

Gloucestershire Guidance Booklet for
Professionals Working with Children and
Young People (0 – 25 yrs) with

Additional Needs including Special Educational Needs and Disabilities



Acknowledgements

This guidance document has been prepared with contributions from a wide range of people including:

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Creative camping © Active Impact – Creative Sustainability CIC

Foreword

The principles on which the SEND reforms are founded, provide us with a once in a generation opportunity to meet the aspirations and hopes of all children and young people in Gloucestershire who have additional needs, not just those who are disabled, or identified as having Special Educational Needs.

We have been working with partners across Gloucestershire to develop a single, graduated pathway for early identification and intervention to support all children and young people with additional needs - an approach which empowers them to become independent and successful on their journey, and, as far as possible, the author of their own life story.

I hope this guidance booklet, along with the other tools we have developed, will be useful in supporting the crucial role you play in each child and young person's life, as we strive to improve outcomes for all and enrich the lives of children and young people with additional needs.

A handwritten signature in black ink, appearing to read 'TBrowne', with a stylized flourish above it.

Tim Browne
Head of Special Educational Needs & Disability

July 2014

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Please note that the most recent version of this guidance booklet and associated documents can be found on SENCOSPOT. Please check this on a regular basis.

Gloucestershire's Vision for Special Educational Needs and Disabilities

Introduction

Ensuring that Gloucestershire children, young people and adults with special educational needs and/or disabilities (SEND) experience a high quality of life and education is at the heart of the guidance contained within this booklet. There is a strong emphasis that the inclusion of people with special educational needs and disabilities in society is everyone's concern and that in educational settings it is not something the Special Educational Needs Coordinator (SENCO) can achieve alone. At the heart of effective SEND coordination is the commitment to ensure that everyone has a right to achieve and enjoy life. A quality educational experience helps to build resilience and is a huge enabling factor in later life. This guidance booklet sets out Gloucestershire's response to the SEND reforms outlined in the Code of Practice so that the best possible outcomes for children and young people with special educational needs and disabilities can be achieved.

Gloucestershire County Council is committed to working in partnership with all education, health and social care agencies and settings to ensure that the needs of children and young people with special educational needs and disabilities remain the central focus of policies and practice. As part of this commitment this handbook is published to provide key



information and guidance to all educational settings in Gloucestershire with regards to fulfilling their responsibilities towards children and young people with special educational needs and disabilities. The aim is to inform inclusive, enabling and consistent practice across Early Years settings, schools and Post-16 Settings and ensure that all the necessary legislative requirements are followed and reflect the national, regional and local priorities and commitments to children and young people with special educational needs and disabilities.

This guidance should be read in conjunction with the 2014 SEN Code of Practice, which is underpinned by the principles in Part 3 of the Children and Families Act 2014, along with Gloucestershire County Council's SEND policy.

The website SENCOSPOT also provides up to date information for schools to support key staff in relation to the coordination of SEN within schools and settings

<http://www.gloucestershire.gov.uk/schoolsnet/sencospot>

This guidance booklet is intended as a broad framework within which educational settings can work. It is acknowledged that the circumstances within each individual setting will be different, as indeed are the needs of the children and young people whose learning is being supported.



Implications of Code of Practice 2014

Children and Families Act, 2014 - Effective from 1 September 2014

Identification of needs through an integrated approach to assessment and planning

- Starting early
- More streamlined
- Completed quickly
- Easier to understand
- Greater involvement of children, young people and their families

Focus on understanding the goals of children and young people and how to help them achieve their aspirations

- Focus on the strengths and interests of a child or young person, not what they can't do
- Focus on life outcomes - fulfilling their potential and enjoying a life of work, leisure and family in their own community

Greater involvement and participation for parents/carers and young people about services they and their family use

- Person centred approaches enable parents/carers, children and young peoples views to be taken account of
- Young people aged 16 and over to have final decision



Changes for all children and young people with additional needs, and their parents/carers



Information and advice must be provided on services available locally and how to access them

- Children and young people and their parents/carers know what they can reasonably expect schools, colleges, LA and local services to provide

Staff to have the necessary knowledge, understanding and skills to provide the right support

Services must be planned and commissioned jointly

- Involvement of children, young people and their parents/carers
- Requirement that education, health and social care professionals work together

Early Help – Integrated Pathway

The Children and Families Act 2014 requires changes to current practice to enable improved outcomes for children and young people aged 0-25 years with special educational needs and/or disabilities by providing integrated and outcome focused interventions from across education, health and social care. In Gloucestershire, we are taking this opportunity to bring together our processes for early intervention and targeted support into a single integrated pathway for all children with additional needs. Towards achieving this holistic and integrated approach, we will build on what we do well, recognise where we can improve and make the sensible changes that children, young people and parent carers want towards:

- A reduction in the amount and variety of assessments and plans which lead to confusion;
- A reduction in the multiple times families are asked for the same information across agencies;
- Feeling listened to and enabled to be part of the solution;
- A joined up approach that helps the 'whole' child or young person now and into the future;
- A more transparent and meaningful approach to how we identify needs early and allocate resources to meet outcomes.

What's changing?

The legislation and Code of Practice seeks a wholesale cultural change towards a person-centred, outcome-focused and future focused planning for children

and young people with special educational needs and disabilities. These changes concern both what we do and how we do it with the requirement that both aspects are clearly published and available to all via a Local Offer.

Some specific changes are that:

- School Action and School Action + will be replaced with one new category called 'SEN Support' across all phases of education;
- Statements of special educational needs will be replaced by Education, Health and Care Plans;
- Age eligibility for Education, Health and Care Plans extends from 0-25 years;

- The timescale from request for statutory assessment to the production of an integrated Education, Health and Care Plans Plan is 20 weeks, reduced from the current process to produce a Statement of special educational needs, which is 26 weeks.

The Early Help approach:

Early identification of additional needs is likely to happen in the universal sector i.e. services that are available to everyone in the community. The people involved will be those practitioners in universal services, such as:

- Early Years education, Children's Centres, Schools, Colleges
- Universal health services such as Health Visiting, School



Nursing, paediatricians and doctors

- Voluntary and independent provision of out of school and holiday activities.

This guidance is provided to help you navigate the Early Help integrated pathway; access the tools to support early identification of additional needs; support planning and engaging the right support as early as possible.

This guidance is based on the following principles:

- Every person is an individual with individual preferences, motivations and needs.
- Gloucestershire County Council and its partner organisations support all children who have additional needs including special educational needs and disabilities to be included in their communities and to reach their potential.
- Gloucestershire County Council and its partner organisations support families to have choice and control in decisions that affect them and their children.
- Wherever possible Gloucestershire County Council and its partner organisations will support children with additional needs to enjoy the same range of experiences and opportunities, and in the same places, as children with no additional needs.
- Health, education and care professionals will work together with families to build an integrated single plan for children with additional needs focused on achieving outcomes.



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Person-centred approach:

A person-centred approach is based on the principle that we are all individuals with our own unique experience, preferences and motivations. A person-centred approach is essential to ensure children and young people with additional needs and their families feel listened to and have choice and control over decisions made about them. A person-centred Early Help approach acknowledges the value of input

from those who know the child or young person best and the value of good working relationships and consistent communication as vital components in making the best use of our resources to help children and young people realise their full potential.

Person Centred Approaches – involving children, young people and families

Person Centred Principles on which the SEND reforms are based:

The views, wishes and feelings of the child or young person must be taken into account.

Their parents/carers' views must be taken into account.

The child or young person, and their parents/carers, must be able to participate as fully as possible in decision making.

They must be provided with the necessary information and support to achieve that decision.

The child or young person, and their parents/carers, must be supported to help the child or young person to effectively prepare for adulthood.

The essence of being person centred is enabling the active participation of children, young people and their families in the process of planning how to achieve their aspirations and outcomes for their life. The views of children, young people and families need to be sought at all stages of the processes of identifying and planning for the meeting of additional needs.

There is a multitude of different ways in which participation for children and young people and families can be increased:

- the young person could send out the invitations to their own progress review
- families could help to decide who needs to come - perhaps inviting a supportive friend or adult advocate for the young person,
- families could help to decide about the timing of meetings and venue.

Schools need to think about how they create a warm and welcoming environment, how they prepare children and young people for their reviews, how they maintain children, young people and parents' knowledge about services and resources available at all levels of the Code of Practice so they can be fully informed when making future plans, particularly at transition times. All schools can build on established good practice to ensure that they are person-centred in their approach to supporting children with additional needs.

"...I felt involved with the process. Able to express any opinions I had and felt what I said was listened to and included ..."

Year 9 Gloucestershire pupil



"He was able to respond to the questions posed and I was impressed by the quality and depth of his responses".

"...showed that he has ideas for his future and spoke very well."

Parent of Year 9 child

Gloucestershire's Local Offer (SEND): Schools and colleges

Under the new Children and Families Act 2014, every Local Authority must publish a local offer for SEN & Disability (SEND) by September 2014.

Schools are required to publish their own local offer providing details about how they will meet the needs of children and young people with special educational needs and disabilities. The requirements in relation to schools and colleges can be found in the Code of Practice available online.

To assist schools and colleges in meeting their obligations Gloucestershire's Local Offer workstream (including parents, a Headteacher and college Director) have produced a template

for schools and colleges. The template is also in response to a request from parents to make it as easy as possible for them to find information and consider options across different settings/providers.

The template is being circulated to schools and colleges, and is also available on the GCC Glosfamilies Directory <http://www.glosfamiliesdirectory.org.uk> in the Disability and Local Offer section <http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=1>

Schools and colleges are invited to complete the template and can then:

- Publish it on their own website as a pdf document OR

- Change the design and use the headings and publish it in their own style online as a pdf (Adobe) document OR
- Put it into HTML format (web page format) and publish it on their own website

Please email us at sendlocaloffer@gloucestershire.gov.uk when your school or college offer is available.

The Local Offer information must be updated, and reviewed at least annually.

What GCC will do

- Deliver Gloucestershire's Local Offer through the Family Information Service and The Key information service <http://www.gloucestershire.gov.uk/fis> <http://www.keywords.org.uk/>
- Provide a Local Offer template for schools and colleges <http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=1>
- Provide a link on the 'find a school' page to each school/college's Local Offer <http://www.gloucestershire.gov.uk/findaschool>
- Gloucestershire's Local Offer will enable (as required) comment and feedback from parents and young people on the Local Offer site and ease of access, and on the support and services available, including schools and colleges.



The role of the Special Educational Needs Coordinator

The provision of high quality teaching for children with special educational needs and disabilities is not a matter for the Special Educational Needs Coordinator (SENCO) alone; all teachers are teachers of children with additional educational needs. However, each school is required to have a nominated SENCO who must be a qualified teacher. All staff and parents must know who is the nominated SENCO. The importance of this challenging and highly rewarding role in schools has been reiterated in the 2014 SEN Code of Practice and the Children and Families Act 2014.

Whilst the day to day role will reflect the phase, type and size of the school, the key features are:

- contributing to the strategic development of SEND provision;
- overseeing the day to day operation (and periodic review) of the school's SEND policy;
- coordinating, tracking progress and evaluating the impact of the provision being made for pupils with SEND;
- ensuring the full inclusion of SEND pupils within in the school community and access to the school's curriculum, facilities and extra-curricular activities;
- liaising with and advising other teachers
- the effective deployment and performance management of learning support staff
- maintaining detailed records of the

provision made for children and young people with SEND

- liaising with parents and carers
- contributing to the professional development of staff
- liaising with external agencies
- deploying the SEN budget and reporting on how it is spent
- reporting on the progress of children and young people with SEND

The Code of Practice envisages that the SENCO will provide professional guidance to colleagues with the aim of securing high quality teaching of pupils with SEN and that they will therefore lead teaching and learning and the coordination of provision for pupils with SEN in their school. It is recommended that SENCOs are members of the school's Senior Leadership Team. There is an element of bureaucracy involved in SEN coordination and access to administrative support is essential to allow the SENCO to focus on the core, and specialist, aspects of the role.

In 2009 The Education (Special Educational Needs Coordinators) (England) (Amendment) Regulations 2009 made it a legal requirement that every new SENCO in a mainstream school gain the Master's-level National Award for Special Educational Needs Co-ordination within 3 years of taking up the post. The Education (Special Educational Needs Co-ordinator) (England) Regulations 2014 further prescribes the qualifications and experience the

nominated SENCO must hold.

The Education (Special Educational Needs Co-ordinator) (England) Regulations 2014 can be viewed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/251875/Consultation_on_draft_0_to_25_Special_Educational_Needs_SEN_-_SENCO_regulations.pdf

The National Award for SEN Coordination has nationally agreed learning outcomes and it is recommended that even SENCOs who are not new to the role consider studying for the award (which can contribute towards a masters degree). Your school's allocated SEN Monitoring and School Support Officer can provide further details.

The learning outcomes which form the National Award for SEN Coordination can be viewed here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292826/130611_nasc_learning_outcomes_final.pdf

Early Years

Maintained nursery schools must have a designated teacher responsible for SEN provision.

Post-16

Colleges should ensure there is a named person with oversight of SEN provision to coordinate support - similar to the role of a SENCO in schools.

The role of the Special Educational Needs Governor

Governing Bodies have a strong focus on three core strategic functions:

- a. Ensuring clarity of vision, ethos and strategic direction;
- b. Holding the headteacher to account for the educational performance of the school and its pupils; and
- c. Overseeing the financial performance of the school and making sure its money is well spent.

The DfE's Handbook for Governors was updated in January 2014 and can be viewed here:

<https://www.gov.uk/government/publications/governors-handbook>

There should be a nominated link Governor, or Governors, for SEN, who plays a key role in the strategic leadership and development of SEN provision, offering appropriate support and challenge in relation to the above areas with a specific focus on SEN.

The SEN Governor will inform the Governing Body on all aspects of SEN in the school to ensure that SEN work is valued and well-supported in the school.

SEN Governors will need to carry out these responsibilities in a number of ways:

- o informing themselves about SEN systems and practices in school through meetings and school visits
- o ensuring that the progress of learners with SEN is closely monitored through reviewing and understanding internal and external data
- o understanding how the notional (delegated) SEN budget is used and ensuring that wider financial decisions do not adversely impact on the support for pupils with SEN
- o understanding the national and local context of SEN support
- o using their school visits to inform themselves about the work the SENCO is leading
- o ensuring that the views of pupils and parent/carers in relation to the SEN provision that is being made, are sought
- o building a trusting and supportive relationship with their SENCO

- o putting together an annual report on SEN with input from SENCO and Governing Body Committee (if relevant) which is published on the website and updated annually

As part of this role, the SENCO and the SEN Governor may meet periodically, alongside the more formal reporting systems that will be in place. This will enable the SENCO to update the SEN Governor on the progress of children and young people with SEN and how they are being supported, along with the priorities for whole school development that the SENCO may have identified. The SEN Governor's interest should not be around the arrangements that are in place for individual pupils, but rather how the cohort is being supported as a whole.





SENCOs are advised to share the outcomes of the annual SEN Self Review exercise with their SEN Governor. The SEN Self Review tool (SSR) has been developed by the Local Authority to help SENCOs, Head Teachers and Governing Bodies record their effectiveness in relation to SEN provision and contribute to the overall development plan. This is updated in line with revisions to the OFSTED Framework and the current version can be viewed on SENCOSPOT.

In addition to the SENCO reporting to the Governing Body; Section 69 of the Children and Families Act 2014 places a duty on Governing Bodies to prepare an 'SEN information report' setting out information about:

- outlining how the school identifies children with SEN
- may include the number of children with SEN
- the implementation of the published SEN policy;
- the arrangements for the admission of children and young people with SEN
- the steps taken to prevent children and young people with SEN from being treated less favourably than other pupils
- the facilities provided to assist access to the school by disabled pupils
- details of the school's accessibility plan

The outline of this information would form the basis of the Annual Governors Report on SEN to be published on the website.



Identification of needs through Integrated Approach to Assessment and Planning

The Early Help Approach

The changes proposed through the Children and Families Bill to enable improved outcomes for children and young people aged 0-25 years who may have special educational needs and/or disabilities provides a unique opportunity to bring together a range of processes from early intervention and target support, to the statutory level Education, Health and Care Plan, into one integrated pathway.

The legislation requires an integrated approach to assessment and planning ensuring children, young people and families are central and enabled to co-produce one single outcome focused plan.

This approach builds on the person-centred approach of the 'structured conversation' within the Achievement for All programme to improve outcomes in SEN, by enabling an integrated approach across all areas of a child/young person's life right from the start of early intervention across education, health and care.

