

BCP SEND Graduated Response & Toolkit



Version 3: Bournemouth Christchurch & Poole Interim Document
Update due Summer 19

Cognition and Learning

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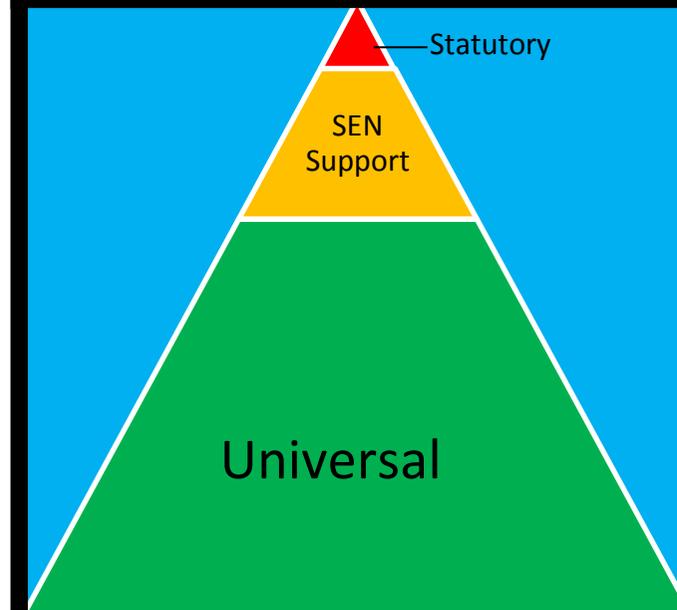
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The Structure of the Guidance (To be used alongside the SEND Guidance 0-25 Years document)

All children and young people with SEND will have an identified Primary area of need and many will have additional needs across a range of other areas. Every child is different and it is important that it is the individual child and their range of needs which are looked at when deciding how best to support them.

This guidance has been created to support professionals in identifying and putting support in place across all levels of need. Each of the **4 areas of need**: ‘**Cognition and Learning**’; ‘**Communication and Interaction**’; ‘**Social, Emotional and Mental Health**’, and ‘**Sensory and Physical**’ have been broken down into 3 phases of support. These are: ‘Quality First Teaching’, ‘SEND Support’ and ‘Statutory’ (EHCP) Levels. SEND Support has been divided into Universal Plus and Partnership Plus so that this document can be easily cross-referenced with Health and Social Care.

Quality First Teaching: (Universal)

Quality First Teaching and the use of personalised, differentiated approaches form the universal offer for all children and young people in educational settings. This will include the robust use of the ‘assess-plan-do-review’ cycle, rigorous teacher oversight, and close liaison between the setting and family.

SEND Support: (Universal Plus)

Where quality first teaching approaches have not been sufficient to meet the child/young person’s needs and they now require more focused, targeted support, they will be identified as having SEND. Quality first teaching, including evidenced, robust use of the ‘assess-plan-do-review’ cycle, rigorous teacher oversight, and close liaison between the setting and family will continue.

(Partnership Plus): More specialist advice is sought, and the advice implemented and reviewed. Quality first teaching, including evidenced, robust use of the ‘assess-plan-do-review’ cycle, rigorous teacher oversight, and close liaison between the setting and family will continue.

Statutory: (EHCP)

Only a small percentage of children/young people with SEND will require the support of an Education, Health and Care Plan. When a child/young person’s needs are complex, severe and long term and an education provider cannot meet their needs from within their own resources, and they have exhausted all SEND support options, a statutory assessment of the child/young person’s needs will be undertaken. Quality first teaching, including evidenced, robust use of the ‘assess-plan-do-review cycle’, rigorous teacher oversight, and close liaison between the setting and family will continue.

Person Centred Working

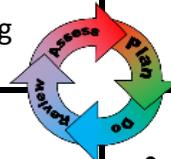
At every stage within the graduated response, all education settings must ensure that they work closely with and involve children, young people and their parents/carers. Section 19, part 3 of the Children and Families Act and the SEND Code of Practice 2015, clearly states that all professionals must have regard to the views, wishes and feelings of children and young people and parents/carers, and that they must be involved in the decision.

The Graduated Response

The SEND Code of Practice sets out how settings should adopt a cyclical model of intensifying support for SEND with 4 stages of **ASSESS – PLAN – DO – REVIEW**.

This document sets out how a school can implement this approach across the 4 categories of SEND. The generic features of each stage are set out below:

<p>Assess:</p> <ul style="list-style-type: none"> • The setting staff, class/subject teacher or tutor, working with the SENDCO, should carry out a clear analysis of the child/young person's needs • Setting staff's/teacher's/tutor's assessment and experience of the child/young person, their previous progress and attainment, as well as information from the setting's, school's or provider's core approach to pupil progress, attainment, and behaviour is collated • Setting, school or provider must consult with the child/young person and their parents/carers • Outside professionals should liaise with the setting, school or provider to help inform the assessments. Assessment should be reviewed regularly • Identify and address barriers to learning and preferred learning styles 	<p>Plan:</p> <ul style="list-style-type: none"> • Child/young person and their parents/carers, understand and agree on the intervention, support and expected outcomes, with transparency on school funded support • Curriculum planning should take account of specialist advice • Targeted provision must be recorded on the setting's, school's or provider's information system. These recording systems must be able to show evidence based planning, target setting, monitoring, as well as the support that has been delivered for the child/young person • Clear outcomes should be set in discussion with child/young person and their parents/carers about what the support is intended to achieve • Planning for differentiated resources may be required • Planned interventions should be evidence based
<p>Review:</p> <ul style="list-style-type: none"> • Targeted provision and progress is monitored and reviewed by setting staff, class teachers/tutors, SENDCO to monitor the impact of the plan • Evidence progress and attainment from observations/assessed work against outcomes. This should be reviewed on an agreed date • The school should meet with the child/young person and their parents/carers at least three times each year until the barriers to learning are resolved • Children and young people and their parents/carers, must be involved in planning for targeted support and any changes. The setting, school or provider will need to liaise closely with other professionals involved • SEND support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes 	<p>Do:</p> <ul style="list-style-type: none"> • Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENDCO will oversee the child/young person's targeted support, including how this is being delivered • The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision • Delivery of the targeted support may be required as part of a small group or on an individual basis • Access to specialist equipment and resources should be provided as necessary • Support arrangements should be clear and consistent



Making Reasonable Adjustments: The Equality Act 2010

The Equality Act 2010 says education settings must not discriminate against a child/young person because of their disability. This is unlawful under the Act. Where a child/young person has a disability, the LA and/or the school have a duty:

- (i) to not discriminate against the child/young person on the grounds of the disability when compared to others who do not have that disability
- (ii) to make reasonable adjustments to enable access to and around buildings and rooms, and in use of equipment, to the provision of information and to the curriculum; this includes planned adjustments in anticipation of likely future needs.

In some situations, education providers must also take positive steps so that children/young people with disabilities can access and participate in the education and other activities they provide. All education settings including Early Years providers, all schools, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010. All settings must make reasonable adjustments for children/young people including the provision of auxiliary aids and services for disabled children/young people, in order to prevent them being put at a substantial disadvantage.

When must education settings make reasonable adjustments?

The duty to make adjustments applies to all of the education setting's activities and the decisions that are made by teachers and staff including:

- admissions
- exclusions
- access to school trips
- attendance at school
- help and support in school
- learning activities and materials
- the application of policies

Education settings must make adjustments if:

- A child or young person is disadvantaged by a practice or rule because of their disability or the failure to provide an aid
- It's reasonable to make the changes or provide the aid to remove the disadvantage

Whether something is 'reasonable' depends on things such as:

- The child/young person's disability and what support, if any, they receive through an EHCP
- How practicable the changes are and the resources of the education setting
- The cost of making the change or providing the aid
- If the change requested would overcome the disadvantage the child/young person experiences
- If there are other ways of overcoming the disadvantage
- Health and safety considerations and the interests of other pupils.

The duty to make reasonable adjustments in education is anticipatory

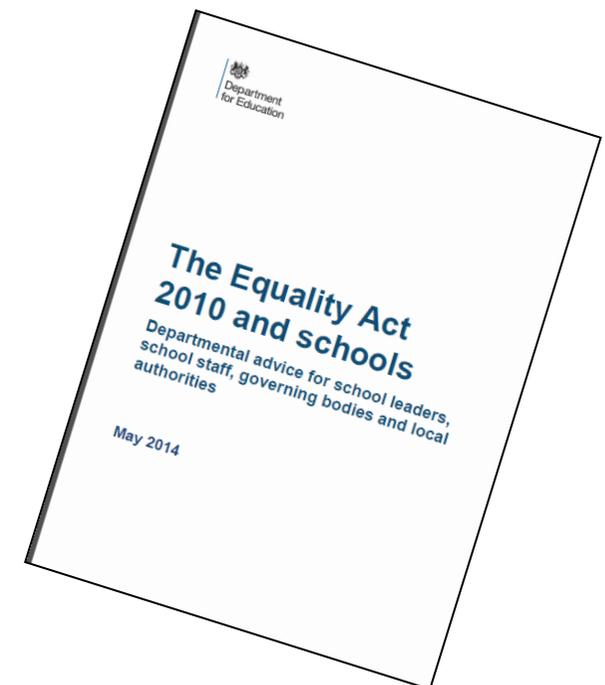
This means settings must consider in advance what they need to do to make sure all disabled children/young people can access and participate in the education and other benefits, facilities and services they provide for those within their settings.

