may need to be differentiated by level/outcome/pitch/pace and grouping to match learning needs, concentration level, interest and motivation.</p> <p>Language of emotions displayed clearly, both in words and pictures, to assist with the development of emotional literacy – accessible to the age in the class.</p> <p>There should be strategies to focus on emotional needs. These may include strategies such as Circle Time, Friendship Circles, discussion groups, mentoring/buddying.</p>	<p>The school will have a clear policy in place to promote social, emotional and mental health well-being and the management of behaviours.</p> <p>The school will provide more focused opportunities to build self-esteem, develop friendships and social skills. Self-evaluation encouraged and developed.</p> <p>Pupils' self-assessment routinely used to set individual learning outcomes.</p> <p>Parent/Carer engagement and involvement are positively and actively promoted from the earliest opportunity.</p>

Targeted Support for pupils with SEMH needs: <i>(Quality First Teaching strategies for pupils with SEMH Needs, above, should be implemented and evidenced)</i>		
Impact of Condition on Learning and Development	Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>The students difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • persistent emotional or behavioural difficulties that have not been reduced by differentiated learning opportunities or by the behaviour management techniques usually employed by the school; • poor concentration despite structured and time limited tasks – poor personal organisation skills; • may be withdrawn and isolated, generally seeking too little adult attention with limited or selective communication, may not communicate feelings; • difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other students, careless with learning materials; • pre-empting failure in tasks; • being reluctant to attend school; • unwillingness to acknowledge or accept responsibility for his/her own actions. 	<p>Additional levels of pastoral support are likely to include:</p> <ul style="list-style-type: none"> • Social support groups • Individual support through daily mentoring by a skilled adult • Peer support strategies at key times • Clear communication throughout the school management system with weekly updates • Nurturing support • Anger management <p>These could include the strategies included in SEAL.</p> <p>Timetable planning to provide alternative learning situations i.e. work station.</p> <p>Appropriate behaviour and expectations are taught alongside the academic curriculum. Student and parent involvement in the behavioural programmes will be clearly defined.</p> <p>Staffs are able to monitor students during break times and lunchtimes and have strategies in place during unstructured times.</p> <p>Consideration should be given to the use of IT, audio visual support, ‘time out’ to support a differentiated curriculum for a student who has difficulties in engaging in traditional methods of curriculum delivery.</p> <p>There should be staff training regarding the characteristics of students with social, emotional and mental health problems and the impact on curriculum access.</p>	<p>Staff training regarding the characteristics of students with SEMHD and the impact on curriculum access could be provided by external agencies, e.g. Specialist Teachers, Educational Psychologists</p> <p>Pastoral Support Plan (PSPs) may be set following consultation with external professionals such as staff from specialist settings, Behaviour Support staff, Educational Psychologists, and professionals from the CAMHS. (?)</p> <p>Connexions Service involvement if concerns re NEET.</p> <p>Parent /carer involvement in programmes is particularly desirable. All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>Baseline recording of particularly difficult or significant behaviours should be made in order to carry out an ‘ABC analysis’ to inform interventions and evaluations (Antecedents, Behaviour and Consequences).</p> <p>The student may need an individual risk assessment.</p>

	Counselling for individuals from external agencies may be appropriate.	
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Personalised Interventions for pupils with SEMH needs: <i>(Quality First Teaching and Targeted Support strategies for pupils with SEMH Needs, above, should be implemented and evidenced)</i>		
Impact of Condition on Learning	Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>SEMH difficulties are a barrier to learning and inhibit any participation, understanding and contribution to activities in the classroom.</p> <p>Significant difficulty in social interaction. Shows lack of trust in adults.</p> <p>Severe emotional difficulties. Behaviours result in significant risk of harm to self and others, even with close adult support, leading to extreme social isolation, vulnerability and disengagement.</p> <p>Takes physical risks and situations that have the potential to harm.</p> <p>Extreme responses leading to an inability to engage with any formal learning situations</p> <p>Little evidence of positive social relationships leading to extreme social isolation, vulnerability and disengagement</p> <p>Complete disruption to social and emotional state, leading to extreme disengagement and isolation.</p>	<p>Highly individualised and differentiated provision is required.</p> <p>Advice from external professionals, e.g. Specialist Teachers, Educational Psychologists, CAMHS.</p> <p>Analysis of Fixed Term Exclusion data to identify effective strategies to minimise repeat incidents resulting in targeted support for individuals.</p> <p>Robust systems for recording and analysing serious behavioural incidents.</p>	<p>Multi-professional assessment/support which may include the CAF process.</p> <p>Mental Health and Behaviour Guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf</p> <p>Individual Risk Assessment/Risk Reduction Plan may be required.</p>

The following table may be completed as a single table or for particular need type(s) to provide information of the interventions (QFT, Targeted Support and Personalised Interventions) and the evidence of their impact:

- Cognition and Learning difficulties Specific learning difficulties
- Speech, Language and Communication Needs (SLCN) and Social Communications Difficulties/ASD
- Sensory difficulties and/or Physical difficulties and medical needs
- Social, Emotional and Mental Health needs

	Whole Setting / School / College Graduated Response to SEND Quality First Teaching (QFT)/ Targeted support for individuals or small groups (TS)/ Personalised support Medium / longer term (PI) <i>where appropriate</i>
Learning / Curriculum Support	QFT TS PI
Teaching Approaches	QFT TS PI
Physical and Emotional Well Being	QFT TS PI
Access and Inclusion	QFT TS PI
Assessment and Review	QFT TS PI
ASSESS → PLAN → DO → REVIEW cycle to be followed (using evidenced based interventions) Baseline: Interventions: Outcomes and Evidence of progress:	