In line with current best practice, early identification of needs is

essential followed by having an open conversation with the child, young person and his/her parents to discuss these needs and ways of providing support to meet specific and agreed outcomes.

This approach also supports a graduated approach to both recording and monitoring progress of children and young people with SEN and/or Disabilities so that knowledge and understanding of what is working and not working to help a child can be gathered and built upon. This information also helps to inform other agencies when additional input is required from them.

This is a dynamic approach to accommodate and reflect the changing nature of a child or young person's needs; recognising that over time a child or young person may need more, less or different support and resources as they progress through education and into adulthood.

This graduated response and process will allow educational settings to build up a picture of need and support that can be used in the statutory assessment process if a decision is made that a child or young person needs the

support of an Education, Health and Care Plan.

The various stages of this graduated response are outlined below:

Universal – a one page profile 'My Profile' that invites all children and young people aged 0-25 years to provide person-centred information which may include: what is important to them; their hopes and goals; and what helps them and doesn't help them. This information may be used for transition planning.





My Plan – early identification of additional needs associated with learning, health, emotional wellbeing, social inclusion, care, communication. As soon as a child or young person is identified with additional needs, or as not making expected progress, the main practitioner involved with the child or young person would meet with the child or young person and his/her parent / carers to complete a plan that identifies the needs, outcomes and actions needed to address the needs identified. My Plan should use the person-centred information in ‘My Profile’ to inform the outcomes and ways in which they could be met that would best suit the individual child. My Plan needs to be reviewed regularly (every 6 weeks) to monitor progress to look at what is

working and not working in order to make adjustments to enable outcomes to be met.

My Plan + – where needs have been identified which require assessment and intervention from different agencies a multi-agency framework will ensure that all assessments and support planning can be brought together into one single plan. The My Plan format can be used for this, but it is recommended that a multi-agency assessment format is used when needs are more complex and there are a number of agencies involved. This will help the child, young person and his/her family experience a more co-ordinated and joined up approach. Information from the My Plan + will be needed to inform the constructing of an Education,

Health and Care Plan should that be appropriate.

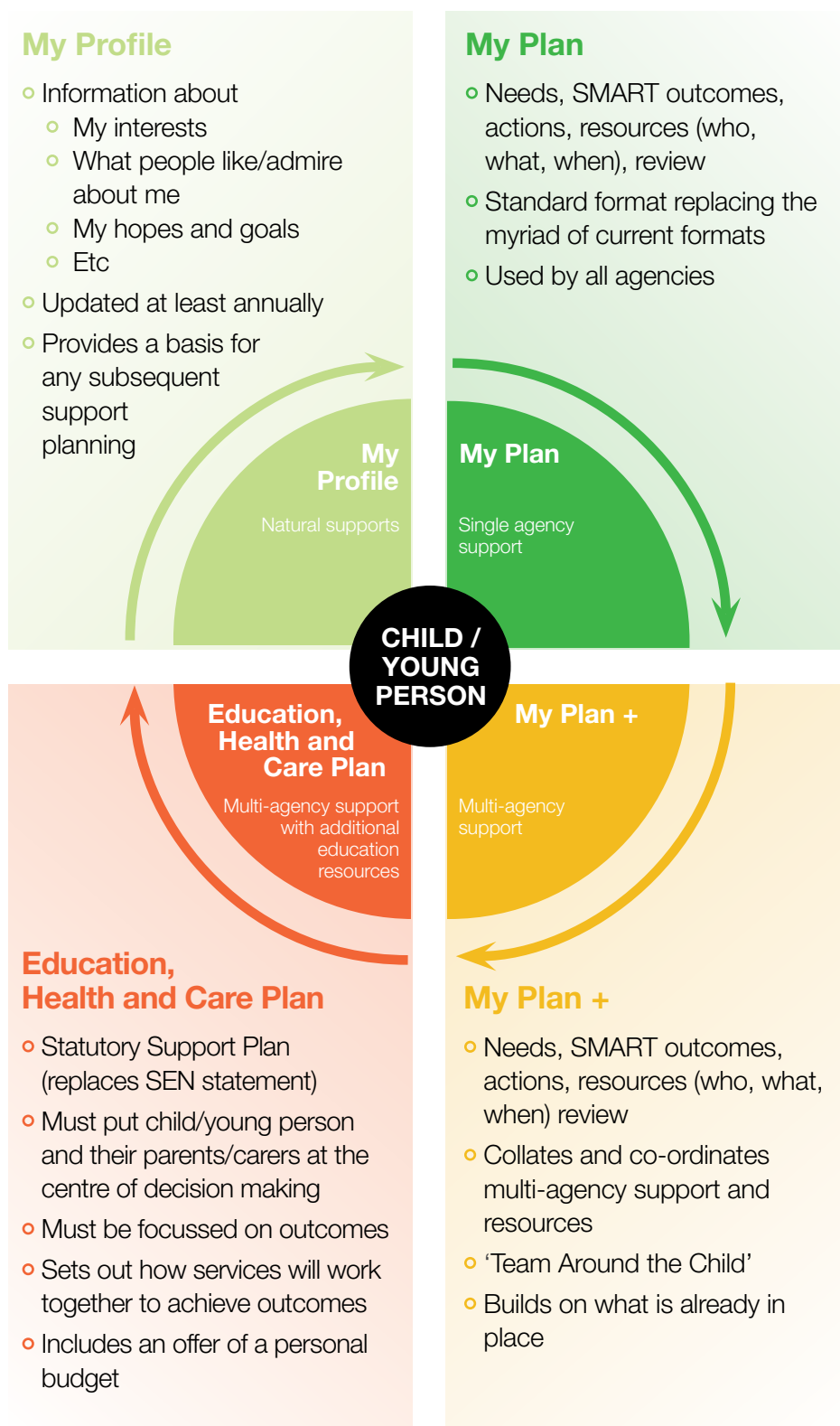
Education, Health and Care Plan – Some children and young people with significant educational needs may require a higher level of support through a statutory Education, Health and Care Plan.



Principles of the graduated approach:

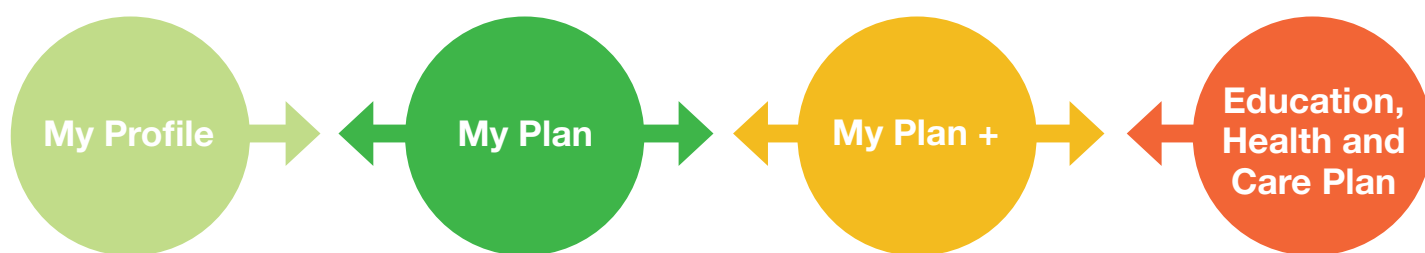
- ✓ Helping people to help themselves
- ✓ A local offer to make it as easy as possible for people to find what they require to meet the needs of children and young people without needing or wanting professional support
- ✓ A single, integrated and graduated pathway from self-directed support through to Education and Health Care Plans
- ✓ Processes designed to synchronise planning and commissioning - across health, education and social care
- ✓ A journey for all children with additional needs that is a partnership between children, young people, parents, carers, professionals
- ✓ A commitment to share full information with children, young people, parents and carers
- ✓ Transparency at all stages in decision making and resource allocation

The Graduated Plans for Gloucestershire



The pathway for the graduated and integrated approach





Throughout the graduated and integrated approach there needs to be an open conversation with families and everyone involved about the following:

Person centred open conversation with families



- ✓ Agreeing the lead professional
- ✓ Co-ordinating the assessment information
- ✓ Completing an integrated needs analysis
- ✓ Agreeing a single list of outcomes
- ✓ Considering the resources available
- ✓ Including the resources for personal budgets, where available
- ✓ Identifying options for achieving the outcomes
- ✓ Not just standard solutions - informal support and community solutions
- ✓ Costing the options and evaluating the risks/benefits of each
- ✓ Drafting a plan to achieve SMART outcomes within available resources



At all points throughout the graduated pathway children will achieve outcomes which may enable the amount of support to reduce and a **My Plan +**, for example, could change into a **My Plan**. It is important that the integrated process is viewed as a flexible and dynamic one that matches provision to current need, for example, children could move from a resource such as a special school into a mainstream school with appropriate support.

Step-by-step guidance

My Profile

This helps a child or young person share personal information in order to help those working with them understand their motivations, preferences, goals and self-image. Areas for completion within a **My Profile** could include: 'What is important to me'; 'What helps me'; 'What does not help me'; 'My hopes for the future'. The design of this template may vary depending on a child or young person's interests and preferences.

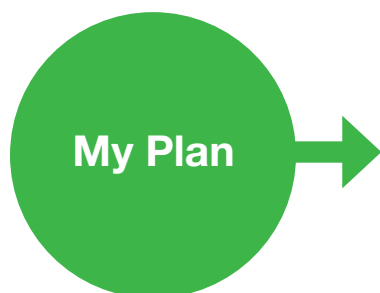
There are many ways of providing a child or young person with opportunities to complete their profiles either as part of a classroom activity, during tutor group time, in a mentoring session with support or by themselves.

As **My Profile** shares personal information, it needs to be treated with respect. A child or young person should be informed how the information will be used: for example, as part of lesson planning, helping to plan transition to another year group, class or school; as a guide to help with individual support planning. Most of these children or young people will not be identified as having Special Educational Needs.

The image shows a 'My Profile' template designed to look like a dog's collar. At the top left is a cartoon dog's head. Below it are two main sections: 'What is important to me?' on the left and 'What helps me?' on the right. The 'What is important to me?' section contains a grid of eight paw print icons. The 'What helps me?' section contains a large blank area and a smaller section at the bottom right with the question 'What does not help me?'. At the bottom of the template is a section titled 'My hopes for the future:' with three dog silhouettes. A small cartoon dog is also at the bottom right of the main section.

For other examples of **My Profile**, see SENCOSPOT.





This is a simple action plan (similar to an Individual Education Plan) written by a setting or a key professional to address and achieve agreed outcomes in order to meet a child or young person's identified additional needs. A **My Plan** is a proportionate response that does not necessarily require multiple assessments from other professionals and is used where there are needs that cannot be sufficiently met by universal provision. This universal provision includes teachers providing differentiated work and creating an inclusive environment and would draw on the universal provision described within the Gloucestershire Intervention Guidance at the end of this booklet.

If a **My Plan** is considered to be an appropriate next step you need to gain the informed consent of the child or young person and their parents/carers so they understand and agree that a support plan is needed (see example of Consent Form on SENCOSPOT). The **My Plan** should be completed with the child or young person and their parents/carers and incorporate the information from the child or young person's **My Profile** to ensure that the resulting **My Plan** is person-centred.

The **My Plan** sets out the needs, outcomes, actions and resources to be used to achieve each of the agreed outcomes. The child or young person and their family should be encouraged to share their thoughts and ideas to develop the **My Plan**. Families need be included within the actions of the **My Plan**. Many of the outcomes could be achieved through resources within the community and family.

The **My Plan** should be written in language that is easily understood by all parties involved with outcomes that are specific, measurable, achievable and realistic for the child or young person. The review column of the **My Plan** can be used to show whether outcomes have been achieved within the given timescale.

The **My Plan** could focus on any area of need within a child or young person's life not necessarily related to an education, or learning need. For example, the **My Plan** could focus on supporting a medical, physical, sensory or social, emotional or mental health need. All such needs have an impact on a child or young person's learning. If the full holistic needs of a child are not addressed in a **My Plan**, it is unlikely the child will achieve their outcomes and reach their full potential. The **My Plan** is an action plan to meet identified needs through agreed outcomes similar to those previously

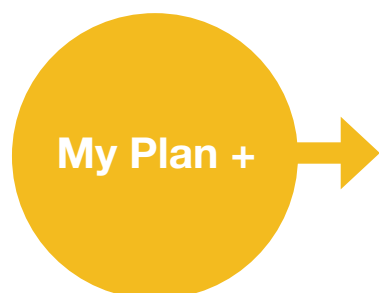
recorded as an Individual Education Plan or Health Visitor Plan.

See opposite for an example of a **My Plan** proforma >>>



My Plan example:

Area of my life	My needs: What I find difficult now	My outcome: These should be specific, measurable, agreed, realistic and timed with a review date	Actions: What will help me achieve my goals	Resources used: What is being used to help me achieve my goals (Who will do what, when and how often)	Review date: What is working and not working
About my					Achieved: Partly achieved – carry on: Partly achieved – need changes: Not achieved – carry on/need changes/need advice:
About my					Achieved: Partly achieved – carry on: Partly achieved – need changes: Not achieved – carry on/need changes/need advice:
About my					Achieved: Partly achieved – carry on: Partly achieved – need changes: Not achieved – carry on/need changes/need advice:
About my					Achieved: Partly achieved – carry on: Partly achieved – need changes: Not achieved – carry on/need changes/need advice:
Additional advice or support required? Yes/No		Name	Agency	Date	Response received:



After **My Plan** has been in place for some time and has been reviewed several times it may be deemed necessary to widen the breadth and/or focus of the support offered to the child or young person. This would be the case if the concern remains and little progress has been made towards the agreed outcomes. (It may be that these agreed outcomes require adjusting and monitoring through a review progress before making the decision to move to a **My Plan +** multi-agency action plan.) A **My Plan +** is put in place when a child or young person has multiple needs that require assessment by other professionals. A **My Plan +** should be coordinated by a Lead Practitioner. A Lead Practitioner will be the person most involved with the child or young person and in a position to co-ordinate appropriate levels of support.

Consent: The Lead Practitioner meets with the child or young person and their parent/carers to discuss concerns. This discussion should include:

- Seeking the views of the child or young person about their thoughts and aspirations for the future.
- Seeking the views of the parent/

carers about their hopes for their child now and into the future, how they support their child, what helps them as a family.

- Explaining why a **My Plan +** is needed and why involvement or assessment by others is required, what would be involved and what the benefit this would be to the child or young person.
- Gaining informed consent (see example of Consent form on SENCOSPOT).
- The Lead Practitioner refers the child to appropriate agencies or services who become part of a Team Around the Child.