Schedule 10 of the Equality Act states that schools must implement accessibility plans which are aimed at:

- increasing the extent to which disabled children/young people can participate in the curriculum
- improving the physical environment of the school/setting for the purpose of increasing the extent to which disabled children/young people are able to take advantage of education and benefits, facilities or services provided or offered by the education provider
- improving the delivery of information to disabled children/young people which is readily accessible to those who are not disabled.

Department for Education: Guidance on the Equality Act 2010 and advice for schools can be found at: <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

It will be necessary to consider reasonable adjustments for each area of need outlined in the Code of Practice.



School Age

Cognition and Learning

SEND Code of Practice 2015

6.30 Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

6.31 Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Areas of Need:

General and Complex Learning Difficulties

Children and young people with general learning difficulties experience significant problems across the majority of the curriculum. Their general level of development and academic attainment is significantly below that of their peers. In many cases difficulties will include speech and/or language developmental delay and poor self-care skills. Many children and young people may also have poor social skills and/or may show signs of emotional and behavioural difficulties.

Severe or Profound and Multiple Learning Difficulties (SLD & PMLD)

Children and young people with very severe or profound and multiple learning difficulties are almost always identified before they reach statutory school age. Young people with SLD will be most likely to work at P level to level 1, of the National Curriculum up to school leaving age. A young person with PMLD will be most likely to work at early P levels, P1i to P4, until school leaving age. In most cases the LA will be able to draw upon a considerable body of existing knowledge arising from assessments carried out and provision made by Health Agencies and Children's Services.

Specific Learning Difficulty

Children with difficulty in one or more specific aspects of learning, including those on the Dyslexia, Dyspraxia or Dyscalculia continuums.

Quality First Teaching Universal Support		Cognition and Learning	School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<ul style="list-style-type: none"> • Compared to their peers, child/young person may show a slower rate of learning • Progress is slow and the school/setting is unable to demonstrate that the child/young person can apply and understand the skills and concepts required by the curriculum they are following • May require prompting from teacher/class support/another adult to stay on task <p>At this point it should not be assumed that the child/young person has SEND as they may be experiencing a short term difficulty needing only brief intervention</p>	<ul style="list-style-type: none"> • School to have systems in place to gather the views of parents/carers and child/young person • A broad and balanced curriculum set within inclusive environments • Tracking and assessment processes in place to identify why children may not be making expected progress • Appropriately differentiated expectations, resources and support • Appropriate policies in place for identifying and supporting child/young person with SEND including those with cognition and learning needs • Quality first teaching that utilises a variety of approaches with personalised learning targets • Staff to continually check understanding and use scaffolding/modelling to demonstrate learning • Quality feedback on a regular basis. Include regular praise towards the child/young person's strengths and achievements • Organisation and positioning of the classroom – seating arrangements and peer support • Robust assess-plan-do-review processes – to be completed by the classteacher 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO (for advice) • Early Years teachers/key workers • Health Visitors • School Nurse 	<ul style="list-style-type: none"> • Child makes progress as support is appropriate and 'gaps' in learning are closed • Improved access to the curriculum or chosen learning programme and outcomes • Noticeable improvement in learning and engagement <p>If outcomes not reached, consider progress to Universal Plus Support in discussion with SENDCO</p>

	<ul style="list-style-type: none">• Visual aids and classroom/school environment modified to support learning, including the use of word banks/timetables• Staff trained appropriately to meet presenting need eg SpLD, ASD• The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting• Differentiated curriculum developed to meet the individual needs of the child/young person. Consider the individual child/young person's learning styles and ensure they are embedded in the styles of teaching. Increased differentiation of activities• Access to small group targeted work that provides opportunities to work with peers and offer role modelling and peer support• Personalised individual or group based structured reading, spelling and numeracy programmes• Interventions should be well established and evidence based. Interventions should be delivered regularly and frequently and be delivered across a minimum of 1 term. Outcomes of an intervention should be recorded and clearly evidenced• Tasks to be simplified and instructions, information and learning to be broken down into small steps• Skills and learning to be reinforced through repetition and consolidation		
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	<ul style="list-style-type: none">• Visuals used to support instructions/learning• Vocabulary and new concepts may need to be pre-taught• Multi-Sensory teaching and learning• Staff to be given individualised training to support the child with their approaches to learning. This training should be developed around the child's needs and shared with parents				
<p>Helpful Links:</p> <ul style="list-style-type: none">• BCP links are being updated					

SEND Support (Universal Plus)	Cognition and Learning		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Universal level support has been put in place but needs cannot be met by using these approaches. The child/young person may continue to have the indicated difficulties above and also:</p> <ul style="list-style-type: none"> • Ongoing difficulties and makes limited progress • Greater difficulties than peers with retaining information/ concepts/skills and problem solving, understanding, communication and thinking • After sustained support the child is working outside of year group programme of study • The child may have specific learning difficulties (eg difficulties with literacy, numeracy and / or physical co-ordination) which causes them to fall further behind Age Related Expectations (ARE) 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> • In Primary the class/subject teacher or tutor, working with the SENDCO, should carry out a clear analysis of the child/young person's needs • In Secondary the SENDCO, working with class teachers, tutors and other staff will carry out a clear analysis of the child/young person's needs • Schools must consult with child/young person and their parents and provide an opportunity to meet and review plans regularly at least 3 times per year • The school should have a consistent approach to assessment and intervention programmes which are used across the school by staff with appropriate skills and training • Targeted provision must be recorded on the school's information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/young 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs • School nursing team • GP 	<p>As for prior phase and also:</p> <ul style="list-style-type: none"> • Child/young person makes progress within support and interventions provided • Child/young person is able to apply strategies and skills learnt through intervention and support back into the learning environment • Child/young person will have an effective holistic plan of support that considers all needs <p>If progress is made and outcomes achieved, then the child or young person can move back into Universal level support or continue to be supported at Universal Plus level of SEND Support</p> <p>If outcomes are not reached and progress is not made, consider if support should be progressed to Partnership Plus level in discussion with SENDCO</p>

	<p>person at SEND Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve</p> <ul style="list-style-type: none">• In Primary the teacher, working with the SENDCO, should carry out a clear review of the child/young person's needs• In Secondary the SENDCO working with other teaching staff carries out a clear review of the child/young person's needs• Where further advice is needed, seek and implement advice from specialist services, eg Outreach, SEND Forums• Implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts• Specialist resources such as sloping boards, coloured overlays, specialist pens/pencils etc and alternative methods of recording. Access to specialist ICT as necessary• In primary settings teachers in consultation with the SENDCO will undertake a clear analysis of the child's needs to share with parents/carers and professionals via the graduated approach			
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	<ul style="list-style-type: none">• In secondary settings the SENDCO, in consultation with teachers, will undertake a clear analysis of the young person's needs to share with parents/carers and professionals via the graduated approach• Introduction of the 'assess-plan- do-review' cycle of individualised assessment and intervention. This needs to be completed as soon as the child or young person is identified with SEND as detailed using techniques such as internal assessments/data tracking, provision mapping• Differentiation of homework is considered			
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SEND Support (Partnership Plus)	Cognition and Learning	School Age	
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>As per Universal and targeted level but also might include:</p> <ul style="list-style-type: none"> • Making little or no progress despite targeted intervention being put in place • Professional advice has been followed over time and implemented through the graduated approach and appropriate support has been put in place by the education setting but relative progress is still not being made • Increased adult support is needed to remain focused and complete short activities with prompts • Struggles to access small group activities independently or will only engage in learning where the task/activity is personally meaningful • Needs lots of adult prompting to recognise errors and self-correct • Teaching needs to be repeated and delivered in other contexts, particularly concepts and abstract ideas 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> • Further specialist intervention to be accessed via outside agencies. Multi professional planning and co-ordinated support across education, health and social care colleagues to be undertaken. Consider a referral to Early Help or CHAD depending on family circumstances and levels of need. This maybe through an EHA (Early Help Assessment) • The ‘Team around the Child’ approach to be in place – to agree how progress towards outcomes can happen • An adapted curriculum needs to be developed that is more individualised to the specific needs of the child. Learning within the curriculum needs to be of high interest and purposeful. Homework should be differentiated • Close home to school links, so that changes within each environment can be understood and impact on learning can be supported • Personalised work stations and designated learning areas where 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs • Outreach support • Educational Psychologist • School nurse/ Paediatrician/ GP • Children’s therapy workers – OT, SALT, Physio • Early Help or Social Care teams 	<p>As for prior phases and also:</p> <ul style="list-style-type: none"> • Improved rate of attainment • Positive response to specialist recommendations and advice provided by professionals • New resources, interventions and alternative strategies enable the child/young person to progress and successfully engage in learning • Reduction in negative behaviours and better engagement in learning • Education setting attendance increases and improved engagement in learning • Child/young person is able to transfer intervention skills into different learning environments and activities – including during social times <p>If outcomes are reached then support can be provided back through Universal/ Universal Plus levels again</p> <p>If outcomes over a reasonable period are not reached, consideration should be made to request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact and is costly and above</p>