Analysis of Assessment:

If needed, this form will help the Lead Practitioner collect and collate information from assessments, advice and input from other agencies and professionals. The Lead Practitioner should complete the following sections of the form before sending it to the professionals who will provide an analysis of a new or existing assessment and advice:

- Identifying details of child or young person
- **My Profile** (details about the child)
- About my family

The Lead Practitioner should send the partially completed Analysis of Assessment form to all those working with the

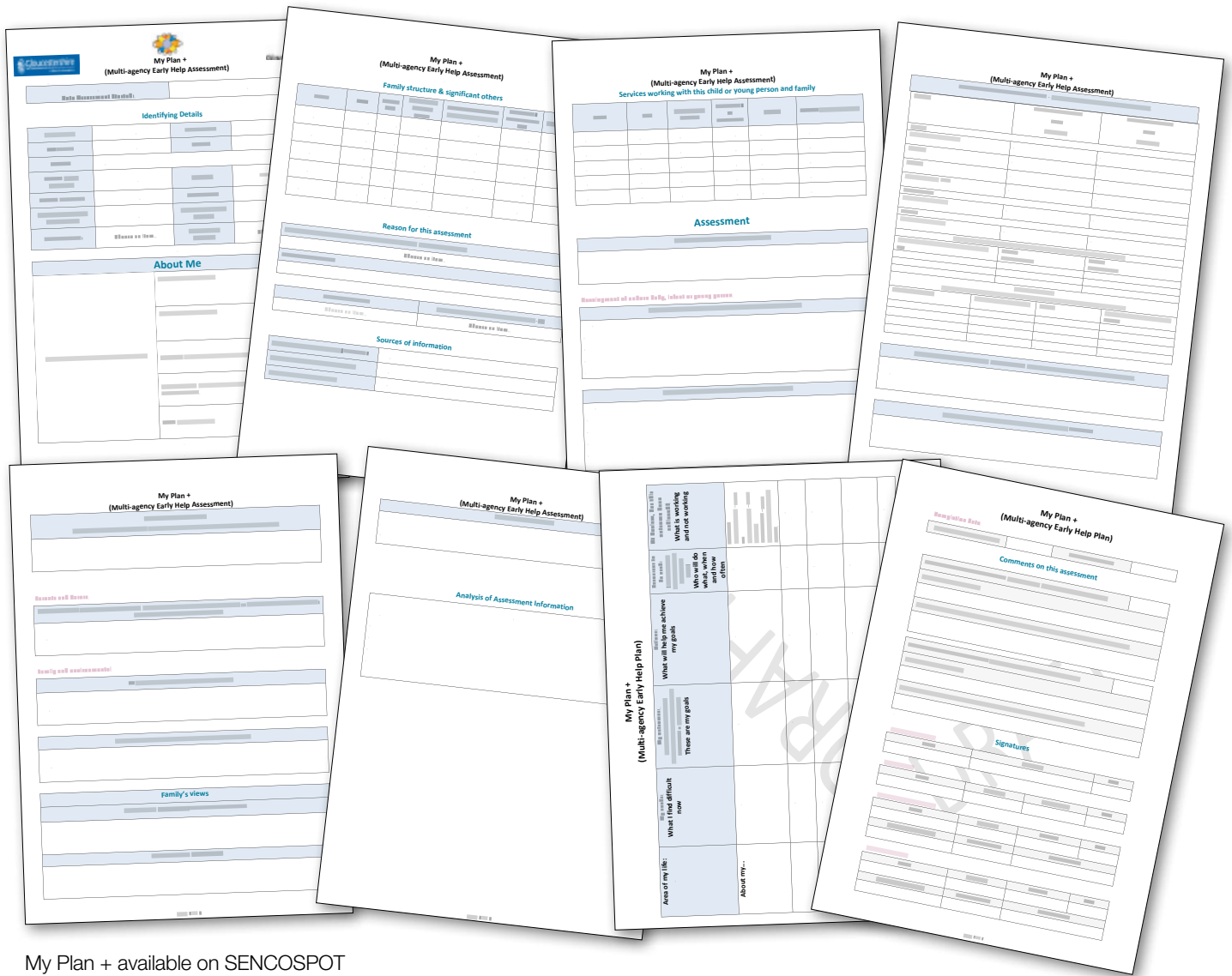
child and request that they summarise their involvement with the child and provide an analysis of any assessments they have conducted. The Analysis of Assessment form can be used to summarise involvement over time, it is not necessarily to be used to initiate further assessment. Everyone contributing to the assessment and planning for a child or young person is part of the Team around the Child. The Lead Practitioner should indicate the timescales by which the Analysis of Assessment forms should be returned to enable the **My Plan +** to progress as soon as possible.

Guidelines on expected timescales would be:

- Up to 3 weeks when the child is already known to the recipient
- Up to 12 weeks when child is unknown

Assessments and associated completed Analysis of Assessment forms showing the needs, impact, outcomes and actions recommended should be returned to the Lead Practitioner within these timescales. The Lead Practitioner then integrates the information received from these assessments into the **My Plan +** template.

The Lead Practitioner arranges a Team around the Child meeting, the members of which includes parents/carers and child or young person, so the information



My Plan + available on SENCOSPOT

which has been collated can be discussed. The team will agree the outcomes, actions and resources to meet the identified needs from across all areas of the child or young person’s life.

The **My Plan +** is then implemented and any recommended interventions and/or support put in place. The **My Plan +** needs to refer to the Gloucestershire Intervention Guidance as well as drawing on any health and social care provision. It may well be that specialised equipment can be sourced from community or charitable organisations. Schools need also

to consider whether Pupil Premium can be used to fund some of the targeted interventions and/or support. The **My Plan +** needs to be reviewed on a regular basis to ensure it remains appropriate and cost-effective. The SMART outcomes should be adjusted at these reviews to ensure positive outcomes are met. The SMART outcomes should be ambitious but not unattainable. The information provided by the Analysis of Assessment should be used to guide these outcomes. Overtime it may well be that further guidance is required. The Team around the Child reviews should be conducted

in a person-centred manner to ensure that the child or young person and their families continue to be comfortable and happy with the support plane. It may well be that the **My Plan +** could be converted to a My Plan in light of the progress made.



Education, Health and Care Plan

Considering an Education, Health and Care Plan:

If you are considering making a request for an **Education, Health and Care Plan**, it is advisable to contact the SEND Casework Team for advice. A SEND Casework Officer may be invited to attend a Team Around the Child review of **My Plan +** and offer the following advice:

- To contact a particular service that has not been engaged with already but that will be able to further support the child or young person;
- To liaise with other professionals to suggest a different approach that may yield the desired outcomes and review in another 6 weeks;
- To collate all evidence, which includes views from the child, young person and family and make a request for **Education, Health and Care Plan**;

Requesting an Education, Health and Care Plan:

When, following reviews of **My Plan +**, it is clear that the child or young person has educational needs that cannot be met without additional resources, an

Education, Health and Care Plan

may be necessary. Please refer to the **Education, Health and Care Plan** request checklist on SENCOSPOT to ensure evidence of the interventions already taken can be demonstrated.

It is important that the request form is accompanied by **ALL** the evidence required.

The Education, Health and Care Plan process (20 weeks)

The statutory process begins when a request has been received by the Local Authority from:

- the parent or carer of a child or young person
- from a young person over the age of 16 years
- or from a person acting on behalf of an education provider (ideally with parental permission).

A multi-agency Panel meets weekly to consider requests for statutory assessment and based on the evidence presented will make a decision whether a statutory assessment will proceed or not. If the decision is not to proceed with a statutory assessment an SEND Case Work Officer will contact the lead professional with the reasons given by the Panel together with any recommendations. Support for the child or young person will continue through **My Plan +**.

If the decision is to proceed with a statutory assessment the SEND Plan Team will request advice from all those already involved with the child or young person with an Analysis of Assessment form.

The evidence received by the SEND Plan Team will be used by the multi-agency Panel to decide whether to proceed and issue an **Education, Health and Care Plan**. Following this decision a SEND Case Work Officer will coordinate the production of the **Education, Health and Care Plan** together with the family and Team Around the Child.

What this entails

A Team Around the Child meeting will be co-ordinated by a SEND Casework Officer which brings together all those involved with the child or young person to agree a single list of outcomes and draft a Plan that will achieve those outcomes. This draft Plan will need to be costed to show how much each element of activity will cost to provide.

A costed Draft Plan is returned to Panel for a decision on resourcing or funding for up to 12 months.

Once agreed, a final **Education, Health and Care Plan** is issued with a specified review date.

SEN Personal Budgets explained

Essential Facts:

- A SEN Personal Budget is funding available to achieve educational outcomes in an Educational, Health and Care Plan that cannot be met within existing resources.
- The SEN Personal Budget will include the cost of current provision as well as any new provision commissioned.
- All children and young people assessed as needing, or with, an Educational, Health and Care Plan will have the option of a SEN Personal Budget from September 2014.
- SEN PBs are optional for parents and young people but Local Authority is under a duty to prepare a budget when requested.
- A SEN Personal Budget is not a Direct Payment. Direct payments are for families who wish to manage the budget. This must be agreed by the Head Teacher if provision is on school site.

Frequently Asked Questions:

What funding streams are available for Personal Budgets?

- High Needs Block Fund (Element 3)
- Additional Support Funding (Element 2)
- Pupil Premium (if applicable)
- Care (eligibility criteria applies)
- Health (eligibility criteria applies)

How will SEN Personal Budgets impact on school budgets?

- First £6,000 of additional support required by a pupil with high needs from notional SEN budget. In Gloucestershire, for pupils with high needs requiring additional support costing more than £6,000, the number of high needs pupils for whom schools & academies are expected to contribute will be restricted to 1 for every 75 pupils on roll, rounded to the nearest whole number.

Can parents employ workers in our school?

- Only if this is agreed in the Educational, Health and Care Plan and Head Teacher is in agreement

How is a Personal Budget calculated?

- Local Authority will use the matrices plus school contribute ASF funds
- Care complete a Resource Allocation System
- Health complete a Care Needs Assessment

Will Personal Budgets mean a lot of work?

- This is unknown as yet. Key skills and functions are being identified to inform training needs for staff across all sectors

What can a SEN Personal Budget be used for?

- Any provision on agreed plan to support educational progress (Health and Care funding may be available to achieve health/care outcome)

Useful Links:

SEND Pathfinder Link:
www.sendpathfinder.co.uk

GCC SEND Link:
www.gloucestershire.gov.uk/extra/SENchanges

Email: SENDprogramme@gloucestershire.gov.uk

More information about SEN Personal Budgets can be found on SENCOSPOT.

Reviewing Education and Health Care Plans

The Annual Review process is an essential tool in order to review and monitor an Education and Health Care Plan. It is a statutory requirement for the Local Authority to review an active plan at least annually in order to monitor and evaluate Special Educational Needs and Disability provision. Where there are extenuating circumstances that do not allow for the review to take place within the 12 month period, parent/guardian permission should be sought in writing and the educational context should inform the Local Authority. The review process should reflect the natural circumstances of the child or young person's situation at that time, for example review dates may need to be moved to relate more appropriately to a key stage phase transition.

The review process is a natural opportunity to ensure that the family of the child or young person is involved in planning and decision making with regards to provision and personal budgets where applicable. It is good practice for educational contexts to be mindful in their planning and implementation of making the preparation, the meeting and post review actions to be person centred in their nature. There is further leaflet for guidance about this model and approach in the Code of Practice and on Gloucestershire's SEND website SENCOSPOT at <http://www.gloucestershire.gov.uk/extra/sencospot>



The purpose of the review is to ensure that there is monitoring and planning that is focussed upon the child or young person's needs and progress. As a result it is essential that a variety of viewpoints are captured and inform the decision making in this process with all relevant adults and professionals involved with the child or young person being invited to reviews. To aid this process invitations should be sent out at the earliest opportunity but within 2 weeks of the meeting to all interested parties. Copies of the post-review paperwork should then be sent out to all parties who had been previously invited and any additional adults as agreed at the review. After the review paperwork should be with the LA within 10 school days or within reason

before the end of a school term, whichever is the earliest date.

With transition reviews the receiving setting should also be invited to participate in the meeting to aid good transition planning for the child or young person with Special Educational Needs and Disability. Where alternative settings are likely to be named such as at the Y5 review it is good practice to invite the potential receiving setting in order to inform decision making.

Annual Review paperwork is available on SENCOSPOT via the following link <http://www.gloucestershire.gov.uk/extra/sencospot> and more detailed statutory guidance can be found in the Code of Practice.

Benefits of Provision Mapping

Provision mapping takes into account the full scope of provision, including high quality, whole class teaching, guided and group work and individual interventions in order to identify and overcome potential barriers to learning and meet the needs of all pupils within and beyond the school setting.

Provision mapping is a constructive process which enables settings to reflect on their resources in order to meet the needs of children and young people with additional needs effectively and efficiently. The provision mapping diagram below (Natalie Packer, 2014) highlights

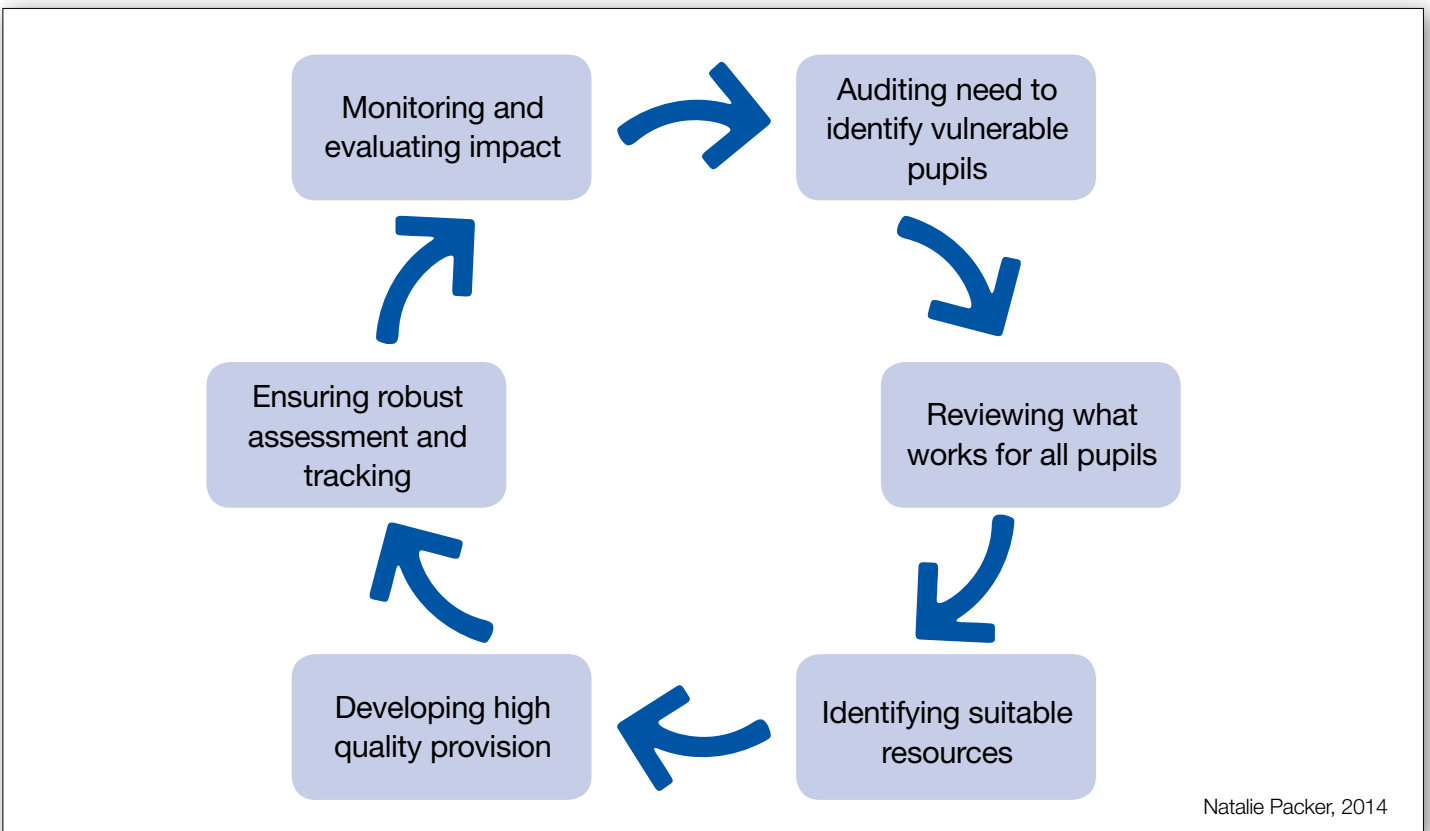
six key areas designed to support school leaders' thinking about whole school improvement and to help them make informed choices to maximise the impact of pupil support at their schools. (Links to further information about provision mapping and examples can be found on SENCO Spot.)

Provision Management has many benefits including enabling the school to:

- Plan strategically to meet needs of pupils
- Audit how well provision matches need and recognise gaps
- Allow planning of staffing and skills

- Provides overview of provision for others and demonstrate how support is deployed
- Inform parents, Ofsted and others about provision
- Evaluate the effectiveness of interventions on pupil outcomes
- Cost provision effectively and demonstrate accountability .

(See page 40 for additional information about recording provision and monitoring and evaluating the impact).