<ul style="list-style-type: none"> • Child/young person has difficulty in transferring skills • Poor memory • Avoidance strategies and negative behaviours develop and have significant impact on the child/young person's ability to engage and access learning/the education environment. Decline in attendance at lessons/ education setting • Child/young person will have difficulty in acquiring basic skills of literacy and numeracy, leading to low attainment levels, with child/young person working 2 years below expected level in most areas • In secondary stage, expected to be at least two levels below expectations in literacy, numeracy by the end of the relevant Key Stage. Attainment for children and young people at the lowest end of this band will be working well below the expected levels for most children and young people • A child/young person with SpLD who has very significant difficulties, with marked discrepancy between oral and literacy skills. May also have 	<p>necessary. This could also include access to adapted environments where distractions are minimised but this should always remain inclusive</p> <ul style="list-style-type: none"> • Practical resources and visual cues to support learning across all areas • Provide extra time to the child to participate in learning activities/tasks • High levels of adult support for modelling and enabling the child to access learning/the curriculum. High levels of care and supervision are needed • Child/young person must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships • Robust assess-plan-do-review cycle 	<ul style="list-style-type: none"> • Youth Support Services 	<p>Element 2 funding of £6000</p>
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difficulties with maths. Child/young person may grasp mechanical skills but lack comprehension. Child/young person may have significant co-ordination difficulties (DCD)			
Helpful Links: BCP links are being updated			

Statutory		Cognition and Learning		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes	
<p>Despite support and intervention through the graduated approach the child/young person`s progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training.</p> <ul style="list-style-type: none"> The child/young person`s needs are significant and long term. Specialist professional assessments shows evidence of a high level of educational need The achievements and rates of progress of the child/young person are significantly below expectations despite appropriate 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> Co-production of EHC Plan will address needs and agree outcomes for targeted provision All staff working with the child/young person have read and understood the EHC Plan Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes Strategies and approaches to support class differentiation are in place and based on specialists` advice High quality training is provided for all staff involved in delivering and 	<ul style="list-style-type: none"> Child/Young Person Parents/Carers Teacher SENDSCO Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs Educational Psychologist School nurse/ Paediatrician/GP Children`s therapy workers – OT, SALT, 	<p>As for prior phases and also:</p> <ul style="list-style-type: none"> Child/young person is able to make informed choices Child/young person has their needs met Child/young person achieves increasing independence in their learning and self-help skills Child/young person is prepared for adulthood and acquires the skills for achieving their aspirations <p>If outcomes are reached, following discussion with the parents, setting, young person and statutory services team, support can be provided back through Universal Plus/Partnership Plus levels without the need for a statutory</p>	

<p>evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still well below expectation despite evidence of consistently high levels of intervention over time</p> <ul style="list-style-type: none"> • The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child or young person has suddenly acquired severe or complex needs). Ideally 2 cycles of the graduated approach will have been completed • The level of need impacts on personal and social development and can be evidenced over time (unless the child or young person has suddenly acquired severe or complex needs) • Advice from local authority services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using the assess-plan- do-review cycle • The delegated funding has been used fully and appropriately, including the non-statutory Element 3 funding and there is clear evidence of how E3 funding 	<p>monitoring targeted provision</p> <ul style="list-style-type: none"> • Time and place for targeted provision is established and adhered to • Skills learnt during targeted provision are practiced back in class • Support staff involved in joint planning of targeted support • Support to develop life skills for independent learning eg travel training, cooking, personal hygiene • Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example ‘hand over hand’, modelling, visual strategies • Use of specific IT programmes and specialist equipment to enhance recording and presentation of work • Structured teaching strategies should be embedded into programmes of work • Work presented in a manner that is appropriate to the child/young person’s level of development • Visual supports are embedded to aid language understanding across all aspects of the environment (eg pictures, symbols, objects of reference, signing, gestures) to help access to the curriculum • Appropriate adjustments to the environment to meet the individual needs and preferred learning styles 	<p>Physio</p> <ul style="list-style-type: none"> • SEND Statutory Services Team • Early Help or Social care teams- CHAD • Youth Support Services 	<p>plan</p> <p>Outcomes and provision can be updated and amended as needed through the annual review process</p>
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<p>has been used to make provision for a child to enable progress towards agreed outcomes</p> <ul style="list-style-type: none"> • Complex Learning Difficulties – pupils with complex learning difficulties have conditions that co-exist. They may present with a range of issues and combination of layered needs eg mental health, relationships, behavioural, physical, medical, sensory, communication and cognitive. Their attainments may be inconsistent, presenting an atypical or uneven profile • Severe Learning Difficulties (SLD) - pupils with severe learning difficulties have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility, coordination, communication and perception and the acquisition of self-help skills • Children /Young People with very severe or profound and multiple learning difficulties (PMLD) are almost always identified before statutory school age and referral is normally made via the Special Needs Early Years Service 	<ul style="list-style-type: none"> • Total assistance with self-help skills • Use of total communication approach • A multi-sensory approach to the curriculum • The EHC Plan must be formally reviewed every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan • The reviews must be undertaken in partnership with the child/young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget 		
<p>Helpful Links:</p> <ul style="list-style-type: none"> • BCP links are being updated 			

School Age

Communication and Interaction

SEND Code of Practice 2015 – Broad Areas of Need

6.28 Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Areas of Need:

Speech and language difficulties arise at different ages and with different levels of severity. There may be related learning difficulties in general or in specific aspects of the curriculum and/or related emotional, behavioural and social difficulties. Where speech and language skills are at an inappropriate level for the student's cultural background, chronological age and/or stage of development, these may hinder progress.

Most students with speech and language difficulties will be identified at an early age, often prior to statutory schooling, through health authority screening programmes. Although early intervention strategies can be put in place before formal schooling, there is often a need to continue support beyond the start of school where the needs are complex and severe.

Schools should consider the specific nature of the student's difficulties in relation to attainment levels and the extent to which the difficulties are related to receptive and/or expressive language acquisition. Some students will have good expressive language which masks difficulties in understanding the purpose and meaning of language.

Having English as an additional or second language is not a special educational need. However, teachers should carefully monitor the progress of children with EAL to identify if they may have additional needs.

Quality First Teaching (Universal Support)	Communication & Interaction		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Many children/young people have difficulties expressing themselves and understanding others. This can present as difficulties with social understanding, the pronunciation of words, attention difficulties and fluency of speech. At this stage, it may mean that children/young people need short term support but it should not be assumed that they have special educational needs</p> <ul style="list-style-type: none"> • Staff and parents raise concerns over the child/young person's language development <p>Receptive Language and Memory Indicators</p> <ul style="list-style-type: none"> • Child/young person may have difficulties with understanding implied meaning and may also have difficulty attaching meaning to words and developing concepts • Inattentive during focused learning/activity time and has difficulties following verbal instructions in the setting • Difficulties in starting and 	<ul style="list-style-type: none"> • High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting • Teaching strategies that consider difficulties with language and communication needs as well as social understanding • Carefully planned differentiated support that considers individual pupil's communication needs • Visual resources and prompts (picture cues, word banks etc) • Personalised learning goals, including for language and communication • Staff/peer modelling to promote communication/social skills and interaction • Instructions/information should be clear and simple with supporting visuals if necessary • Structured approaches to tasks and learning activities • Whole staff training and awareness of the implications of communication and interaction difficulties, supporting them to differentiate activities effectively to support speaking, listening skills and 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Education Worker 	<ul style="list-style-type: none"> • Child/young person will make improved progress with their learning • Child/young person will demonstrate better engagement and participation in their learning • Children/young person will be better able to develop positive relationships with adults and peers <p>If outcomes are not reached, consider progress to Universal Plus Support in discussion with SENDCO</p>