Intervention Database

Intervention	Type	Delivered by	Group size	Session length (mins)	Cost/line per week	Weeks in Act	Cost per pupil	Cost per intervention	No. of 1000 pupils/enrolment full	Any additional shared cost	Total cost of intervention type
1 Catch Up	Reading	Teacher	10	15	1	11	£ 250.00	£ 250.00	1		£ 250.00
2 Reading Recovery	Reading	Teacher	10	45	6	12	£ 45.00	£ 270.00	1		£ 270.00
3 Home Reading	Reading	Peer	10	15	2	16	£ 0.00	£ 0.00	10		£ 0.00
4 Handwriting Clinic	Handwriting	TA	6	15	3	8	£ 11.00	£ 33.00	3		£ 99.00
5 Talk Bank	Speech & Language	TA	4	20	4	16	£ 18.75	£ 75.00	3		£ 225.00
6							£ 0.00	£ 0.00			£ 0.00
7							£ 0.00	£ 0.00			£ 0.00
8							£ 0.00	£ 0.00			£ 0.00
9							£ 0.00	£ 0.00			£ 0.00
10							£ 0.00	£ 0.00			£ 0.00
11							£ 0.00	£ 0.00			£ 0.00
12							£ 0.00	£ 0.00			£ 0.00
13							£ 0.00	£ 0.00			£ 0.00
14							£ 0.00	£ 0.00			£ 0.00
15							£ 0.00	£ 0.00			£ 0.00
16							£ 0.00	£ 0.00			£ 0.00
17							£ 0.00	£ 0.00			£ 0.00
18							£ 0.00	£ 0.00			£ 0.00
19							£ 0.00	£ 0.00			£ 0.00
20							£ 0.00	£ 0.00			£ 0.00
21							£ 0.00	£ 0.00			£ 0.00
22							£ 0.00	£ 0.00			£ 0.00
23							£ 0.00	£ 0.00			£ 0.00
24							£ 0.00	£ 0.00			£ 0.00
25							£ 0.00	£ 0.00			£ 0.00
26							£ 0.00	£ 0.00			£ 0.00
								Summary	£	14,694.83	

Gender	Type	Delivered by	Cost per hour	Performance
1 Gender		HLTA	£20.00	
2 F	Literacy	Mentor	£22.50	Level score
3 M	Reading	Other 1	£45.00	1a 9
4	Writing	Other 2	£25.00	1b 8
5	Handwriting	Peer	£0.00	1c 7
6 Participate	Speech & Language	SENCO	£36.50	2a 12
7 X	Communication	TA	£17.50	2b 11
8	Maths	Teacher	£30.50	2c 10
9	Social, emotional, mental health	Volunteer	£0.00	3a 15
10	Motor skills			3b 14
11	V/M/I			3c 13
12	Physical			4a 18
13	Other			4b 17
14				4c 16
15				5a 21
16				5b 20
17				5c 19
18				6a 24
19				6b 23
20				6c 22
21				7a 27
22				7b 26
23				7c 25
24				8a 30
25				8b 29
26				8c 28
27				A 35
28				A* 36
29				B 34
30				C 33
31				D 32
32				E 31
33				P1-3 1
34				P4 2
35				PS 3
36				PE 4
37				P7 5
38				P8 6
39				
40				

An example of provision mapping available on SENCOSPOT

Category	Sub-category	Item	Cost	Mapping	Notes										
Attendance	Attendance	Attendance										
		Attendance										
		Behaviour	Behaviour	Behaviour								
				Behaviour								
				Communication	Communication	Communication						
						Communication						
						Literacy	Literacy	Literacy				
								Literacy				
								Maths	Maths	Maths		
										Maths		
										Mental Health	Mental Health	Mental Health
												Mental Health

The continuum of support in Gloucestershire

The Children and Families Act 2014 continues the presumption in favour of mainstream schooling set out in the 1996 Education Act.

In Gloucestershire by far the majority of children with Special Educational Needs and Disabilities will attend a mainstream school or college near to home. The capacity of mainstream schools, in terms of experience and confidence, to meet the needs of children with special educational needs and disabilities has increased significantly in recent years. There are now more children than ever with complex and significant barriers to learning who, with carefully planned support, are making both expected and above expected academic and social progress in their local mainstream school. This has enabled children with additional needs to be educated alongside their siblings and other children who live in their community.

Some parents (and indeed the young person themselves) express a preference for a school or college which is not the nearest one to home. Parents of children with special educational needs and disabilities have a right to express a preference for a setting which is not the nearest to home, and make an informed choice, in the way that all other parents do. The information that schools publish on their website



about the arrangements that are in place for assessing and meeting the needs of children with additional needs will be key in helping parents make informed decisions, as will the welcome and reception they receive when they visit. All schools, academies and colleges will recognise their duties in relation to the admission of children and young people and will not treat any child less favourably in this respect because of a reason associated with a special educational need or disability. It is important that all schools reflect an inclusive and welcoming ethos to ensure that parents feel confident to send their children to their local school.

Whilst there is a longstanding presumption in law in favour

of mainstream education, Gloucestershire County Council commissions a range of specialist provision for those children with significant need who fall into the following categories:

- the wishes of the child's parent, or the young person, is for an alternative to mainstream education
- their needs are within the range of complexity and severity that makes inclusion within a mainstream Early Years setting, school or college unsuitable

There are a number of special schools and specialist centres within the boundaries of Gloucestershire County Council, which are commissioned by the Local Authority to provide

an agreed number of places for children with Education Health Care Plans. Children attend the specialist provision where their plan specifies this as the school to be attended.

The Council has a long standing and ongoing commitment to provide high quality special school places for those children and young people who require/request it. The special schools in the area (some are Local Authority maintained and others are academies) form an integral and valued part of Gloucestershire's family of schools.

Gloucestershire's health, social care and educational services specialist support services work together to ensure children and

young people's needs are identified and met as early as possible. For example, paediatricians refer babies with hearing impairment to the Advisory Teaching Service. The Advisory Teaching Service (0-25) has specialist advisory teachers who are able to offer advice and support for all children and young people with special educational needs and disabilities. These advisory teachers have specialist knowledge about hearing impairment, visual impairment, physical disabilities, communication and interaction difficulties, and learning, emotional and behavioural needs. Their role is to help to identify children and young peoples special educational needs and suggest (or provide) early intervention. They strive to enable children

and young people to maximise educational opportunities by using their abilities to the full. They work with settings, children and settings. They also work with partner agencies and can often help to source funding to support specialist needs. The Advisory Teaching Service also has speech and language therapists, occupational therapists, specialist tutors for hearing and visual impairment and a local Alternative Augmented Communication team. The service can also provide specialist equipment and makes support materials for children with visual impairment (such as Braille translation of reading books).

Portage workers are available to support parents of Early Years children. Any children with special educational needs or a disability should be referred to Gloucestershire support services, including the Educational Psychology Service (when appropriate). Educational psychologists work with Early Years children and Children in Care as part of the Local Authority offer. Schools and colleges are able to purchase subscriptions to the Educational Psychology Service through the use of their SEN funding. Outreach services are also available from Gloucestershire Special Schools.

Information about the Advisory Teaching Service, Portage, the Educational Psychology Service, Outreach and the Youth Service team is available through SENCOSPOT. All these services provide training and capacity building for Early Years, school and college staff. They also provide advice, support and training for parents.



SEND funding arrangements in mainstream settings

This information relates to children and young people attending mainstream schools and academies

The DfE and all Local Authorities are moving towards a shared goal of national consistency and greater transparency in the way school budgets are determined through a pupil led funding system. A national funding formula for schools is due for implementation from 2015/16.

At present the way SEN Funding is determined is agreed locally, through Schools' Forum and is given to schools under three main headings:

Element 1: Core Funding

Schools get most of their funding based on the total number of pupils in the school. Every pupil in a school attracts an amount of money. This is called the Age Weighted Pupil Unit (AWPU). The amount varies from one Local Authority to another, but there are minimum amounts set by the DfE: the value for primary pupils must be at least £2,000 and the value for both Key Stage 3 and Key Stage 4 pupils must be at least £3,000. There is usually more funding for each pupil in a secondary school than in a primary school. For the financial year 2014-15 the agreed Age Weighted Pupil Unit amount in Gloucestershire is £2,879.74 for primary aged pupils, £3,631.86 for pupils in Key Stage 3 and £4,356.87 for pupils in Key Stage 4.

This is the core budget for each school and it is used to make general provision for all pupils in the school including pupils with SEN. Other

elements make up the core funding such as a lump sum amount for each school and factors that are distinct to certain school such a split site allowance. Schools also attract an amount of money based on social deprivation indicators as well as the number of children on role who have English as an additional language.

Element 2: Additional Support Funding

Every school receives an additional amount of money to help make special educational provision to meet the needs of children with SEND, including some children with EHCPs. This amount of money is called the 'notional SEN budget'. The amount this contributes to the overall school budget is based on a formula which is agreed between Schools' Forum and the Local Authority. It is important that the SENCO knows how the 'notional SEN budget' is calculated and how much this contributes to the overall budget. The Head Teacher or the School Business Manager will have this information. The 'notional SEN budget' is formed, in part, by the money that comes into school under the 'Prior Attainment' factor. In previous years this had been called funding for high incidence/low cost SEN.

As the title suggests the prior attainment factor generates an amount of funding based on the prior attainment of the pupils who were registered at the school when the October census took place. For children in the primary phase of education it is based on the level of

development achieved at the end of the Foundation Stage. Pupils will qualify for the prior attainment factor, where they have not achieved a good level of development. Going forward, this will include all those who had not achieved the expected level of development in all 12 prime areas of learning as well as maths and literacy by the end of Year R. For a secondary school the amount is based on the pupils registered at the school when the October census took place who had not attained a Level 4 in either English or maths at the end of Key Stage 2. The DfE expects these measures to identify around 21% of pupils (it had previously been English and maths and this measure picked up around only 10% of pupils). This may not recognise the additional needs of some groups of pupils, for example those who have attained well but have physical needs or behavioural difficulties but this method is considered by the DfE to be a best fit model for now.

Deprivation funding and Pupil Premium grant funding may also help to support some groups of children who have barriers to learning, although not necessarily SEND, but have attained above the thresholds indicated above.

For the financial year 2014-15 a primary aged pupil who did not attain a good level of development at the end of the Foundation Stage would contribute £1,218.54 into the prior attainment element of the school's budget and a secondary aged pupil who did not attain a Level 4 in English

or maths at the end of key Stage 2 would contribute £1,733.53.

Part of Element 1 (Core Funding) goes towards forming the notional SEN budget (alongside the prior attainment funding). It is expected that 2.5% of the overall Age Weighted Pupil Unit (AWPU) funding, referred to above, should also be used to support SEN across the school.

Most pupils with SEND will have their needs met through the 'notional SEN budget', especially where their needs are high incidence/low cost. Schools commonly use the notional SEN budget to fund lunch time clubs for vulnerable pupils, additional support to access after school activities, purchasing equipment such as laptops or specialist software, running small teaching groups in core subjects or providing in class TA support. Most of the Wave 2 and 3 (or targeted interventions) on a school's provision map will be funded from the notional SEN budget and schools should not rely on the funding that comes through individual children's Statement to run Wave 2 and 3 interventions as this may be an unsustainable funding stream.

The government has recommended that schools should use their notional SEN budget to pay for up to £6,000 worth of special educational provision to meet a child's SEND. Most children with SEND require special educational provision that comes to less than £6,000. Pupils requiring provision totalling in excess of £6,000 per year (or 10.5 hours per week or more) are considered to be 'high needs pupils'. The DfE definition of a 'high needs pupil' is one where the educational provision cost, including the basic provision given to all pupils exceeds the Age Weighted Pupil

Unit (AWPU) plus £6,000. Not all pupils with EHC plans are termed 'high needs pupils' and not all plans will bring additional resources to the school.

Element 3: Top-Up Funding

If it is determined that a pupil with SEND requires in excess of £6,000 worth of special educational provision, in addition to the basic provision available to all students, the commissioning local authority (ie the Local Authority in which the pupil lives) can provide top-up funding above £6,000 to meet the cost of that provision (ie the difference between £6,000 and the agreed cost). The top up funding is provided from the high needs block element of the Dedicated Schools Grant (DSG) held by the commissioning local authority and would require an EHC Plan to be in place for it to be made. Schools are expected to use this funding to supplement the funding in the 'notional SEN budget' to make provision for that individual pupil.

Currently, in Gloucestershire, a maximum limit is set on the number of high needs pupils schools are expected to contribute the first £6,000 for based on 1 contribution for every 75 pupils on roll. This measure was put in place in Gloucestershire to 'protect' schools with a disproportionate number of high needs pupils. This additional protection was agreed by the LA and Schools Forum and is not a statutory DfE requirement.

The maximum limit is calculated by dividing the number on roll at the October census point by 75 (the resulting number is then rounded up or down to the nearest whole number). Schools with 37 or fewer pupils on roll at the October census

point will not be required to provide the first £6,000 for any high needs pupil. A school's 1 in 75 number does not change mid financial year so is set even if the number of pupils on roll changes.

The top up funding is adjusted monthly, so if the pupil receiving top up funding left the school part way through the year the funding would cease. If a pupil is due to leave at the end of the academic year the budget allocation would show the funding for the April to the end of the academic year rather than a full year cost.

It is easy to identify the amount of money that comes into school through top up funding as this is linked to named children. That amount, combined with the notional SEN budget (the prior attainment money and 2.5% of the overall AWPU amount) makes up the schools' SEN budget. It is worth noting that academies receive their core funding based on an academic year and maintained schools receive their funding based on a financial year.

The DfE website explains the arrangements for the financial year 2014/15 and as we move towards an anticipated national funding formula.

Further information is available on: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/205195/school_funding_reform_2014-15.pdf

Resourced provision provided within mainstream schools within Gloucestershire

Communication and Interaction

Primary: There are 4 resourced provisions provided within mainstream primary schools within Gloucestershire. These provisions cater for children with communication and interaction difficulties who are able to access a mainstream curriculum and benefit from inclusion with a mainstream peer group. There is an enhanced level of skill and undertaking within the host mainstream school around supporting the needs of children with communication and interaction difficulties, many of whom may be on the autism spectrum.

The following primary schools have resourced provisions attached:

- Gastrells Primary School in Stroud
- Tuffley Primary School in Gloucester
- Christchurch Primary School in Cheltenham
- Ruardeen Primary School, Ruardeen (Forest of Dean)

Secondary: There is a resourced provision for secondary pupils with Communication and Interaction difficulties, provided within to The Dean Academy in Lydney. This Enhanced Provision caters for pupils who are able to access a

mainstream curriculum and benefit from inclusion with a mainstream peer group.

Hearing Impairment

One secondary school in Gloucestershire currently has a specialist resourced provision which provides a level of enhanced provision for pupils with a hearing impairment. This provision is at the Beaufort Co-operative Academy in Gloucester.

All resourced provision are supported by the Advisory Teaching Service.

Special schools within Gloucestershire

Alderman Knight School, Tewkesbury

www.aldermanknight.gloucs.sch.uk

The school provides day places for boys and girls aged between 4 and 16. It caters for pupils whose special needs have been identified as moderate and additional learning difficulties including pupils with complex difficulties. The school also provides provision to meet the needs of pupils with severe learning difficulties dependent on their specific needs.

Battledown Centre for Children and Families, Cheltenham

www.battledown.gloucs.sch.uk or <http://www.battledown.org.uk>

The Centre provides assessment day places for boys and girls aged between 2 and 7 for 5 days a week for 48 weeks in a year. It caters for children needing supportive assessment and development of their learning skills which is designed to prepare them for integration to mainstream schooling, or transition into an appropriate place in another special school. In many cases children will be supported to access other provision in their own locality.

Belmont Special School, Cheltenham

www.belmont.gloucs.sch.uk

The school provides day places for

boys and girls aged between 4 and 16. It caters for pupils whose special needs have been identified as moderate and additional learning difficulties including pupils with complex difficulties. The school also provides provision to meet the needs of pupils with severe learning difficulties dependent on their specific needs.

Bettridge School, Cheltenham

www.bettridge.org.uk

The school provides day places for boys and girls aged between 2 and 19. The school is for pupils whose special needs have been identified as having severe learning

difficulties or profound and multiple learning difficulties including pupils with complex difficulties. The school also caters for pupils with moderate and additional learning difficulties dependent on their specialist need.

Coln House School, Fairford

<http://www.colnhouseschool.org/>

The school provides day and residential places for boys and girls aged between 11 and 16. The school is for pupils with severe behavioural, emotional and social difficulties.

Greenfield Academy, Dursley

The school provides day places for boys and girls aged between 11 and 16. The school is for pupils with severe behavioural, emotional and social difficulties. The school is currently run from the same site as the Peak Academy and under the same management arrangements.

Heart of the Forest Special School, Coleford

www.heartoftheforest.org.uk

The school provides day places for boys and girls aged between 3 and 19. It caters for pupils whose special needs have been identified as having severe learning difficulties or profound and multiple learning difficulties including pupils with complex difficulties. The school also caters for pupils with moderate and additional learning difficulties dependent on their specialist need.