<p>completing tasks</p> <ul style="list-style-type: none"> • Unwilling to volunteer verbal responses during learning activities • Difficulties with learning new language • Difficulties recalling information including the names of staff and peers <p>Expressive Language (talking) Indicators</p> <ul style="list-style-type: none"> • Child /young person may have difficulties organising ideas, structuring sentences, acquiring and accessing vocabulary and expressing meaning • Child/young person might confuse words with similar meanings (uses cat when talking about a dog) or similar sounds • Uses lots of non-specific language • Can find organising speech difficult and will often get pronouns and verb tenses incorrect in their spoken language • Difficulty sequencing and organising story telling/retelling of events eg information might be given in the wrong order, 	<p>understanding the curriculum</p> <ul style="list-style-type: none"> • Learning environments that offer security, structure and safety • Visual timetables and visuals to support instructions • Chunking - organising or grouping pieces of information together • Slowing down pace of delivery and encouraging the child to repeat out loud the information back to themselves (verbal rehearsal) • Defining key words simply and recording visually • Using pictures/drawings/mind maps to record information given verbally <p>Expressive Language (talking) Support</p> <ul style="list-style-type: none"> • Staff to offer forced choices eg “Is it A or is it B?” and model back correct language • Use pre-emptive questions and narrative resources (writing prompt sheets/writing packs etc) • Use of Alternative and Augmentative Communication Aids <p>Semantic and Pragmatic Language Support</p> <ul style="list-style-type: none"> • Say the child/young person’s name to gain attention prior to an instruction • Attention and listening prompt cards • Adult modelling • Support during less structured times • If a child/young person with English as 		
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<p>may miss out who, where or what happened</p> <p>Semantic and Pragmatic Language Indicators</p> <ul style="list-style-type: none"> • Child/young person may have difficulty with the meaning of what is being said and the ability to use language in social situations • Child/young person may have difficulties with eye contact, taking turns and staying on topic when speaking • Difficulty with sharing objects and talk space with their peers • Child/young person cannot always understand how others feel and may have difficulties with social skills. This may be affecting their relationships with unfamiliar adults and peers • Holding conversations may be difficult for the child/young person, including initiating conversations • Social and non-verbal cues are often missed and the child/young person may frequently interpret language literally • Due to difficulties with understanding meaning, the 	<p>an additional language is not developing English at the expected rate, a mother tongue assessment could be completed initially to determine age appropriateness in home language</p> <ul style="list-style-type: none"> • Additional differentiation and scaffolding of tasks • Time and place for targeted provision is established and adhered to • Focus on the skills being taught including varying levels of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies • Use of specific IT programmes and specialist equipment to enhance communication and recording and presentation of work • Structured teaching strategies should be embedded into programmes of work • Work presented in a manner appropriate to the child/young person's level of language and communication development • Consistent, structured and predictable classroom routines with preparation in advance for changes and transitions, including to next year or phase • Consistent delivery of the curriculum with attention to the child's areas of special interest or skills 		
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child/young person may experience social anxiety and frustration when communicating			
Helpful Links: <ul style="list-style-type: none"> BCP links are being updated 			

SEND Support (Universal Plus)	Communication & Interaction		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Despite Universal level support and individualised support over a sustained period of time, there are persistent difficulties with the indicators above and:</p> <ul style="list-style-type: none"> The child/young person may plateau with their learning or the gap between them and their peers may continue to increase There may be further difficulties in the child/young person accessing the curriculum and this may also impact on their social, emotional and mental health An escalation in negative behaviours within the setting Recent assessment/diagnosis for an Autistic Spectrum Disorder(ASD) 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> In Primary targeted individuals are monitored by class teacher and the SENDCO. With the inclusion of parents/carers and the child/young person, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review In Secondary targeted individuals are monitored by the SENDCO with the support of class teachers. With the inclusion of parent carers and the child, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review Liaison and consultation with external support services and professionals where 	<ul style="list-style-type: none"> Child/Young Person Parents/Carers Teacher SENDCO Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs Talkabout Practitioner SLCN Lead 	<p>As for prior phase and also:</p> <ul style="list-style-type: none"> Child/young person will make improved progress with their learning Skills learnt during targeted provision are practiced back in class and generalised throughout the day Child/young person will demonstrate better engagement and participation in their learning Child/young person will be better able to develop positive relationships with adults and peers <p>If progress is made and outcomes</p>

<p>Receptive Language and Memory Indicators</p> <ul style="list-style-type: none"> • Difficulties in processing orally presented information at reasonable speed • Poor understanding of complex grammar • Difficulties with implied meaning and colloquialism (words/sentences without literal meaning) <p>Expressive Language Indicators</p> <ul style="list-style-type: none"> • The child/young person’s language may be particularly hesitant or sound immature. Spoken words might not always be clear or easily understood • Difficulties in expressing their meaning or themselves on the first attempt with more time being needed to do so than their peers <p>Semantic and Pragmatic Language Indicators</p> <ul style="list-style-type: none"> • The child/young person may display inappropriate interaction with others and may have difficulties with social relationships. This could be due to having difficulties understanding social cues and non-verbal cues • There may be an escalation in negative and inappropriate 	<p>appropriate – to include SALT referral. Advice to be gathered and implemented as recommended, including SALT programmes (training may be necessary)</p> <ul style="list-style-type: none"> • Consider a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed • Staff training on supporting children and young people with specific communication and interaction needs • Small group work in class which supports the differentiated curriculum. This could include the teaching of specific social interaction skills and language • Visuals to support verbal information and instructions, including those aimed at social understanding (such as social stories) • The use of key words. Instructions to be simplified and repeated as necessary • Differentiation between spoken and written language, including the use of alternative learning resources such as ICT • Additional adult support at transition and unstructured times • Use of a personalised work area to be accessed as necessary on a child led basis • The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting 		<p>achieved, then the child / young person can move back into Universal level support or continue to be supported at Universal Plus level of SEND Support</p> <p>If outcomes are not reached and progress is not made, consider if support should be progressed to Partnership Plus level in discussion with SENDCO</p>
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behaviours <ul style="list-style-type: none"> The pupil often needs support for activities that place demand on creative planning, organisational skills or work that needs reviewing 			
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SEND Support (Partnership Plus)		Communication & Interaction		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes	
<p>Over time professional advice has been followed and implemented but appropriate progress is still not seen</p> <ul style="list-style-type: none"> There is a demonstrable and significant effect on pupil progress over time despite appropriate advice being taken and appropriate support being provided by the school Significant needs have been identified A few difficulties are severe and longstanding and have not responded to focussed and well-founded interventions over a period of time The severity of their difficulties may have a considerable impact on their ability to access the curriculum In these cases, the child/young person's difficulties may significantly 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> A highly-modified learning environment that meets their individual needs A high level of adult support, offering high level care and supervision Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person's emotional and behavioural needs throughout the day More specialist assessment and advice from Outreach, EPs, SALT etc Where there is evidence of a possible ASD the child may need assessment through the Complex Developmental Disorders Team (CDDT) 	<ul style="list-style-type: none"> Child/Young Person Parents/Carers Teacher SENDCO Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs Education worker Outreach Teacher SALT Health visitor GP /Paediatrician 	<p>As for prior phases and also:</p> <ul style="list-style-type: none"> Positive response to specialist recommendations and advice provided by professionals New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning Reduction in negative behaviours and better engagement in learning Education setting attendance increases and improved engagement in learning Child/young person is able to 	

<p>affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes</p> <ul style="list-style-type: none"> • Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties • Social interaction difficulties and pupil is not able to transfer strategies/skills between situations • Difficulties with sustaining engagement whilst undertaking learning activities • May display a limited repertoire of interests and play skills that affect the child's friendships • Difficulties in accessing whole setting teaching and unstructured periods of time 	<ul style="list-style-type: none"> • Outreach and advisory support for those with ASD • Access to trained and skilled staff that is able to respond to challenging behaviours associated with communication and Interaction difficulties • Very close home to school liaison so that both parties are aware of changes that can impact on communication and interaction • Speech and language therapy programmes as identified by the SALT service • Resources, including staff and materials to deliver and implement professionals' recommendations and programmes • Referral to Early Help where appropriate because needs are having a wider impact <p><u>Receptive Language and Memory Support</u></p> <ul style="list-style-type: none"> • Pre-teaching to introduce new and reinforce specific vocabulary and concepts • Alternative ways to record work/learning, to include photographic or video recording <p><u>Expressive Language (talking) Support</u></p> <ul style="list-style-type: none"> • Visual resources to reinforce verbal learning/instructions, such as mind maps, word maps, sound maps and writing frames <p><u>Semantic and Pragmatic Language Support</u></p> <ul style="list-style-type: none"> • Targeted support to understand emotions in others and develop self-regulation of own emotions 	<ul style="list-style-type: none"> • SALT • Occupational Therapist • Educational Psychologist 	<p>transfer intervention skills into different learning environments and activities – including during social times</p> <p>If outcomes are reached then support can be provided back through Universal/Universal Plus levels again</p> <p>If outcomes over a reasonable period are not reached, consideration should be made whether to request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact and is costly and above Element 2 funding of £6000</p>
<p>Helpful Links:</p> <ul style="list-style-type: none"> • BCP links are being updated 			

Statutory		Communication & Interaction		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes	
<p>Despite support and intervention through the graduated approach the child/young person's progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training.</p> <ul style="list-style-type: none"> • The child/young person has complex, long-term speech and language difficulties that cause substantial barriers to learning and social relationships • The child/young person has severe or moderate language impairment which may include comprehension, expression, phonology • Social isolation, frustration and peer isolation is evident • The child/young person may not understand social situations and so may respond inappropriately • Highly atypical behaviours such as being obsessive, challenging and 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> • Co-production of EHC Plan will address needs and agree outcomes for targeted provision • All staff working with the child/young person have read and understood EHC Plan • Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes • Strategies and approaches to support class differentiation are in place and based on specialists' advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision • SENDCO will oversee the child/young person's targeted support, including how this is being delivered • Speech therapist will provide/oversee therapy on a regular basis and have close involvement with the delivery by 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs • Outreach • Health visitor • GP /Paediatrician • SALT • Occupational Therapist • Educational Psychologist • SEND Statutory Services Team 	<p>As for prior phases and also: Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes</p> <ul style="list-style-type: none"> • Child achieves or is progressing towards outcomes in EHC Plan • Child is making academic progress as a result of effective support arrangements <p>Other indicators may include:</p> <ul style="list-style-type: none"> • Measurable improvement in communication and interaction skills • Improved social participation and confidence • Better able to deal with a range of social situations <p>If outcomes are reached, following discussion with the parents, setting, young person and statutory services team, consider whether support can be provided through Universal Plus/Partnership Plus levels without the need for a statutory plan</p>	

Statutory	Communication & Interaction		School Age
<p>withdrawn may be evident</p> <ul style="list-style-type: none"> • Has language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties • Children and young people will experience severe, persistent and complex difficulties associated with an Autistic Spectrum Disorder. These difficulties will include: <ul style="list-style-type: none"> ○ Severe difficulties with social interaction, (this includes developing and maintaining relationships) ○ Severe difficulties with social communication (eg initiating /maintaining conversations, using/understanding non-verbal communication) and /or understanding emotions ○ Severe difficulties in the area of imaginative skills and may rely more heavily on re-enacting learned scenarios, which may result in highly ritualised and repetitive behaviours ○ Limited expressive language, or 	<p>other staff of speech therapy recommendations and targets for the child/young person’s individual action plan</p> <ul style="list-style-type: none"> • School or SALT will liaise with parents/carers and provide advice and resources so that they can continue to support language development at home • Use of Total Communication approach to enable access to all areas of the curriculum • The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time and skills learnt during targeted provision practised back in class • Additional support needed to develop emotional vocabulary using visual and real-life situations • In line with the recommendations in the EHCP, a regular programme of 1:1 support may be required to implement the programme provided by the speech and language therapist or other specialist • Environmental audit to identify aspects of the environment that might lead to 		<p>Outcomes and provision can be updated and amended as needed through the annual review process</p>

Statutory	Communication & Interaction		School Age
<p>spoken language that is repetitive and does not follow the social rules</p> <ul style="list-style-type: none"> ○ Severe sensory processing difficulties, (hypo/hyper sensitivity) (See Physical and Sensory area of Need – starting on page 43) ○ Severe anxiety experienced on a regular basis and across different situations, in response to unpredictable situations, deviations from routines, sensory processing, and/or difficulties which relate to ASD ○ Severe difficulties engaging in tasks/activities other than those linked to the child and young person’s particular interests ○ The child/young person’s difficulties may be made complex by the presence of additional factors, such as difficulties associated with psychological wellbeing and emotional development, extreme rigidity in behaviour, extreme difficulties with 	<p>increased anxiety, arousal or Sensory Sensitivity, with monitoring of behavioural responses</p>		

Statutory	Communication & Interaction		School Age
<p>sensory modulation, and additional physical/medical conditions. These are likely to make it significantly more difficult to manage the child/young person's behaviour and safety than for most children /young people with ASD</p>			
<p>Helpful Links:</p> <ul style="list-style-type: none"> • BCP links are being updated 			

School Age

Social Emotional and Mental Health

SEND Code of Practice 2015

6.32 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.

6.33 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.

Areas of Need:

Many students experience some degree of emotional change during their development, some of which may contribute to particular behaviours. Some students may demonstrate behavioural difficulties related to additional or unmet learning, social, physical or medical needs. In some cases, eg bereavement, these difficulties may be short-term.

This group of difficulties may be characterised by inappropriate behaviour for the student's age and behaviour which may interfere with their own learning or the work of other students. There may be signs of emotional turbulence or withdrawal. Not all disruptive or emotional behaviour is necessarily indicative of having special educational needs and may be more appropriately supported through the pastoral care system.

Environmental factors, including ethos, organisation, curriculum, classroom management and teaching and learning approaches within a school can be key influences on behaviour within schools and require careful attention.

Quality First Teaching (Universal Support)	Social Emotional and Mental Health		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>The child/young person presents persistent behavioural/emotional difficulties that are impacting on progress and have not been ameliorated by differentiated learning opportunities or by the whole-school behaviour management techniques.</p> <p>Difficulties may include:</p> <ul style="list-style-type: none"> • Underdeveloped skills in listening and attending to the teaching and learning process • Failure to make progress anticipated across areas of the curriculum accompanied by signs of mood swings, frustration, non-co-operation, withdrawal or isolation, disillusionment, or non-attendance • Difficulty with social relationships including peer/group relationships which affect classroom dynamics and require teacher intervention • Difficulty acquiring and applying basic social skills • Emotional immaturity • Low self-esteem and a lack of confidence in their ability to cope with new demands and change to their routines • Lack of emotional management skills eg anger, anxiety, openly tearful • Emotional intelligence/development underdeveloped in relation to chronological age • Requiring frequent adult prompting 	<p>Whole School and Class Support</p> <ul style="list-style-type: none"> • High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting • A behaviour policy with a consistent behaviour management approach adopted by all staff. Reasonable adjustments are considered in relation to individuals' need • Pupils have clear understanding of rules and expectations • Close liaison with pupils and their families so staff are aware of significant relevant life or family events • Staff/peer modelling to promote social skills and interaction • Instructions/information should be clear and unambiguous with supporting visuals and prompts if necessary • Classrooms need to be appropriately calm and ordered 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Teacher and support staff • SAW/Family Outreach • Mental Health First Aid SLE • School Nurse 	<ul style="list-style-type: none"> • Children/young person will make improved progress with their learning • Children/young people will demonstrate better engagement and participation in their learning • Children/young people will be better able to develop positive relationships with adults and peers • Good attendance and punctuality • Reduced behavioural incidents <p>If outcomes not reached, consider progress to SEND Support in discussion with SENDCO</p>

<ul style="list-style-type: none"> • Needing support to make and sustain appropriate relationships • Displaying unpredictable responses to a range of situations eg anxiety, anger, unhappiness, self-harm • Expressing their point of view verbally and/or talking about their feelings without intervention, including refusal to speak • Engaging in attention seeking behaviour and regularly seeking approval from adults and peers • Showing signs of being withdrawn and may need encouragement to take part in activities • Signs of emotional turbulence (for example tearfulness, withdrawal from social situations) • Being frequently disruptive in class • Being a subject of or perpetrator of bullying • Being unable to manage unstructured settings such as lunchtimes • Absence and lateness including school refusal • Displaying regular episodes of anger and agitation • Frequently challenging practitioner's/teacher's requests but will back down • Frequent attention seeking behaviour, often inappropriate or challenging • An apparent lack of motivation and the need for frequent encouragement to stay on task • Flitting between activities and materials with little attention (younger child/children) • No regular group of friends 	<p>learning environments</p> <ul style="list-style-type: none"> • Whole staff training and awareness of the causes and implications of SEMH needs • Motivational rewards and incentives available <p>Learning Support</p> <ul style="list-style-type: none"> • Careful assessment to identify and address any unmet learning needs • Teaching strategies that consider social and emotional needs as well as social understanding • Visual resources and prompts (picture cues, change of activity prompts etc) • Personalised learning goals including social and behavioural goals and independent learning • Teacher instructions are clear and unambiguous, including choices <p>Environmental Support</p> <ul style="list-style-type: none"> • Staff organise furniture, grouping and seating to promote positive relationships and behaviour and in accordance with individual needs • Support and activities offered for unstructured times • Focused use of peer and adult support 		
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	<ul style="list-style-type: none"> • Peer support systems, including buddy schemes • Access to universal health services such as school nurse or GP services 		
Helpful Links: <ul style="list-style-type: none"> • BCP links are being updated 			