The Milestone School, Gloucester

www.themilestoneschool.ik.org/home.ikml

The school provides day places for boys and girls aged between 2 and 16. It caters for pupils whose special needs have been identified as severe learning difficulties or



profound and multiple learning difficulties including pupils with complex difficulties. There is also limited capacity to meet the needs of pupils with moderate and additional learning difficulties dependent on their specific needs.

Paternoster School, Cirencester

www.paternosterschool.co.uk

The school provides places for boys and girls aged between 2 and 17. It caters for pupils whose special needs have been identified as severe learning difficulties or profound and multiple learning difficulties including pupils with complex difficulties. The school also caters for pupils with moderate and additional learning difficulties dependent on their specialist need.

Peak Academy, Dursley

<http://thepeakacademy.org/>

The school provides day places for boys aged between 11 and 16. It caters for children with severe behavioural, emotional and social difficulties. The school is currently run from the same site as Greenfield

Academy and under the same management arrangements.

Shrubberies School

www.shrubberies.gloucs.sch.uk

The school provides day places for boys and girls aged between 2 and 19. It caters for pupils whose special needs have been identified as having severe learning difficulties or profound and multiple learning difficulties including pupils with complex difficulties. The school also caters for pupils with moderate and additional learning difficulties dependent on their specialist need.

The Ridge Primary Academy

www.theridgeacademy.org

The school provides day places for boys and girls aged between 5 and 11. It caters for children with severe behavioural, emotional and social difficulties.

Pupil Premium – funding for mainstream schools, special schools and alternative provision settings

The Pupil Premium is additional funding given to publicly funded schools in England to raise the attainment of disadvantaged pupils and close the gap between them and their peers.

Pupil Premium funding is available to both mainstream and non-mainstream schools, such as special schools and pupil referral units. In the 2014 to 2015 financial year, schools will receive the following funding for each child registered as eligible for free school meals at any point in the last 6 years:

- £1,300 for primary-aged pupils
- £935 for secondary-aged pupils

Schools will also receive £1,900 for each looked-after pupil who:

- has been looked after for 1 day or more
- was adopted from care on or after 30 December 2005, or left care under:
 - a special guardianship order
 - a residence order

Identifying disadvantaged pupils

We use eligibility for free school meals as the main measure of deprivation at pupil level.

For the academic year 2013 to 2014, we provide all schools with a list of pupils who have been eligible for free school meals at any point in the last 6 years. This



list is available through a Pupil Premium download from the Key to Success website.

This data will allow you to identify the pupils who have previously attracted Pupil Premium funding so you can target support accurately. The data can also help you estimate how much Pupil Premium funding you will be allocated for budget planning purposes. Guidance on the free school meals data is available.

You should work with your local authority's virtual school head to identify your pupils in care.

To receive the premium for

adopted pupils you should mark them as eligible on the school census. If you do not know who your adopted pupils are, you will need to contact parents and ask them to let you know.

Allocations

Allocations are made based on the school which the eligible pupil attends at the time of the January school census.

Illustrative allocations for 2014 to 2015 (based on 2013 pupil numbers), final allocations for 2013 to 2014 and the conditions of grants are available.

Accountability

Headteachers and school governing bodies are accountable for the impact of Pupil Premium funding in the following ways:

- performance tables, which show the performance of disadvantaged pupils compared with their peers
- requiring schools to publish details online each year of how they are using the Pupil Premium and the impact it is having on pupil achievement
- the Ofsted inspection framework, where inspectors focus on the attainment of pupil groups, and in particular those who attract the Pupil Premium

Online reporting

The level of detail included in the information put online is for each school to decide, but it must include the following:

- the school's Pupil Premium allocation for the current academic year
- details of how you intend to spend your allocation
- details of how you spent your previous academic year's allocation
- how it made a difference to the attainment of disadvantaged pupils

The funding is allocated for each financial year, but the information you publish online should refer to the academic year, as this is how parents and the general public understand the school year.

As allocations will not be known for the latter part of the academic year (April to July), you should report on the funding up to the end of the financial year and

update it when you have all the figures.

Inspections

Ofsted revised their inspection framework in September 2013. As a result, school inspections report on the attainment and progress of disadvantaged pupils who attract the Pupil Premium.

Pupil Premium reviews

Ofsted will recommend that a school carries out a Pupil Premium review where they:

- rate the school as 'requires improvement' overall and in leadership and management

Effective practice

The Education Endowment Foundation has produced a teaching and learning toolkit to help teachers and schools effectively use the Pupil Premium to support disadvantaged pupils.

Pupil Premium Awards

We present Pupil Premium Awards to schools whose use of the Pupil Premium has significantly improved the attainment of their disadvantaged pupils. There are prizes for primary, secondary and special schools in England.

Up to 500 schools will win an award in both 2015 and 2016:

- the winners will receive a prize of up to £250,000
- there will be regional prizes of up to £100,000
- we will give out hundreds of smaller awards

Visit the Pupil Premium Awards website to find out how to qualify for the awards.

Further and more up to date information can be found on the

Department for Education website. <https://www.gov.uk/pupil-premium-information-for-schools-and-alternative-provision-settings#>

This funding can be used to provide a wide range of support, teaching approaches and interventions to improve the attainment of disadvantaged children. It is for schools to decide how best to spend the Pupil Premium allocated to them taking into account their children's needs. However, to help schools choose between different approaches The Education Endowment Foundation provides a toolkit which summarises the educational research about the effectiveness and value for money of a range of approaches. <http://educationendowmentfoundation.org.uk/>

Independent Specialist Providers, Mainstream Colleges and Non Maintained Special School funding

The Elements

Mainstream Colleges:

Under the new high needs funding arrangements, mainstream settings will be expected to contribute the first £6,000 of additional support for high needs students (Element 2). This additional support is provision over and above the standard offer (Element 1) of teaching and learning for all students in a setting. Post-16 settings will receive an allocation based on the number of high needs students in the last full academic year from which to make this contribution. Top-up funding (Element 3) above this level will be agreed between the commissioner and provider, and paid direct to the provider by the commissioning local authority.

Element 1 - £4,000 GFE (average) Mainstream funding, programme cost – paid by EFA.

Element 2 - £6,000 Additional support for High Needs students – paid by EFA based on previous year

Element 3 - £2,800 (Average) Top-Up - To be agreed with Local Authority – paid by Local Authority

Total HNS - £12,800 (Average Cost)

Independent Specialist Providers

Specialist pre-16 SEN settings receive base funding of £10,000 per planned place. Post-16 specialist SEN / learning difficulty and disability provision will be funded slightly differently, but on



an equivalent basis to mainstream Post-16 settings. The base funding for Independent Specialist Placements is agreed by the Education Funding Agency and varies between institutions.

Element 1 - programme cost – paid by Education Funding Agency. Element 1 funding varies, for example, Independent Specialist Placements average Element 1 is £4,977.

Element 2 - £6,000 Additional support for High Needs students – paid by Education Funding Agency based on previous year

Element 3 - £1,823 (Average) Top-Up - To be agreed with Local Authority – paid by Local Authority

Total HNS - £12,800 (Average Cost)

Paperwork

Both Independent Specialist Placements and Mainstream Colleges should contact the Local Authority as soon as they identify a High Needs student. Any student identified by the college as having support needs costing above the £6000 base funding should be referred to the students' home local authority, and in such cases providers will be required to complete the HNS Student Post-16 top up form to provide as accurate a prediction as possible of costs. Costs will be estimates and should be based on previous practice to at least provide an informal estimate of costs that can be adjusted at a later stage. This must be done by the end of April for

learning starting in September of that year, or as soon as possible for late applications. The system is designed to be flexible.

The Local Authority will send Independent Specialist Placements and mainstream colleges individual High Needs Student Agreement Forms for each learner for the Independent Specialist Placements/mainstream college to sign off prior to the Local Authority making payments of top-up funding for learners starting in September.

Payments

Monthly payments for high needs students will commence on 20th August 2014. The first payment

will be for the period 1st – 31st August and will have the narrative GCC: HNS August 2014. Further payments will be made directly into the provider's bank account by the 20th of each subsequent month. Although the payments are made on a monthly basis the calculations use a daily basis and therefore the income from some months will be different to others.

In addition to the BACS remittance, each finance lead will receive a Monthly Top Up Sheet (MTUS) via email from the GCC finance lead. This MTUS will show the details of the monthly payment and will aid the reconciliation process for each provider.

Adjustments

Independent Specialist Placements and Mainstream Colleges will receive a list of monthly deadlines to inform the Local Authority of any adjustments to students' costs. This includes any high needs student starting or leaving a course midyear. All necessary adjustments will be actioned in the following month.

Non Maintained Special Schools

Non Maintained Special Schools receive £10k directly from the Education Funding Agency for each commissioned place. The Local Authority will provide element 3 top up per student, the same as above, with students attending other providers.

Recording provision and monitoring and evaluating the impact

All schools will have systems in place for being able to identify what provision is being made to support learners with special educational needs and disabilities. Schools need to be able to show this in a variety of different ways ie at an individual pupil level, for groups of pupils (eg those with speech, language and communication difficulties), at a class level and as a whole school overview. It is necessary to develop an 'at a glance' way of showing all the provision that the school makes which is additional to and different from that which is offered through the school's differentiated curriculum.

A provision mapping approach is well established in most schools in Gloucestershire and, if used

correctly, should:

- audit how well provision matches need and recognise gaps in provision;
- provide a clear outline of the graduated provision available;
- ensure progression and age appropriate interventions;
- identify strengths in provision and areas for development;
- cost provision in terms of resources, including human resources;
- highlight repetitive or ineffective use of resources;
- demonstrate accountability;
- inform parents, external agencies and OFSTED inspectors of how

resources are being used to meet needs;

- assess school effectiveness when linked with outcomes for pupils through review of the provision;
- support schools in setting annual objectives and success criteria for the Special Educational Needs policy;
- focus attention on whole – school issues of teaching and learning including individual child issues;
- plan development to meet pupils' identified needs;
- record changes in provision and enable a seamless transition between classes, key stages and schools from class to class or school to school;

- be used as part of the evidence the Local Authority will be expecting of schools in order to support a request for an EHC plan.

It should be remembered that provision mapping is about the process and not just the 'map' or the resulting document ie auditing the need within your school against your existing provisions, identifying the funding that is available, researching the different responses and interventions that are available, recording the interventions that are provided and identifying the outcome/success criteria based on the starting point, tracking pupil progress and evaluating the impact of the provision, annually reviewing the range of provision that is available and whether this range meets the needs of the school population.

Auditing your existing provision

This is about fully understanding the profile of need within your school to determine whether you have the right sort of provision in place. Compare what is currently in place against the projected needs for each year group in order to highlight any gaps in provision or occasions where pupils repeatedly receive the same provision (perhaps to little affect).

Funding

You will need to establish from the Head Teacher or School Business Manager what the notional SEN budget is for the school ie how much of the delegated budget is intended to support the needs of pupils with Special Educational Needs and Disabilities. Each school has a notional SEN budget within their delegated funding which is

calculated by taking into account information about prior attainment and comprising an element of the Age Weighted Pupil Unit (AWPU). For some schools this may be quite a significant amount and is in addition to any high needs funding that may come to the school through individuals' Education, Health and Care Plans. This exercise will help determine the nature and level of support you are able to arrange.

Your provision mapping processes should enable you to ascertain the costs associated with supporting children in different ways (eg how much does it cost to run a particular intervention group for five children over a term or how much does it cost, over the course of the year, to provide a TA to scribe for someone in an English lesson) so that you can demonstrate how the delegated SEN budget is being used and, for example, how much has been spent on an individual student. It will be necessary to provide this information if requesting assessment for an EHCP in order to demonstrate that a pupil is a 'high needs' pupil ie the support is costing in excess of £6000 per year (plus the support expected as part of universal support).

Research

Having completed your audit, and determined the amount of funding you have available, it may be necessary to research alternative approaches and programmes. You will want to be sure that the decisions you make in terms of which strategies, responses and interventions to make available are made firmly on evidence based judgements of what works well and what represents good value for money. This would be based

on your own evidence base as well as drawing on the findings of regional and national studies of what is effective.

The information produced by the Sutton Trust and the Education Endowment Foundation (The Sutton Trust-EEF Teaching and Learning Toolkit) is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of disadvantaged pupils and can be accessed online:

<http://educationendowmentfoundation.org.uk/toolkit/>

Recording the range of interventions

The information will need to be presented in a variety of ways:

- Whole school overview provision map. This is your public provision map which shows the range of different responses that a child or parent/career might expect to say put in place. It could form part of your 'local SEN offer' and appear on the school website. It might show the school's graduated response if a learner presented with needs in a particular area. It might be updated annually each year as you evaluate and decide not to run particular interventions or to introduce further responses to your menu of support.
- In addition to this you will require a whole school provision map which details the names of pupils accessing different types of support, showing where support is being targeted and what intended gain is based on the starting point. Larger schools may be doing this by year group or Key Stage.

- Class level provision mapping can be overseen by the class teacher (more easily done in primary schools) detailing the provision which is different to that normally available at Wave 1 and providing an at a glance overview of the additional support which is being provided in that class. This may not relate solely to SEN learners.
- Provision maps for individuals will show how a learner has been supported over time, how the arrangements have been reviewed and modified as necessary and what impact this support has had.
- Information can be presented to show how groups of children are supported through a graduated response (eg those with specific learning difficulties) to enable the SENCO to report on groups of children by need.



Tracking Pupil Progress and evaluating the impact

When undertaking your regular pupil tracking link your findings to the provision map. If pupils are failing to make progress then consider which other aspects of available provision they need to take advantage of. Many schools will have focussed pupil progress meetings between the Head Teacher and the class teacher (it is good practice for the SENCO to be involved in these too) and the provision map should be updated as a result of these when the decisions are made to vary the support that is being provided for an individual pupil or when targets are amended. If the support being provided for an individual or a group of children is not having an impact the decision will be made to support in a different way.

Annual evaluation of the provision that is in place

Undertake an annual evaluation of the effectiveness of all the provision recorded on your provision map in terms of pupil progress and cost effectiveness. You should include the views of the children and young people, as well as the parents/carers, as part of this evaluation process. This process can be used to inform our own self evaluation processes and inform the action planning for the year ahead. When viewing the costs against the gains made, this will inform your judgements about value for money and whether to organise your provision in a different way next year.

The following web link provides further information provided by the DfE overtime about the provision mapping process.

<http://webarchive.nationalarchives.gov.uk/20130903171627/http://www.education.gov.uk/schools/pupilsupport/inclusionandlearnersupport/onetoonetuition/a00199972/provision-mapping>

Children and Young People in Care – Personal Education Plans (ePEP) and Pupil Premium

Some children with special educational needs and disabilities may also be Children in Care. In many schools the SENCO is the Designated Teacher with responsibility for Children in Care, but this is not always the case. If this role is taken on by two different teachers within school then close liaison and coordination is required to ensure that the pupil's needs are planned for in a coordinated way and to avoid duplication of processes and meetings. This will help to streamline the liaison with outside agencies and carers and to ensure that provision and progress is recorded and shared in a consistent way. For example, it may be possible to combine parents' evenings, My Plan or My Plan + review meetings, or Educational, Health and Care Plan review meetings with a Personal Education Plan (PEP) review meeting (although certain statutory timescales may apply).

What is an electronic Personal Education Plan (ePEP)?

- All Children in Care have a Care Plan. The online electronic PEP is a statutory part of this care plan
- All Children in Care in Gloucestershire aged between 3yrs and 16yrs have an ePEP
- A Personal Education Plan is also completed on a paper form as part of your Pathway Plan when

young people are over 16yrs and attend a School 6th Form, College or Training Provider

Why do Children in Care need an ePEP

- To make sure that young people are getting the best possible education
- To celebrate achievements in school and also outside of school
- To keep an up to date record of learning and achievements
- To give young people a voice in setting targets and shaping their education

When do PEP meetings take place

- When young people first come into care, within the first month
- Twice a year, when young people are in school
- Whenever there is a change of school
- If there are any major changes in life that may affect learning

Who attends a PEP meeting

- **Social Worker** – Must attend the meeting
- **School** – Must attend the meeting. This is the Designated Teacher for Children in Care, but sometimes it is another teacher who knows the young person well

- **Young Person** – It is important they attend, but they do not have to – their views can be put across by completing the ePEP Young Person Views section before the meeting
- **Foster Carers** - Need to attend so they are able to support education for children in their care

At the Personal Education Plan meeting:

School Designated Teacher

- Lead the meeting and make sure that young person's views on school and learning are discussed
- Complete Section 2 Education details i.e. attainment, attendance etc
- Also complete Section 3 notes of the PEP Meeting and Action Plan

Social Worker

- Sends out electronic invitations to the ePEP meeting in discussion with school and carers

Young Person

- Completes child or young persons views on school and learning
- **Everyone** has the chance to make a contribution about target setting and also how the Pupil Premium money should be spent.

After the meeting the Virtual School Learning Mentor will:

- Check the ePEP to make sure that everything has been completed properly and also that the Pupil Premium money is being used effectively

Using the Pupil Premium:

- Pupil Premium is money that the government is investing in the education of Children in Care
- From 1st April 2014 it is £1900 for each young person. It is now available from the first day that they come into care
- At the ePEP meeting, targets are set and how to invest this money in each young person's education is agreed
- Some of the most popular and useful ways young people ask to spend Pupil Premium has been on:
 - 1-2-1 tuition
 - Resources – books, software, Kindles, Laptops, equipment for work experience
 - Classroom support – to help out in difficult lessons or subjects
 - 1-2-1 counselling – to help deal with difficult issues
 - Extended learning – activities and clubs outside of school
 - Education visits and trips – to make sure young people do not miss out on once in a lifetime opportunities
 - Training – to help school staff understand the individual needs of a young person

Pupil Premium needs to be evaluated in terms of making a difference in the progress Children in Care make in comparison with their peers of similar potential ability in that school. This needs to be discussed with the designated Children in Care Governor and reported to the Senior Leadership Team and Governing body in their school at least once a year.

Use and impact of the Pupil Premium also needs to be reported on the school website.

Further information and support is available from:

Rachel Evans- PEP and Pupil Premium Officer

Email: rachel.evans@gloucestershire.gov.uk

Tel: 01452 328373

Additional information is available on the Virtual School website:

<http://www.gloucestershire.gov.uk/vschool>



Management of health care needs and medication

There are many students in our varied contexts who have a wide range of medical needs that may demand intense personal care or careful management of medicine. Present statutory guidance and non-statutory advice serves the purpose of highlighting the following key points:

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

Presently the most current advice and guidance can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277025/draft_statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions_for_consultation.pdf

In essence contexts must ensure that children and young people with medical needs are supported and fully included. Governing bodies should ensure that schools develop policies for supporting

pupils with medical conditions that are reviewed regularly and readily accessible to parents and school staff. Governing bodies should ensure that policies include details on how the school policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

The Role of Individual Healthcare Plans

Individual healthcare plans should be drawn up for students with medical needs. These will range in the level of detail according to the severity of need but will be constructed by a designated member of staff, school nurse or other healthcare professional who is involved with the child or young person. The plan should be informed by the range of professionals involved and look to include such information as the medical condition and its triggers, symptoms and expected responses from those who are to be in contact with the child or young person with the medical need. **The governing body should ensure that plans are reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption.** Where the child has a special educational need, the individual healthcare plan should be linked to the child's

statement or EHC plan where they have one.

Managing Medicines on School Premises

The governing body should ensure that policies are clear about the procedures to be followed for managing medicines. Policies should reflect information such as:

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicine without written parental consent except in exceptional circumstances such as where the child or young person has been prescribed medicine without the knowledge of the parent/guardian
- all medicines should be stored safely but be available to the child or young person immediately
- contexts should maintain up to date record keeping in relation to all medicines administered
- Governing bodies should ensure that policies set out what should happen in an emergency situation both in general terms but where a child or young person has a individual healthcare plan a specific response of what to do in an emergency specifically related to the individual concerned/

Information about exclusion

When considering the exclusion of a pupil schools must have regard to the statutory guidance **'Exclusion from Maintained Schools, Academies and Pupil Referral Units (PRUs) in England'** that came into effect on 1 September 2012. This guidance applies to all maintained schools, academies as well as free schools and Alternative Provisions.

There is additional information online:

<http://www.education.gov.uk/schools/pupilsupport/behaviour/exclusion/g00210521/statutory-guidance-regs-2012>



Head Teachers should consider the exclusion of children with Special Educational Needs and Disabilities under the same guidance, but there will be additional factors to consider in relation to children's special needs. Every effort should be made to explore alternatives to exclusion, and this should be especially so for pupils with Special Educational Needs and Disabilities. A disproportionate number of children who are excluded each year have an identified Special Educational Need. This means that a pupil with SEND is more likely to be excluded than another pupil.

When considering exclusion as a result of a specific incident, schools will need to satisfy themselves that the presenting behaviour is not as a result of the pupil's Special Educational Needs or Disability. Schools will also need to satisfy themselves that the pupil was being appropriately supported at the time the incident took place and that there were no reasonable

adjustments to the school's policies and practice that might have been made to prevent the incident which led to the exclusion. This would need to be demonstrated in the event of the exclusion being challenged and, if it appeared that a pupil's needs were not fully being met, the exclusion could be overturned. When considering exclusion it would be unlawful to treat a pupil less favourably when compared to his peers for a reason associated with a Special Educational need for Disability.

It must be remembered that during the period of a Fixed Term Exclusion a pupil is excluded from the school premises and not excluded from education. The requirement for a school to arrange suitable full time education on the sixth day of a pupil's fixed term exclusion applies in the case of the pupil with Special Educational Needs and Disability as well as other pupils. In the

event of a Permanent Exclusion the Local Authority has a duty to provide education on the sixth day. Arranging suitable full time education for a pupil with an Education Health Care Plan, for example, will pose additional challenges. The school will need to satisfy itself that the interim provision it has arranged meets the needs and provisions set out with the child's plan and that any additional adult support or equipment that is required is provided.

It is unlawful to exclude (or to increase the length or severity of an exclusion) for a non-disciplinary reason. **For example, it would be unlawful to exclude a pupil on the grounds that the school felt unable to meet the pupil's needs.** It would also be unlawful to exclude a pupil for failure to make expected academic progress or for working at an academic level which requires the school to substantially

modify the curriculum and support arrangements usually in place. Pupils who repeatedly disobey their teachers' academic instructions could, however, be subject to exclusion.

If the decision is made to exclude a pupil it is unlawful to stipulate that certain requirements need to be met as a condition of return and before they can be reinstated eg the pupil must undergo a certain assessment or the pupil must commence a course treatment or medication.

'Informal' or 'unofficial' exclusions, such as sending pupils home 'to cool off', are unlawful, regardless of whether they occur with the agreement of parents or carers. Any exclusion of a pupil, even for short periods of time, must be formally recorded.

Annual Reviews

Head Teachers should, as far as possible, avoid permanently excluding a pupil with an Education Health and Care Plan. Where a school identifies a pupil with an Education Health and Care Plan who is at serious risk of disaffection or exclusion, an interim or early SEN review should be called. It will then be possible to consider the pupil's changing needs and recommend amendments to the statement, as an alternative to the pupil being excluded. The request may be made that the Local Authority amends the Plan to name an alternative school or that an increased level of support be considered to further support the pupil.

Managed Moves

A Managed Move is defined as a formal agreement between two

schools, a pupil and their parents which allows a pupil at risk of permanent exclusion to transfer to another school. The move requires the agreement of the child's parent, the head teacher of the pupil's school, the head teacher of the proposed school, and the Strategic Lead on behalf of the Local Authority. For pupils with Education Health and Care Plans it will be necessary for the Local Authority's SEN Casework Team to formally consult with the receiving school and amend the details of the school named in the Education Health and Care Plan.

Reviewing the Head Teacher's decision to exclude – Governing Bodies and Independent Appeal Bodies

The guidance compels a Governing Body to meet, if certain conditions apply, to consider the Head Teacher's decision to exclude a pupil. The Governing Body may make the decision to overturn the exclusion and direct the pupil's readmission or to uphold the Head Teacher's decision. If, upon consideration, the Governing Body makes the decision not to reinstate a child who has been permanently excluded, the parent has the right to request that the Local Authority (if the pupil is registered at a maintained school) or the relevant Academy Trust (if the pupil attends an Academy) arrange for an independent review panel hearing to review the Governing Body's decision. This request has to be made within the timescales prescribed in the guidance. If requested by parents in their application for an independent review panel, the Local Authority/Academy Trust must appoint a SEN expert to

attend the panel. Parents have a right to request the attendance of a 'SEN expert' at a review, regardless of whether the school recognises that their child has SEN or that this is necessary. The SEN expert should be a professional with first-hand experience of the assessment and support of SEN, as well as an understanding of the legal requirements on schools in relation to SEN and disability. They should not have had any previous involvement in the assessment or support of SEN for the excluded pupil, or siblings of the excluded pupil. The final decision on the appointment of an SEN expert is for the Local Authority / Academy Trust to make but it should take reasonable steps to ensure that parents have confidence in the impartiality and capability of the SEN expert.

It is extremely important that parents, of children and young people with SEN who are excluded from school, receive advice on the options available for their child's future education. Such advice is available through the Parent Partnership Service, tel: 01452 389345 or 01452 389344 and the school must provide parents with the contact details of the relevant Local Authority Officer for your area who can provide information about the exclusion process. Schools must also inform parents of their right to appeal to the Special Educational Needs and Disability Tribunal if they consider that Disability Discrimination may have occurred. It is therefore important that schools use the template letters provided in the Local Authority guidance in order to ensure that all legal requirements are met.

Glossary

ASD	Autistic Spectrum Disorder
AAC	Alternative and augmentative communication strategies
AT	Advisory Teacher
ATS	Advisory Teaching Service
CYPS	Children and Young People's Service
DfE	Department for Education
EHC	Education, Health, Care Plan
ENT	Ear, Nose and Throat Department/Service
EP	Educational Psychologist
EPS	Educational Psychology Service
GCC	Gloucestershire County Council
HLTA	Higher Level Teaching Assistant
IEP	Individual Education Plan
LA	Local Authority
OFSTED	Office of Standards in Education
OT	Occupational Therapist
SALT	Speech and Language Therapist
SEAL	Social and Emotional Aspects of Learning
SEND	Special Educational Needs and Disability
TA	Teaching Assistant
TOD	Teacher of the Deaf
TVI	Advisory Teacher for Student with Visual Impairment
SENCO	Special Educational Needs Co-ordinator
SMART targets	Targets which are Specific, Measurable, Agreed, Realistic and Time limited

Gloucestershire Intervention Guidance for Special Educational Needs and Disability in Early Years Settings, Schools and Post-16 Settings

Introduction

The Code of Practice for Special Educational Needs (2014) indicates that Local Authorities should set out, as part of their Local Offer, the special educational provision it expects Early Years settings, schools and Post-16 providers to provide from within their own budgets.

“Local authorities must publish a Local Offer, setting out in one place information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care [EHC] plans.”

This guidance aims to help educational settings in Gloucestershire meet the needs of children and young people with special educational needs. It should be used by Early Years settings, schools and Post-16 settings as a reference document to guide their practice.

This guidance was compiled by a working group consisting of parent representatives, representatives from mainstream primary, secondary and special schools, Early Years

staff, Post-16 providers and Local Authority officers. It replaces the previous Gloucestershire guidance which was known as the Strands of Action.

It was agreed that this new guidance should:

- Be accessible to parents and children^{1*}, children and young people.
- Promote the involvement of children and parents in all aspects of provision planning and decision making.
- Be clear and easy to use for professionals.
- Reflect the national guidance set out in the Code of Practice for Special Educational Needs.
- Be focussed on outcomes and preparing children and young people for adulthood.

The Code of Practice is clear in stressing that special educational provision is underpinned by high quality teaching. Personalised and differentiated approaches should be available to all children and those with special educational needs will also benefit from these approaches. These are referred to as **Universal**

approaches throughout the document.

For some children these approaches will not be sufficient to meet their special educational needs and they will require more focussed and targeted support and intervention. These are referred to as **Targeted** approaches.

Relatively few children will need a much higher level of support and intervention. These are referred to as **Specialist** approaches.

Provision at a Targeted or Specialist level for children who have been identified as having special educational needs should not be seen as a substitute for high quality teaching.

There is a recognition, however, that some children will require longer



¹ Throughout the guidance, for ease of reference, 'parents' is used to refer to parents and carers. Children and young people are referred to as 'children'.

term specialist interventions through the support of an Education Health and Care Plan.

The Code of Practice describes four areas of special educational needs and provision:

1. Communication and interaction
2. Cognition and learning
3. Social, emotional and mental health
4. Sensory and/or physical.

The Gloucestershire Intervention Guidance for Special Educational Needs and Disability in Educational Settings reflects the **Assess – Plan – Do – Review** cycle set out in the Code of Practice which encourages a graduated approach involving increasingly focused support, frequent reviews and the introduction of more specialist expertise in successive cycles in order to match interventions to children's specific special educational needs. This guidance includes information about:

- Assessment and Planning
- Intervention and Support
- Evaluating Progress and Reviewing

Guidance for Early Years, Schools and Post-16 settings is provided in separate sections.

For some children and young people who have difficulties in more than one area it will be appropriate for settings to consider all relevant areas of the guidance.

Settings may wish to use this guidance as the basis for the information they publish about their arrangements for meeting the special educational needs of their children.



The Code of Practice states that schools **must** publish more detailed information about their arrangements for identifying, assessing and making provision for pupils with SEN. The school-specific information should also describe the arrangements for providing a graduated response to children's special educational needs. It should elaborate on the information provided at a local authority wide level in the Local Offer.

The Gloucestershire Intervention Guidance for Special Educational

Needs and Disability in Educational Settings is also available electronically through SENCOSPOT and will be updated regularly.

Early Years Settings

This section of the guidance aims to help Early Years settings in Gloucestershire meet the needs of children with special educational needs and disabilities. It should be used as a reference document to guide their practice.

Early Years settings include:

- Child minders
- Private, voluntary and independent settings
- Children’s Centres

The Code of Practice states that *‘Practitioners should particularly consider a child’s progress in communication and language, physical development or personal, social and emotional development’* - the three prime areas. This Early Years guidance is based on those same three prime areas:

- Communication and Language
- Personal, Social and Emotional Development
- Physical Development

There is also additional guidance for children with visual or hearing impairment.

Every child develops in a unique way. Early Years settings need to consider the following table when assessing and planning to meet a child’s needs.