SEND Support: (Universal Plus)	Social Emotional and Mental Health		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Some child/young person’s emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time. Progress through the curriculum is affected by their social and/or behavioural difficulties which may include:</p> <ul style="list-style-type: none"> • Social, emotional and/or mental health issues which substantially and regularly interfere with their own learning or that of the class group • Little or no progress despite interventions designed to improve aspects of their social, emotional and/or mental health development • Inability to self-regulate 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches in successive cycles of assessment, planning, intervention and review • Assessment to identify any unmet learning needs as well as specific skill deficits that are contributing to the child’s difficulties as part of a holistic assessment undertaken with the inclusion of parents/carers and the child/young person • A detailed individual plan reflecting the assess-plan-do-review steps • Interventions that are evidence based and 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs School Counsellors 	<p>As for prior phase and also:</p> <ul style="list-style-type: none"> • Child/young person will make improved progress with their learning • Skills learnt during targeted provision are practiced back in class and generalised throughout the day • Individual targets in plan are met • Child/young person will demonstrate better engagement and participation in their learning

<ul style="list-style-type: none"> • A lack of a range of social skills eg taking turns, working co-operatively and accepting the ideas of others • A poor view of self and low self-confidence, difficulty in working independently • Unsettled behaviour in class, limited concentration and organisation in relation to age expectations • Avoidance or upset when faced with new and unfamiliar tasks or people • Seeking to gain and maintain inappropriate or frequent close physical contact with adults (generally at primary age) • Overreacting when disapproval is shown, attention is withdrawn or when thwarted • Unsettled and disruptive behaviour in class which interrupts the progress of the lesson • Loss of temper or tantrums • Difficulty in maintaining relationships with members of staff eg more than once daily refuses to complete work, challenges practitioner's/teacher's requests, but sometimes backs down • Difficulty in maintaining relationships with child/children and young people eg minor scuffles in playground or classroom • Being a victim of bullying or intimidation or bullying or intimidating others • Social isolation; usually appearing to be on the edge of activities • High demand of adult attention • Being easily rebuffed and sensitive to 	<p>linked to assessed needs with measurable outcomes</p> <ul style="list-style-type: none"> • In Primary settings close monitoring by class teachers and the SENDCO • In Secondary settings close monitoring by the SENDCO or similar lead supported by class teachers • A high level of liaison with parents/carers to aid joint planning, monitoring and consistency of approach • More targeted staff training on supporting children and young people with Social, Emotional or Mental Health needs • Small group work in class which supports the differentiated curriculum and individual goals. This could include the teaching of specific social skills and language • Further modifications to the setting and environment to take account of individual needs • Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc. • Support through flexible grouping strategies. Additional focused adult support may be required at an individual level or within a small group • Structured activities to develop specific social skills in small groups • Consistent approaches in place to manage behaviour by all staff; this should be laid 		<ul style="list-style-type: none"> • Child/young person will be better able to develop positive relationships with adults and peers • Incidents of challenging or disruptive behaviour will reduce • Child/young person will work with increasing focus and independence • Child/young person and their parents report feeling more positive about school • Fewer incidents in unstructured times • Child/young person can work and socialise appropriately with peers • Improved attendance or punctuality <p>If progress is made and outcomes achieved, then the child can move back into Universal level support or continue to be supported at Universal Plus level of SEND Support</p> <p>If outcomes are not reached and progress is not made, consider if support should be</p>
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<p>disapproval</p> <ul style="list-style-type: none"> • Sullen, resentful and unhappy attitude and mood. High self-criticism; puts self down • Identified safety issues in relation to child/young person, or as a risk to others 	<p>out in a clear behaviour plan</p> <ul style="list-style-type: none"> • Support to develop emotional security and sense of belonging • Placement in a nurture group • Access to ELSA intervention • Visuals to support appropriate behaviour choices, including for social understanding (such as social stories) • Additional adult or peer support at transition and unstructured times • Use of a personalised work area to be accessed as necessary on a child led basis • The child or young person is effectively supported in the class alongside peers for the vast majority of their time in setting • Targeted use of pupil premium • Consideration of referrals to outside agencies 		<p>progressed to Partnership Plus level in discussion with SENDCO</p>
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SEND Support: (Partnership Plus)	Social Emotional and Mental Health		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Progress through the curriculum is significantly affected by their social and/or behavioural difficulties despite robust programmes of support and modifications to the learning</p>	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> • More in-depth assessment of the child/young person's underlying SEMH 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher 	<p>As for prior phases and also:</p> <ul style="list-style-type: none"> • Majority of outcomes in plan are achieved • Positive response to

<p>environment. In addition to the indicators outlined in previous phases, indicators might also include:</p> <ul style="list-style-type: none"> • Extremely withdrawn, disengaged, self-harming or anxious behaviours over a period of time • Persistent challenging, uncooperative, destructive and disruptive behaviours • Significant physical and verbal aggression in response to adults and peers • Frequent verbal and/or physical aggression towards others in general • Unusual, harmful or dangerous behaviour which poses a significant threat to self or others • The experience of a significant level of rejection by peers leading to an increase in social isolation • A high level of dependency and possible significant difficulties relating to their peer group • Frequent and prolonged mood swings • Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning and may lead to a period of absence • Signs of selective mutism • Difficulty following rules and highly challenging of authority • Refusal to attend school /significant absence periods • Breakdown in attendance • Exclusion or high risk of exclusion 	<p>needs with advice or input from outside professionals</p> <ul style="list-style-type: none"> • A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs • Assessment and advice from external support services and professionals where appropriate – to include for example Outreach or EP referral. Advice to be gathered and implemented as recommended • Consideration of a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed • A highly structured Individual Behaviour Plan drawn up and agreed with parents/carers’ input and shared/implemented by all staff and may involved outside agencies • A high level of care and supervision while encouraging independence and self-management • Access to high quality individual or group programmes used to develop social and emotional skills • Access to staff trained and skilled in supporting children with exceptionally challenging behaviour 	<ul style="list-style-type: none"> • SENDCO • Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs • Outreach Teacher • EP • Health visitor • GP /Paediatrician • CAMHS • Early Help • Social Care • Talkabout Practitioner • Primary Early Intervention Project (EIP) 	<p>specialist recommendations and advice provided by professionals</p> <ul style="list-style-type: none"> • New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning • Attendance increases and improved engagement in learning • Child is able to transfer intervention skills into different learning environments and activities – including during social times • Reduction in high level behavioural incidents • Reduction in potentially harmful behaviours to self or others • Child and parent report improvement • If outcomes are reached then support can be provided back through Universal/Universal Plus levels again.
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	<ul style="list-style-type: none"> • Flexible arrangements to provide a secure, structured and safe learning environment including making 'reasonable adjustments' to policies such as the uniform policy • Clear plans for the use of support to achieve agreed outcomes in their Individual Learning Plan/Behaviour Plan or similar • Flexible approach around access to curriculum eg access to time out, start and end-of-day arrangements • Planned activities at lunch/break times • Access to mentoring/buddy systems/peer support • Close liaison and joint planning with relevant professionals eg social care, CAMHS • PEHA training if required • Additional training for key staff on specific SEMH issues • For some children a holistic multi-agency plan will be required, co-ordinated by the SENDCO • For some children, a co-ordinated multiagency social care assessment should be considered 		<p>If progress is made and outcomes achieved, then the child can move back into prior phase</p> <p>If outcomes over a reasonable period are not reached, consideration should be made to request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact and is costly and above Element 2 funding of £6000.</p>	
<p>Helpful Links:</p> <ul style="list-style-type: none"> • BCP links are being updated 				

Statutory	Social Emotional and Mental Health		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Little measurable achievement despite a carefully planned and appropriately resourced series of interventions through the graduated response</p> <ul style="list-style-type: none"> • The child/young person is likely to have an identified medical or mental health condition that impacts upon their behaviour • There is evidence of extreme, complex emotional and behavioural difficulties of a long-term duration and frequency in a variety of educational facilities resulting in extreme difficulties for the child/young person and severely affecting other children/young people and/or adults • Ongoing assessment has indicated the pupil's difficulties are due to SEMH needs and are not primarily due to an unmet learning, communication or physical need <p>Difficulties may include:</p> <ul style="list-style-type: none"> • Significant long-term difficulty in maintaining relationships with staff and peers which has a substantial impact on learning • Extremely low self-esteem and emotional neediness through social withdrawal • Highly competitive in search for attention 	<p>As at prior phase/phases but also to include the following possible provision:</p> <ul style="list-style-type: none"> • Co-production of EHC Plan to address needs and agree outcomes for targeted provision • Key staff working with the child/young person have read and understood EHC Plan • All staff understand key areas of need, targets and agreed support, eg 'pupil passport' • Parents, child / young person understand and agree on the intervention, support and expected outcomes • Strategies and approaches to support individual needs are in place and based on specialist's advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision • Time and place for targeted 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs • Outreach Teacher • EP • Health Visitor • GP/Paediatrician • CAMHS • Early Help • Social Care • Therapeutic support • Counsellor 	<p>As for prior phases and also: Progress is evaluated against outcomes specified in EHC Plan and shorter-term goals in intervention plans</p> <p>These may include:</p> <ul style="list-style-type: none"> • Improved engagement and progress in learning • Reduction in significant behaviour incidents • Improved attendance • Ability to work for longer periods without direct supervision • Compliance with adult instructions • Ability to sustain positive friendships • Child and family more positive about school <p>If outcomes are reached, following discussion with the parents, setting, child/young person and statutory services team, consider whether support can be provided through Universal Plus/Partnership Plus levels without the need for a statutory plan</p>

Statutory	Social Emotional and Mental Health		School Age
<ul style="list-style-type: none"> • Destruction of own work or hard won social achievements • Demonstration of high levels of anxiety; clings and is tearful • Behaviour, emotional, social difficulty requiring planned positive/restrictive intervention /uncontrolled ADHD/ Anxiety Disorders i.e. medication required/taken but not effectively controlling behaviour in school • Frequent and significantly challenging and disruptive behaviour which includes refusal to accept the Practitioner's/Teacher's appropriate sanctions • Behavioural outbursts generally on a daily basis or more • Significant difficulty in following basic classroom routines and is exceptionally restless and inattentive for much of the school day over a sustained period of time • Initiates aggressive confrontations with peers • Has few constructive relationships with peers and seems isolated • Unpredictable emotional outbursts • Shows a high level of disaffection or anxiety which impacts on attendance • The child/young person requires a high level of supervision to ensure their own safety and that of peers and/or adults • Very provocative, aggressive and 	<p>provision is established and adhered to</p> <ul style="list-style-type: none"> • Support staff are involved in joint planning of targeted support with class/subject teacher • Structured teaching/ behavioural strategies should be embedded into programmes of work • Work presented in a manner to the child/young person's level of development • Appropriate adjustments to the environment to meet the individual needs and preferred learning styles (settings may need to access training) • Contingency plans in case of changes to routine or staff absence 		<p>Outcomes and provision can be updated and amended as needed through the annual review process</p>

Statutory	Social Emotional and Mental Health		School Age
confrontational behaviour which can include verbal and physical aggression towards peers and staff			
Helpful Links: <ul style="list-style-type: none"> • BCP links are being updated 			

School Age

Physical and Sensory

SEND Code of Practice 2015

6.34 Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health.

6.35 Some children & young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

Areas of Need

Sensory Impairment

Most children with sensory impairment will have been identified in early childhood and will already be accessing the relevant medical and audiology services by the time they start education. Other conditions may arise through accident or illness, such as conductive hearing loss or a degenerative sight condition.

Sensory impairment can impact significantly on a student's educational development, resulting in some cases in learning delay and language disorders. This requires careful assessment and intervention by schools as part of their SEND provision.

Students whose learning difficulties are associated with mild visual or hearing difficulties, such as monocular vision or mild conductive hearing loss, should be provided for within a mainstream setting, at the SEND Support level of intervention. Where correction is made for a minor visual (eg glasses) or hearing (eg grommets) conditions, the student should not require SEND Support. Those with more significant needs may require the support of external agencies and input from specialist teachers to enable them to access the curriculum.

Sensory Processing

The child/young person may have sensory processing difficulties including for example hyper/hypo sensitivity to touch, taste, sound, smell, visual stimuli, and/or proprioception and vestibular feedback.

Physical Difficulties

Children and young people with motor disabilities and severe medical problems are most frequently identified at the pre-school stage. Exceptions to this would be a child/young person experiencing severe trauma, possibly as the result of an accident or illness, leading to long term disability.

Physical disabilities or impairment may arise from:

- physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, or spina bifida
- severe trauma, perhaps as a result of an accident, amputation or serious illness
- degenerative conditions, like muscular dystrophy (Duchenne)
- moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties eg dyspraxia and autistic spectrum disorders
- moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes

Physical disabilities arising from this wide spectrum of need may show themselves by difficulties with accessing the physical environment of the school and its educational facilities and equipment. This could include whole school and class activities, especially practical subjects such as Physical Education and Technology/ICT and there may be specific safety risks. Physical difficulties may also impact on achieving independent self-care skills.

Some children will have difficulties with communicating through speech and other forms of language. Emotional stress, physical fatigue, complex learning and social needs and multi-sensory difficulties can also be experienced.

Quality First Teaching (Universal Support)	Physical and Sensory		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Sensory Impairment: The child/young person:</p> <ul style="list-style-type: none"> • May have mild hearing or visual impairment • May use hearing aids or glasses • May be colour blind <p>Sensory Processing: The child/young person may have sensory processing difficulties including for example hyper/hypo sensitivity to touch, taste, sound, smell, visual stimuli, and/or proprioception and vestibular feedback.</p> <p>Physical: The child/young person:</p> <ul style="list-style-type: none"> • May have some difficulties undertaking certain tasks due to their fine or gross motor skills • May have DCD - dyspraxia • May have stability problems but can walk unaided • May have low muscle tone • May have hypermobile joints 	<ul style="list-style-type: none"> • The child/young person has opportunities to be active and develop their co-ordination, control and movement • The child/young person is helped to understand the importance of physical activity and to make healthy choices in relation to food • Whole school ethos celebrates difference and promotes inclusion and independence • Staff understand the child/young person's condition, regarding both their abilities and difficulties • Opportunities are maximised for child/young person to join in physical activities and develop their independence • The curriculum is differentiated and presented to take account of individual needs (for example size of text, methods of recording, and expectations regarding work rate) • The environment is planned and adapted to maximise accessibility to the curriculum and premises for every child eg toileting facilities, ramps and grab rails • The child/young person may require access and space to use specialist seating, walking 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • Support Staff • First Aiders • School Nurse • Health Visitor • Mental Health First Aider • SENDCO 	<ul style="list-style-type: none"> • Improved access and participation • Child makes expected progress <p>If outcomes are not reached, consider progress to SEND Support level in discussion with SENDCO</p>

<ul style="list-style-type: none"> • May be delayed in achieving early milestones (KS1) <p>Children/young people have a wide range of physical and medical disabilities covering the whole ability range. Some children/young people are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may mean they need some short-term support, but it should not be assumed that they have special educational needs.</p>	<p>or standing aids or a wheelchair, as advised</p> <ul style="list-style-type: none"> • Staff working with child/ young person to have basic manual handling training and follow child's/young person's individual manual handling plan if required • School day may require adaptation if the child experiences physical fatigue, which impacts upon their ability to learn • Seating arrangements are considered in the class and in other parts of the school eg assembly/lunchtimes • Risk assessments are in place as appropriate and necessary • Policies are in place to describe accessibility, and support for those who need it • A sensory audit is used to identify possible sensory stressors • Staff ensure child/young person wears hearing aids or glasses if these are required • Staff ensure child/young person is included and fully participates in groups and has access to all being said • Health care plan if appropriate • child/young person's attention is gained before starting to speak names of pupils and responses from others are reiterated • child/young person's understanding is frequently checked • Supportive work buddies • Some individual and/or small group teaching to reinforce learning 			
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	<ul style="list-style-type: none">• Provision of short rest breaks• Support is given to promote confidence and emotional wellbeing			
Helpful Links: <ul style="list-style-type: none">• BCP links are being updated				

SEND Support (Universal Plus)	Physical and Sensory		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Despite quality first teaching and individualised support there are persistent difficulties which impact upon learning and progress</p> <p>Sensory Impairment: Moderate hearing or visual impairment which has a sustained impact on their ability to access the curriculum and / or comply with class routine and expectations (may use hearing aids)</p> <p>Sensory Processing: The child / young person has difficulty managing their sensory needs to an extent that is having a sustained impact on their ability to access the curriculum and / or comply with class routine and expectations</p> <p>The child / young person’s sensory sensitivities are raising their anxiety and arousal levels to a level where it is starting to impact on their emotional health and/ or ability to access the curriculum and classroom appropriately</p> <p>Physical:</p> <ul style="list-style-type: none"> Severe trauma, perhaps as a result 	<p>As at prior phase/ phases but also may include the following provision:</p> <p>Sensory:</p> <ul style="list-style-type: none"> Advice and staff training from specialist professionals, eg Hearing and Vision Support Service (HVSS), audiologist, OT / Physio CPD for key staff about meeting sensory needs Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout Labels and teaching materials in classroom clear and appropriate size Ensure contrast where necessary to identify hazards in environment or on stairs Some class resources may need to be individualised eg name labels etc and the provision of high contrast on whiteboards Use of resources and new technologies to support learning and recording (eg: adapted books, interactive books, magnifying equipment, assistive listening 	<ul style="list-style-type: none"> Child/Young Person Parents/Carers Teacher Support Staff SENDSCO ELSA Nurture Early Help Physio/OT HVSS School Nurse GP Paediatrician 	<p>As for prior phases and also:</p> <ul style="list-style-type: none"> The gap between the child/young person's progress in their areas of difficulty and areas unaffected by their sensory, physical or medical needs is closing or being maintained Greater participation in classroom activities <p>If progress is made and outcomes achieved, then the child can move back into Universal level support or continue to be supported at Universal Plus level of SEND Support</p> <p>If outcomes are not reached and progress is not made, after at least 3 ‘Assess Plan Do Review’ cycles, consider if support should be progressed to Partnership Plus level in discussion with SENDSCO</p>