General Guidance

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> ◦ Systems to be in place for staff to routinely seek children’s views about their strengths and difficulties and adults’ concerns. ◦ Systems to be in place for staff to regularly seek the views of parents about their children’s needs and outcomes. ◦ Appropriate arrangements to be in place for assessment and planning of the environment to ensure access for all children. ◦ Early Years Practitioners who take account of access strategies and teaching styles when planning. ◦ Appropriate policies for supporting children with physical and medical needs. ◦ Health and safety and risk assessments policies to be in place. ◦ Effective internal communication and liaison arrangements between staff. ◦ ‘My Profile’ (see section on My Profile) for each child reflecting a personalised approach. ◦ Progress shown by a ‘Learning Journey’. ◦ Progress recorded through ‘Development Matters’ or ‘Early Years Outcomes’ or reference made to a child development check. ◦ Setting to use EYEASI pack. ◦ Policies for Equality of Opportunity are in place. 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> ◦ The setting to have strategies in place to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Plans (see section on My Plan)). ◦ The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Plan). ◦ Close home-setting links, so setting is aware of changes in home circumstances that may impact on progress. ◦ The SENCO contacts other professionals working with child outside setting (with parental permission) as part of the assessment. ◦ Liaison and consultation with external professionals and support services where appropriate such as Educational Psychologist, Advisory Teacher, Paediatrician, Speech and Language Therapist, Occupational Therapist and Portage. ◦ Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan. ◦ The ‘Team around the Child’ need to agree how progress towards outcomes will be measured. 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> ◦ External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan. ◦ Regular and on-going involvement from external support services (e.g. Advisory Teacher, Educational Psychologist, Pre-school worker, Portage) who assist in assessment and planning. ◦ Very close home-setting liaison, so setting are aware of changes in home circumstances. ◦ Measures to be made of the impact of the child’s difficulties on their ability to access the learning environment and Early Years Foundation Stage curriculum. ◦ Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan +. ◦ For some children a co-ordinated multi-agency plan i.e. ‘My Plan +’ will be essential. ◦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ◦ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Universal – all children	Targeted – some children	Specialist – few children
	<ul style="list-style-type: none"> ○ A range of assessments may be used as a baseline from which progress can be measured. ○ Consideration of their development in comparison to their peers and their response to previous interventions. ○ Clear plans for the use of support to achieve agreed outcomes in My Plan. ○ A set date for review of My Plan/ My Plan +. <p>For some children a co-ordinated, holistic multi agency plan will be required. This may involve Social Workers, Family Support Workers, and Health professionals including Health Visitors, Speech Therapists, Occupational Therapists, Physiotherapists, Paediatricians and staff from Children and Young People’s Service (CYPS) and other support groups. This will lead to a ‘My Plan’ or My Plan +’.</p> <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p> <p>For some children the multi-agency plan may identify the need to request the inclusion Grant for 1:1 support.</p>	

Communication and Language

Universal – all children	Targeted – some children	Specialist – few children
<p>All children need to have: opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations.</p> <p>All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children's linguistic competence supports their learning as well as their communication skills.</p> <p>Many children have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly.</p> <p>This may mean they need some short term support, but it should not be assumed that they have special educational needs.</p> <p>These children will require a 'My Profile' written in consultation with parents.</p> <p>Staff may need to access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.</p> <p>Setting may also be supported by Early Years Advisors.</p> <p>Setting can also use EYEASI pack or 'Let's Communicate'.</p> <p>Setting may refer to Inclusion Development Programme: Speech, language and communication.</p> <p>Parents can access GP and Speech and Language Therapist.</p>	<p>Some children's communication and language difficulties cannot be met by universal approaches over a sustained period of time.</p> <p>Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional health, social interactions and behaviour.</p> <p>Children with these difficulties may have a medical diagnosis such as Autism or Asperger's Syndrome.</p> <p>These children will require:</p> <p>A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review ensuring interventions match needs.</p> <p>These children will require a 'My Plan'. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</p>	<p>A few children's difficulties are severe and longstanding and have not responded to focussed and well founded interventions over a period of time.</p> <p>The severity of their difficulties may have a considerable impact on their ability to access the curriculum.</p> <p>In these cases the child's difficulties may significantly 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. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</p> <p>These children will require:</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. ◦ Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan +. ◦ For some children a co-ordinated multi-agency i.e. 'My Plan +' will be essential. ◦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ◦ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ◦ Curriculum differentiated appropriately to take account of individual needs. ◦ Staff set personalised learning targets for all children. ◦ Teaching and Learning environment takes account of communication and language needs. ◦ Structure to the day is given through visual timetable, visual agenda, Now and Then boards. 	<p>Some children may require the following additional intervention and support approaches:</p> <ul style="list-style-type: none"> ◦ Specific resources including use of appropriate ICT programmes to support language and communication. ◦ Some adult modelling/support to promote communication and language with peers. ◦ Close home/setting liaison to ensure reinforcement of strategies and the generalisation of skills. ◦ Approaches to develop peer support e.g. key group work. 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs:</p> <ul style="list-style-type: none"> ◦ Functional language is modelled and taught such as 'hello', 'please', 'toilet', 'give me'. ◦ Child may need a personalised communication system. ◦ Consistent use of signs and symbols. ◦ Adult understands and responds to the child using alternative means of

Universal – all children	Targeted – some children	Specialist – few children
<ul style="list-style-type: none"> ◦ Verbal explanations supported by pictures and objects. ◦ Flexible use of staffing and resources to support access to learning and teaching. ◦ Positive self esteem maintained through developing areas of strength. ◦ Staff appropriately prepare children for routine changes (e.g. change in activity, change in staff). ◦ Additional adult support is used to support group work in the setting. ◦ Use of a structured approach for tasks and activities with a clear beginning middle and end. ◦ Whole staff awareness of the implications of communication and language difficulties. Appropriate differentiation of spoken and written language, activities and materials. ◦ Communication Friendly environment: <ul style="list-style-type: none"> – Using photographs or pictures to show the routine of the setting – Equipment labelled with photographs or pictures – Equipment accessible to all children – Use of gesture and signs. ◦ Opportunities for small group and 1:1 activities. ◦ Adult uses child's name to gain attention. ◦ Adult is physically at child's level. ◦ Simplify instructions e.g. Keep It Short and Simple (KISS). ◦ Give child time to respond. ◦ Staff use consistent language for equipment and routines e.g. all staff use the term 'apron' rather than some using 'overall'. ◦ Opportunities to listen to stories or activities within a quieter environment or small group. ◦ Awareness of individual sensory sensitivities e.g. not liking noise, awareness of smells. 	<ul style="list-style-type: none"> ◦ Specific vocabulary and concepts, including topic vocabulary may be taught. ◦ A structured language intervention which may be devised in consultation with external professionals (e.g. Advisory Teachers, Speech and Language Therapists) with support to generalise skills taught. ◦ Clear, simple and positive instructions with visual support if necessary e.g. visual timetable. ◦ Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning. ◦ Language is given priority in planning activities. School staff use augmentative and/or alternative means of communication, e.g. use of symbols and visual prompts. ◦ Small group work to address specific language, communication and listening targets as appropriate. ◦ Visual approaches to develop social understanding e.g. picture and photo Social Stories. ◦ Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum. ◦ Some individual work to address specific targets, if appropriate. ◦ Targeted small group work within class group to support specific aspects of the curriculum. <p>Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>communication such as symbols.</p> <ul style="list-style-type: none"> ◦ Objects of reference (that is real objects) used to represent activities and times of the day.

Personal, Social and Emotional Development

Universal – all children	Targeted – some children	Specialist – few children
<p>All children need: to develop a positive sense of themselves and others; to form positive social relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups; and to have confidence in their own abilities.</p> <p>All children need to have a positive sense of themselves, learn how to manage their own feelings and behaviour and form positive social relationships.</p> <p>Some children may have difficulty with social interaction. They may have difficulties with attention and listening; social understanding and lack flexibility in thought and behaviour.</p> <p>Children may periodically display emotional and social difficulties and some children may have a short term mental health difficulty.</p> <p>These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement.</p> <p>This may mean they need some short term support but it should not be assumed that they have special educational needs.</p> <p>These children will require a 'My Profile' written in consultation with parents.</p> <p>Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.</p> <p>Setting is supported by Early Years Advisors.</p>	<p>Some children's emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours.</p> <p>The behaviour may be disrupting the child's progress with learning or the learning of other children.</p> <p>These children will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. ○ For some children a co-ordinated, holistic multi agency plan will be required. This may involve Social Workers, Family Support Workers, and Health professionals including Health Visitors, Speech Therapists, Occupational Therapists, Physiotherapists, Paediatricians and staff from Children and Young People's Service (CYPS) and other support groups. This will lead to a 'My Plan' or My Plan +'. ○ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. 	<p>Relatively few children's difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown.</p> <p>They may over a sustained period of time:</p> <ul style="list-style-type: none"> ○ Display extremely withdrawn, disengaged, self-harming or anxious behaviours. ○ Present a serious threat to their own or others safety. ○ Display particularly challenging, uncooperative, destructive and disruptive behaviours. ○ Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour. ○ Have difficulty engaging with activities set by adults. <p>These children will require:</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. ○ For some children a co-ordinated multi-agency 'My Plan +' will be essential. ○ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ○ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ○ Curriculum differentiated appropriately to take account of individual needs. ○ Staff set personalised learning targets for all children. ○ Environment planned to take account of individual needs. ○ Consistent behaviour management by all staff including regular reinforcement of positive behaviours. ○ Positive behaviour policy within the setting. ○ Appropriate differentiation of the curriculum to ensure that children are motivated to learn and to minimise 	<p>Some children may require the following additional intervention and support approaches.</p> <p>Further modifications to the setting and environment to take account of individual needs.</p> <p>Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.</p> <p>Support through flexible grouping strategies.</p> <p>Additional adult support may be required at an individual or within a small group.</p> <p>Support to develop social skills and emotional awareness may include:</p> <ul style="list-style-type: none"> ○ Some 1:1 or small group work at times of need. ○ Structured activities to develop specific 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require:</p> <p>Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions.</p> <p>A highly modified learning environment to meet the needs of the individual child.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ○ A highly structured Individual Behaviour Plan. ○ A high level of care and supervision. ○ Individual programmes used to develop social and emotional skills throughout the day. ○ Staff trained and skilled in supporting

Universal – all children	Targeted – some children	Specialist – few children
<p>emotional, social and behavioural difficulties.</p> <ul style="list-style-type: none"> Class wide approaches to develop social and emotional well being e.g. use of Circle Time, use of SEAL resources, small group setting. 	<p>social skills in a small group such as PALS.</p> <ul style="list-style-type: none"> Home-School behaviour communication system in place. Consistent approaches in place to manage behaviour by all staff. <p>Support to develop emotional security and sense of belonging:</p> <ul style="list-style-type: none"> Placement in a nurture group. Small group support activities, small key group A weekly small group support programme to develop social skills including skills in recognising and managing emotions such as PALS. <p>Interventions should be well-founded evidence based interventions.</p> <ul style="list-style-type: none"> These children will require a My Plan or My Plan +. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>children with exceptionally challenging behaviour.</p> <ul style="list-style-type: none"> A secure, structured and safe learning environment. Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan +. For some children a co-ordinated multi-agency 'My Plan +' will be essential. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Physical Development

Universal – all children	Targeted – some children	Specialist – few children
<p>All children need to be active and to develop their co-ordination, control and movement. Children must also be helped to understand the importance of physical activity and to make healthy choices in relation to food.</p> <p>Some children who experience physical and medical difficulties have no problems in accessing the curriculum and in learning effectively.</p> <p>There is a wide range of physical and medical disabilities and children cover the whole ability range. Some children are able to access the curriculum and learn effectively without additional educational provision.</p> <p>Their difficulties may mean they need some short term support, but it should not be assumed that they have special educational needs.</p> <p>These children will require a 'My Profile' written in consultation with parents.</p> <p>Access to GP and Health Visitor.</p> <p>Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.</p> <p>Setting is supported by Early Years Advisors.</p>	<p>The child's physical/medical needs cannot be met by universal approaches over a sustained period of time.</p> <p>Physical difficulties or impairment may arise from:</p> <ul style="list-style-type: none"> ◦ 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 e.g. dyspraxia and autistic spectrum disorders. ◦ moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes. <p>Physical difficulties may result in:</p> <ul style="list-style-type: none"> ◦ difficulties in safely accessing the physical environment, facilities and equipment, difficulty in achieving independent self-care skills ◦ difficulties in communicating through speech and other forms of language ◦ emotional stress and physical fatigue <p>These children will require:</p> <ul style="list-style-type: none"> ◦ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. ◦ These children will require a My Plan or My Plan +. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. 	<p>A few children's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>These children have the most severe and complex physical needs. The majority of these children are identified at an early age often prior to full-time education by medical practitioners.</p> <p>These children will require:</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. ◦ Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan +. ◦ For some children a co-ordinated multi-agency 'My Plan +' will be essential. ◦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ◦ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ◦ Curriculum differentiated appropriately to take account of individual needs. ◦ Staff set personalised learning targets for all children. ◦ Environment planned to promote accessibility to the Early Years curriculum and the entire premises for every child. ◦ Risk assessments in place as appropriate and necessary. ◦ Staff work in partnership with parents. 	<p>Some children may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> ◦ Grouping strategies which are used flexibly ◦ Appropriate support to ensure equal access to the curriculum). ◦ Appropriate support agencies (e.g. Occupational Therapist, Advisory Teaching Service) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a highly modified learning environment to meet the needs of the individual child.</p> <p>The child may require a support to:</p> <ul style="list-style-type: none"> ◦ Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum. ◦ Aid safe curriculum access and response. ◦ Meet primary care needs including feeding/continence management. ◦ Provide manual handling (this may involve

Universal – all children	Targeted – some children	Specialist – few children
<ul style="list-style-type: none"> ◦ Use of 'Let's Move'. 	<ul style="list-style-type: none"> ◦ The nature and extent of additional help required will be determined by the child's needs. ◦ Planned strategies to combat fatigue (e.g. rest breaks). ◦ A fine or gross motor skills programme (e.g. Fizzy programme). ◦ Appropriate physical exercise following appropriate medical guidance. ◦ An appropriate programme of support to develop self-help skills such as toileting and dressing. ◦ Measures which allow the child to negotiate the environment safely and as independently as possible. ◦ Structured support to develop social relationships. ◦ An appropriate level of adult support to meet personal care needs. ◦ Appropriate use of alternative equipment to meet physical and medical needs e.g. specialist scissors. ◦ Support for some activities e.g. cutting activities, practical activities. ◦ Support to attend educational trips and school visits. <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>two people).</p> <ul style="list-style-type: none"> ◦ Ensure safe access to school life. ◦ Enable advice from Health professionals to be implemented (e.g. individual physiotherapy/mobility/OT programmes). ◦ Support the use of specialised equipment and/or a structured personalised curriculum. ◦ Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management). ◦ Manage complex and critical health care needs on a daily basis. ◦ Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties. ◦ External support services advice on curriculum access and/or individual programmes. ◦ A specialist Teacher (e.g., from the ATS), the SENCO, a Teaching Assistant (TA) (under specialist guidance) or other specialist provides small group or individual tuition.

Hearing Impairment

Universal – all children	Targeted – some children	Specialist – few children
<p>Many children have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. It may affect one (unilateral) or both ears (bilateral).</p> <p>Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree.</p> <p>This may mean they need some short term support, but it should not be assumed that they have special educational needs. These children will require a ‘My Profile’ written in consultation with parents.</p> <p>Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.</p> <p>Setting is supported by Early Years Advisors.</p>	<p>Some children’s hearing needs cannot be met by universal approaches over a sustained period of time. The child may have a diagnosed mild-moderate sensorineural/permanent conductive hearing loss. Their difficulties may show themselves in the following ways:</p> <ul style="list-style-type: none"> ◦ Persistently appearing to ignore and/or misunderstand instructions. ◦ Difficulties in understanding or responding to verbal cues. ◦ Difficulties in communicating through spoken language/interactions with peers and adults. ◦ Difficulties with language-related topics and in understanding new/complex concepts. ◦ Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships. ◦ Tendency to rely on peers, observing behaviour and activities to cue into expected responses. ◦ Tendency to withdraw from social situations and an increasing passivity and absence of initiative. ◦ Increasingly using additional strategies to facilitate communication. <p>These children will require:</p> <ul style="list-style-type: none"> ◦ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. ◦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. 	<p>A few children’s needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>In these cases the child’s hearing difficulties may significantly 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 and may require alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</p> <p>The child’s difficulty means that they are unable to follow the routines of the setting and maintain attention without a high level of structure and adult support.</p> <p>The child may have a moderate to severe, (60+dB) progressive hearing loss with a prognosis of definite and further deterioration.</p> <p>The child may have a diagnosed severe or profound (71dB+) pre-lingual, bilateral, sensorineural hearing loss.</p> <p>The child may have become deaf (moderate to severe 60+dB) and the resultant emotional and social difficulties disrupt the child’s learning and access to the curriculum.</p> <p>These children will require:</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. ◦ Clear plans for the use of support to achieve agreed outcomes in My Plan/My Plan +. ◦ For some children a co-ordinated multi-agency ‘My Plan +’ will be essential. ◦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ◦ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ◦ Involvement of a Teacher of the Deaf for 	<p>Some children may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> ◦ Involvement of a teacher of the deaf for advice/training/specialist equipment at a 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to</p>

Universal – all children	Targeted – some children	Specialist – few children
<p>advice/training/specialist equipment.</p> <ul style="list-style-type: none"> ◦ A secure, structured and safe learning environment. ◦ Curriculum differentiated appropriately to take account of individual needs. ◦ Staff set personalised learning targets for all children. ◦ Appropriate classroom and whole school listening environment established (e.g., good room acoustics and lighting, all children seated so that they can see and hear the adult). ◦ All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place. ◦ General support for self-esteem, confidence and promoting independence. ◦ Training for key workers in the management of additional equipment and deaf awareness. 	<p>regular or frequent level.</p> <ul style="list-style-type: none"> ◦ Training for key worker(s) in the management of additional equipment may be required. ◦ Opportunities for the hearing impaired child to develop communication skills. ◦ Help to develop communication and language skills through appropriate differentiation of oral language, activities and materials. ◦ Access to additional targeted intervention in small groups or individually. ◦ Opportunities to improve social skills, interaction, communication skills and self esteem as appropriate. ◦ Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures). ◦ Repetition of answers in group time. ◦ Additional time for hearing impaired child to process questions/information. ◦ Help in acquiring, comprehending and using speech and language in structured and unstructured situations. ◦ Specific pre-teaching of subject based concepts and vocabulary. ◦ Careful monitoring of communication and language programme implemented with advice from Teacher of the Deaf; a Speech and Language Therapist may also be involved. ◦ Access to specialist amplification systems such as radio aids. ◦ Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. ◦ Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment. <p>There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</p> <ul style="list-style-type: none"> ◦ Adjustments to ensure the listening environment takes account of individual needs. ◦ Specialist equipment to improve listening skills (e.g. radio aid, sound-field systems). ◦ For some children a co-ordinated multi agency plan will be required. This may involve, Social Workers, Family Support Workers, Health Professionals and other support groups. ◦ These children will require a My Plan or My Plan +. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. <p>Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>meet their individual needs. A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ◦ A high level of care and supervision. ◦ Individual programmes used to support learning throughout the school day. ◦ Emphasis on language development, communication skills and on-going auditory training if appropriate. <p>They will require access to appropriate well-founded evidence based interventions.</p>