<p>of an accident, amputation or serious illness</p> <ul style="list-style-type: none"> • Developmental delay • DCD – dyspraxia that is at a level that it has a sustained impact on curriculum access and progress • Degenerative conditions like muscular dystrophy eg Duchenne • Moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties eg dyspraxia and autistic spectrum disorder • Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes • Physical difficulties may result in difficulties in safely accessing the physical environment, facilities and equipment and/or difficulty in achieving independent self-care skills. Difficulties in communicating through speech and other forms of language • Emotional stress and physical fatigue • Child/ young person is not able to independently access the curriculum 	<p>devices, loop systems, dictation programmes)</p> <ul style="list-style-type: none"> • Teaching of particular skills to improve curriculum access eg touch typing (eg: ‘BBC Dance Mat Typing’) or dictation (for possible use with programmes such as ‘Dragon Dictate’) • Provision of appropriate equipment eg sloping board, pencil grips and adaption to resources • Assistance or supervision may be required at break and lunchtimes for mobility/safety • Small group intervention or fine/gross motor programmes (eg: the Fizzy Training Programmes by OTs) • Advice and staff training from specialist professionals eg OT, Physiotherapist or SALT for swallowing difficulties. • Use of strategies to promote social inclusion eg buddy system/circle of friends • Support with developing independent self-help skills and preparation for transitions and next stage 			
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SEND Support: (Partnership Plus)	Physical and Sensory		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes
<p>Sensory Impairment: Despite support and intervention at previous phases, the child / young person’s sensory impairment continues to have a significant and ongoing impact upon their learning</p> <p>Sensory Processing: The child/young person has difficulty managing their sensory needs to an extent that is having a detrimental and ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations</p> <p>The child/young person’s sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a detrimental and ongoing impact on their emotional health and/ or ability to access the curriculum and classroom appropriately</p> <p>Physical:</p> <ul style="list-style-type: none"> • Despite support and intervention at previous 	<p>As at prior phase/ phases but also may include the following provision:</p> <ul style="list-style-type: none"> • Implementation of motor skill or therapeutic programmes as prescribed by a Children’s Occupational Therapist or Children’s Physiotherapist • May need to further differentiate the physical curriculum and incorporate exercises into general class/PE lessons • Additional time and equipment may be required for toileting and personal care • Assistance may be required for eating and drinking at break or lunchtimes • Planning of school trips with reasonable adjustments to ensure inclusion 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support Staff • School Nurse • Mental Health First Aid SLE • Nurture Support • ELSA • Early Help • Outreach • Physio/OT • HVSS • Early Help • Social care support • GP • Paediatrician 	<p>As for previous phases and also:</p> <ul style="list-style-type: none"> • Positive response to specialist recommendations and advice provided by professionals • New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning • Reduction in negative behaviours and better engagement in learning • Education setting attendance increases and improved engagement in learning • Child/young person is able to transfer intervention skills into different learning environments and activities – including during social times <p>If outcomes are reached then support can be provided back through Universal/Universal Plus levels again</p> <p>If outcomes over a reasonable period (eg: 3 Assess, Plan, Do Review cycles) are not reached, consideration should be made to request an Education, Health and Care Assessment. This would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of</p>

SEND Support: (Partnership Plus)	Physical and Sensory	School Age
<p>phases, the child / young person continues to demonstrate physical difficulties, which have a significant and ongoing impact upon their learning</p> <ul style="list-style-type: none"> • Pupil has a known physical disability or medical condition which impacts upon their ability to participate in school life and learning if not provided with significant support. The child / young person may already be under the care of Children’s Therapy Services, Poole Hospital NHS Foundation Trust 		<p>minimum impact and is costly and above Element 2 funding of £6000</p>
<p>Helpful Links:</p> <ul style="list-style-type: none"> • BCP links are being updated 		

Statutory		Physical and Sensory		School Age
SEND Indicators	Pupil Provision/Support Examples	Possible Involvement	Expected Outcomes	
<p>Sensory Impairment:</p> <ul style="list-style-type: none"> • Bilateral Sensory hearing loss is severe and/or profound • Information perceived through hearing aids is more fragmented with significant features of speech barely audible or missing altogether • Expressive, receptive and functional use of language is significantly limited and speech intelligibility is variable • A severe and/or profound visual impairment and registered visually impaired • The child/young person's visual difficulty impairs mobility, emotional and social development • The child/young person is likely to require weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum <p>Sensory Processing: The child/young person has difficulty</p>	<p>As at prior phase/ phases but also may include the following provision:</p> <ul style="list-style-type: none"> • Co-production of EHC Plan to address needs and agree outcomes for targeted provision • All staff working with the child/young person have read and understood EHC Plan • Parents/carers, child and young person understand and agree on the intervention, support and expected outcomes • Strategies, equipment and approaches to support individual needs are in place and based on specialist advice • High quality training is provided for all staff involved in delivering and monitoring targeted provision and using specialist technology and equipment • Time and place for targeted provision is established and adhered to with targeted provision and its impact recorded on the school's information system • Support staff are involved in joint 	<ul style="list-style-type: none"> • Child/Young Person • Parents/Carers • Teacher • SENDCO • Support Staff • School Nurse • Mental Health First Aid SLE • Nurture Support • ELSA • Early Help • Outreach • Physio/OT • HVSS • Early Help • Social care support • CHAD • CAMHS • GP • Paediatrician 	<p>As for previous phases and also:</p> <ul style="list-style-type: none"> • Child is making reasonable progress towards EHCP outcomes and short-term targets • Child is increasingly able to use specialist equipment and aids • Communication and social skills are developing • Progress is made towards independence targets • Parents and child are confident about the next steps eg transition to next phase <p>If outcomes are reached, following discussion with the parents, setting, young person and statutory services team, consider whether support can be provided through Universal Plus/Partnership Plus levels without the need for a statutory plan</p> <p>Outcomes and provision can be updated and amended as needed through the annual review process</p>	

Statutory	Physical and Sensory		School Age
<p>managing their sensory needs to an extent that is having a significant, severe and ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations. (eg: significantly impacting on their attendance, their ability to be educated alongside their peers, their own and others' safety)</p> <p>The child/young person's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a significant, severe and ongoing impact on their emotional health and/ or ability to access the curriculum and classroom appropriately</p> <p>Physical:</p> <ul style="list-style-type: none"> • The child/young person is likely to have physical conditions that are complex, severe and long-term, requiring specialist support to access the curriculum • The child/young person will have significant additional learning, communication and/or behavioural difficulties • The child may need significant 	<p>planning of targeted support with class/subject teacher</p> <ul style="list-style-type: none"> • The amount of work set, how it is presented and recorded, is adapted according to the child or young person's concentration, stamina, physical abilities and health. 		

Statutory	Physical and Sensory		School Age
<p>support with: equipment, in the management of self-help, and the development of independence</p> <ul style="list-style-type: none"> • Rate of learning is limited and is likely to be affected by absences, fatigue and medication • The child/young person is likely to require at least weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum 			
<p>Helpful Links:</p> <ul style="list-style-type: none"> • BCP links are being updated 			

Acronyms Glossary

ADD	Attention Deficit Disorder
ADHD	Attention Deficit and Hyperactivity Disorder
AS	Asperger syndrome
ASC	Autistic Spectrum Condition
ASD	Autistic Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Service
CDDT	Complex Developmental Disorders Team
CLD	Complex Learning Difficulties
EHC	Education, Health and Care
EHCP (EHC Plan)	Education, Health and Care Plan
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
EPS	Educational Psychology Service
GP	General Practitioner
HI	Hearing Impairment

HLTA	Higher Level teaching Assistant
ICT	Information Communication Technology
LA	Local Authority
MSI	Multi-Sensory Impairment
OT	Occupational therapist
Physio	Physiotherapist
SALT	Speech and Language Therapy
SEN	Special Educational Needs
SLE	Specialist Leader of Education
SpLD	Specific Learning Difficulties
SENCDO	Special Educational Needs and Disabilities Coordinator
SEND	Special Educational Needs and /or Disabilities
SEMH	Social Emotional and Mental Health
SIS	Sensory Inclusion Service
SLCN	Speech Language and Communication Needs
SLD	Severe Learning Difficulty

TAC	Team Around the Child
TA	Teaching Assistant
TALKabout	Social Skills Programme
VI	Visual Impairment
SAW	School Attendance Worker
EIP	Early Intervention Project
PD	Physical Disability
KS	Key Stage
CHAD	Child Health and Disability Team
HVSS	Hearing and Vision Support Services