Visual Impairment

Universal – all children	Targeted – some children	Specialist – few children
<p>Some children may have visual impairment (identified by medical practitioners). Most children's visual needs will be met by universal approaches. Their visual impairments may range from relatively minor visual conditions to sight impaired. Their visual impairment may mean that they have:</p> <ul style="list-style-type: none"> ○ reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses. ○ A defect in the field of vision e.g. tunnel vision or loss of central vision. ○ Other diagnosed eye conditions. <p>This may mean that children need some short term support, but it should not be assumed that they have special educational needs.</p> <p>These children will require a 'My Profile' written in consultation with parents. Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.</p> <p>Setting is supported by Early Years Advisors.</p>	<p>Some children's visual needs cannot be met by universal approaches over a sustained period of time. Their visual impairments may range from relatively minor conditions. They will be registered sight impaired. Their visual impairment may mean that they have:</p> <ul style="list-style-type: none"> ○ Significantly reduced visual acuity (6/36 or worse) in both eyes which cannot be corrected by glasses. ○ A defect in the field of vision e.g. tunnel vision or loss of central vision. ○ A deteriorating eye condition. ○ Other diagnosed eye conditions. <p>These children may have difficulty:</p> <ul style="list-style-type: none"> ○ Accessing the environment. ○ Accessing the Foundation Stage curriculum. ○ Sharing text books and worksheets. ○ Accessing computer software. ○ Participating socially with other children. ○ Participating in large play activities and games as well as other aspects of mobility. <p>These children will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. ○ These children will require a My Plan or My Plan +. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. 	<p>A few children's needs cannot be met by universal or targeted interventions and support approaches alone. Their visual impairments may range from relatively minor conditions to total blindness. They will be registered severely sight impaired. Their visual impairment may mean that they have:</p> <ul style="list-style-type: none"> ○ Significantly reduced visual acuity (3/60 or worse) in both eyes which cannot be corrected by glasses. ○ A defect in the field of vision e.g. tunnel vision or loss of central vision. ○ A deteriorating eye condition. ○ Other diagnosed eye conditions. <p>These children will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. ○ Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan +. ○ For some children a co-ordinated multi-agency 'My Plan +' will be essential. ○ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ○ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care plan.

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ○ Training for key workers in the management of individual equipment and good practice in relation to sight impairment. ○ A secure, structured and safe learning environment. ○ Staff set personalised learning targets for all children. ○ Appropriate environment established (e.g. good lighting and use of visuals, all 	<p>Some children will require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> ○ Regular or frequent involvement of an Advisory Teacher for Children with Visual Impairment for advice/training/specialist interventions and approaches. ○ Specific teaching strategies and interventions which are appropriate to the needs of a child with visual impairment. ○ Use of specialist equipment. ○ Use of auditory reinforcement. ○ Appropriate seating arrangements with 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ○ A high level of care and supervision. ○ Individual programmes used to support learning and support specific individual targets. This may include Specialist VI services to aid mobility and independence, self help and specialised

Universal – all children	Targeted – some children	Specialist – few children
<p>children seated so that they can see the adult).</p> <ul style="list-style-type: none"> ◦ Access to well organised and placed resources. ◦ Clear routines within setting. ◦ Setting uses EYEASI pack. 	<p>adjustments made to ensure the child has a good listening environment.</p> <ul style="list-style-type: none"> ◦ Opportunities to develop communication skills. ◦ Opportunities to improve social skills. ◦ Structured approaches to develop communication skills as well as self esteem. ◦ Opportunities to provide social interaction communication and self esteem building in both structured and unstructured situations as appropriate. ◦ Carefully monitored access to low visual aids. ◦ Access to specialist ICT equipment. ◦ Regular and frequent involvement of a Teacher of the Visually Impaired for advice/training/specialist interventions and approaches. <p>There should be appropriate modifications to the setting and environment. These modifications may include:</p> <ul style="list-style-type: none"> ◦ Grouping strategies which are used flexibly to promote independent learning. ◦ Setting management which is responsive to the child's visual impairment. ◦ Setting management which takes account of social relationships. ◦ A teacher of the visually impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>skills to equip them for their future. The child may require some of the following:</p> <ul style="list-style-type: none"> ◦ Access in all areas of the Foundation Stage curriculum through specialist low vision aids, equipment or adaptations. ◦ Regular access to specialist support and help with developing communication and language skills. ◦ Access to appropriate well-founded evidence based interventions.

General Guidance: Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p> <p>In preparing for transition to school all children should have:</p> <ul style="list-style-type: none"> ○ Opportunities to visit primary school and meet teacher and vice versa. ○ Opportunities to visit the next developmental stage room. ○ Key person introduced to child and parents. ○ Partnership working when child attends more than one setting. ○ My Profile prepared for transition in consultation with parents. 	<p>Reviews of progress should take place at least three times per year.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress.</p> <p>Children's views should always be sought as part of the review process.</p> <p>Records of steps taken to meet the needs of individual children should be kept and available as needed.</p> <p>Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the child.</p> <p>In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ○ No longer need special educational provision and needs will be met from universal approaches. ○ Continue to need special educational provision as needs cannot be met from universal approaches. ○ Need more intensive special educational provision. <p>In preparing for transition to school some children will require:</p> <ul style="list-style-type: none"> ○ Transition book prepared with photos of new school and key staff. ○ Sharing of strategies used effectively by current setting/key worker. ○ Partnership working when child attends more than one setting. <p>My Plan reviewed with current and receiving setting and parents prior to transition.</p>	<p>Reviews of progress should take place at least three times per year.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress.</p> <p>Children's views should always be sought as part of the review process.</p> <p>Records of steps taken to meet the needs of individual children should be kept and available as needed.</p> <p>Reviews should involve the appropriate external professionals working with the child.</p> <p>In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ○ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ○ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ○ Need more intensive special educational provision. <p>In preparing for transition to school a few children will require:</p> <ul style="list-style-type: none"> ○ Liaison with receiving school such as 'Starting Out conference'. ○ Audit of school environment. <p>My Plan/MyPlan Plus reviewed with current and receiving setting and parents prior to transition.</p>

Schools

This section of the guidance aims to help schools in Gloucestershire meet the needs of children with special educational needs and disabilities. It should be used as a reference document to guide their practice.

Communication and Interaction Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children’s linguistic competence supports their learning as well as their communication skills.</p> <p>Many children have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly.</p> <p>Children may have difficulty with social interaction. They may have difficulties with attention and listening; social understanding and lack flexibility in thought and behaviour. Difficulties with communication and interaction may mean that children need some short term support but it should not be assumed that they have special educational needs.</p>	<p>Some children’s communication and interaction difficulties cannot be met by universal approaches over a sustained period of time.</p> <p>Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional and mental health.</p> <p>Children with these difficulties may have a medical diagnosis such as Autism or Asperger’s Syndrome.</p> <p>These children will require:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few children’s difficulties are severe and longstanding and have not responded to focussed and well founded interventions over a period of time.</p> <p>The severity of their difficulties may have a considerable impact on their ability to access the curriculum.</p> <p>The range of difficulties these children are experiencing may be impacting on their emotional and mental health.</p> <p>These children will require:</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. <p>These children may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> • Systems to be in place for staff to routinely seek children’s views about their strengths and difficulties and adults’ concerns (e.g. through the use of My Profile). • Systems to be in place for staff to regularly seek the views of parents about their children’s communication and interaction skills. • Appropriate arrangements to be in place for assessment of the classroom and school environment and the impact on children’s communication and interaction which are reviewed at least annually. • Routine assessment of their progress with speaking and listening skills. • Subject and class teachers who take account of access strategies and teaching styles when planning. 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> • The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). • The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile). • Liaison and consultation with external professionals and support services where appropriate. • Close home-school links, so school are aware of changes in home circumstances that may impact on progress. • Non-educational professionals (e.g. Paediatrician, Speech Therapist, CYPS) may also be involved in assessment and planning. • The SENCO contacts other professionals working with child outside school (with parental permission) as part of the assessment. • Where appropriate external services (e.g. Advisory Teaching Service, Educational 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> • The setting to gather the individual child’s views about the difficulty and support approaches to be put in place. • The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile). • External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan. • Very close home-school liaison, so school are aware of changes in home circumstances that may impact on communication and interaction. • The appropriate non-educational professionals (e.g. Speech Therapist, Paediatrician, CYPS, Social Services) are also involved in assessment and planning. • Regular and on-going involvement from external support services (e.g. Advisory Teacher, Educational Psychologist) who assist in assessment and planning. • Rigorous qualitative and quantitative measures should be used as a baseline

Universal – all children	Targeted – some children	Specialist – few children
	<p>Psychology Service) contribute via consultation or specialist assessment, leading to more specifically focussed plan.</p> <ul style="list-style-type: none"> Both qualitative and quantitative measures may be used as a baseline from which progress can be judged. Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. The class teacher in consultation with the SENCO to establish a clear analysis of the child's needs. Consideration of their development in comparison to their peers and their response to previous interventions. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the IEP or My Plan). <p>For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan +) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</p> <p>Assessment suggests that difficulties in child's communication and interaction mean they require additional and different provision.</p>	<p>from which progress can be judged.</p> <ul style="list-style-type: none"> Measures to be made of the impact of the child's difficulties on their ability to access the curriculum. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). <p>For some children a co-ordinated Multi Agency Plan will be essential. This may involve use of My Plan + and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all children. Classroom and whole school environment modified to take account of communication and interaction needs. Class based teaching with differentiated group work as appropriate within class setting. Curriculum access facilitated by modification of task presentation. Transition between tasks and specific use of visual communication systems (e.g. visual timetable, visual agenda, Now and Then boards). Flexible use of staffing and resources to support access to learning and teaching. Positive self esteem maintained through developing areas of strength. Staff appropriately prepare students for 	<p>Some children may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> Adult support used to prepare specific resources including use of appropriate ICT programmes to support language and communication. Small group work within class to support appropriate aspects of the differentiated curriculum. Some adult monitoring/support to promote social skills and interactions with peers. Teaching of specific social interaction skills and social use of language (e.g. Social Use of Language Programme) with opportunities to generalise the skills used on a daily basis through individual and small group work. Close home/school liaison to ensure reinforcement of strategies and the generalisation of skills. Approaches (e.g. Circle of Friends, buddying systems) to develop peer support. Verbal explanations require simplification with visual and/or experiential and/or concrete support. 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> A highly structured and personalised teaching environment. A high level of care and supervision. A consistent approach to multi-sensory communication. Individual programmes used to manage emotional and behavioural needs throughout the school day Staff trained and skilled in responding to very challenging behaviours. A secure, structured and safe learning environment.

Universal – all children	Targeted – some children	Specialist – few children
<p>routine changes (e.g. change in lessons, change in activity, change in teaching staff).</p> <ul style="list-style-type: none"> ◦ Out of hours clubs which can provide opportunities to reinforce children's strengths and for social communication in an informal setting. ◦ Staff model appropriate social behaviour and interaction. ◦ Appropriate use of visual prompts, to show what behaviour and actions are expected. ◦ Additional adult support is used to support group work in the classroom. ◦ Reduce anxiety through adapting and structuring the learning and social environment as appropriate. ◦ Teaching strategies take into account difficulties with social understanding and the generalisation of skills. ◦ Curriculum delivery modified to accommodate reluctance to accept adult direction. ◦ Use of a structured approach for tasks and activities with a clear beginning middle and end. ◦ Whole staff awareness of the implications of communication and interaction difficulties. ◦ Appropriate differentiation of spoken and written language, activities and materials in class. 	<ul style="list-style-type: none"> ◦ Reduce anxiety through frequently adapting and structuring the learning and social environment as appropriate. ◦ Adaptations are made to include use of key wording and pre-tutoring to introduce, teach and reinforce specific vocabulary and concepts, including specific subject vocabulary. ◦ A structured language intervention which may be devised in consultation with external professionals (e.g. Advisory Teachers, Speech and Language Therapists) with support to generalise skills taught. ◦ Clear, simple and positive instructions with visual support if necessary e.g. visual timetable. ◦ Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning. ◦ Language is given priority in planning to facilitate effective curriculum access. ◦ Significant differentiation of spoken and written language, activities and materials in class including use of ICT. ◦ School staff use augmentative and/or alternative means of communication, (e.g. use of symbols and visual prompts). ◦ Approaches to build understanding of abstract and figurative language. ◦ Small group work outside the classroom to address specific language, social communication and listening skills targets as appropriate. ◦ Children may require withdrawal from the classroom to a sanctuary at times of stress. ◦ Teaching strategies which take into account specific difficulties with social understanding and the generalisation of skills. ◦ Some additional adult support may be provided at unstructured times (e.g. break-times). ◦ Modifications to the teaching environment to take account of sensory sensitivities. ◦ Visual approaches to develop social understanding including comic strip conversations and social stories. ◦ Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum. ◦ Some individual work to address specific targets, if appropriate. ◦ Targeted small group work within class group to support specific aspects of the curriculum. <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p> <p>Additional adult support may be required at an individual level or within a small group to implement support strategies and approaches.</p>	

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Cognition and Learning Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>Children may show a slower rate of progress in some areas of their learning than their peers.</p> <p>This may be a short term difficulty that requires brief support but it should not be assumed that they have special educational needs.</p>	<p>Some children's learning difficulties cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These children may have more difficulties than their peers with understanding, thinking, problem solving, retaining information, concepts and skills and communicating.</p> <p>They may have general learning difficulties in acquiring and retaining a broad range of skills and concepts or they may have more specific learning difficulties (e.g. difficulties with maths or with literacy).</p> <p>There may be associated social and emotional difficulties and mental health concerns.</p> <p>These children will require:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few children's difficulties may range from what can be seen as moderate through to severe, complex and profound difficulties. These children's difficulties have not responded to targeted support approaches over a sustained period of time.</p> <p>Their difficulties are likely to impact on all areas of the curriculum.</p> <p>They may also have difficulties in mobility and co-ordination, communication and perception, and the acquisition of self-help skills. Children with severe learning difficulties are likely to need support to be independent.</p> <p>Those with profound and multiple learning difficulties (PMLD) have severe and complex learning difficulties as well as significant other difficulties such as a physical disability or a sensory impairment.</p> <p>These children will require:</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. <p>These children may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> • Systems in place for staff to routinely seek children's views about their progress with learning (e.g. through the use of My Profile). • Systems in place for staff to regularly seek parents' views about their child's progress with learning. • A whole school target setting, tracking and review process. • Appropriate arrangements for assessment of the classroom and school environment, which are reviewed at least annually. • Systems of self-assessment which are used to inform personalised learning targets. • Encouragement to evaluate their own performance. 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> • The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). • The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile). • Both qualitative and quantitative measures used as a baseline from which progress can be judged. Continuous assessment, and curriculum assessment, supplemented by standardised/diagnostic tests where relevant. • Consideration of their development in comparison to peers and their response to previous interventions. • The Class Teacher in consultation with the SENCO to establish a clear analysis of the children's needs. • Liaison and consultation with external professionals and support services, 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> • Access to external services (e.g. Educational Psychologist, Advisory Teacher) who contribute via consultation or specialist assessment, which leads to a more specifically focussed plan. • Very close home-school links, so school are aware of changes in home circumstances that may impact on learning. • Non-educational professionals (e.g. Speech Therapist, Occupational Therapist) are involved in assessment and planning. • Measures of the impact of the child's difficulties on their ability to access the curriculum. • Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). <p>For some children a co-ordinated Multi Agency Plan (e.g. My Plan +) will be</p>

Universal – all children	Targeted – some children	Specialist – few children
	<p>where appropriate, which leads to a more specifically focussed intervention plan. Non-educational professionals (e.g. Speech and Language Therapist) may also be involved in assessment and planning.</p> <ul style="list-style-type: none"> • The SENCO to contact other professionals working with the child outside school (with parental permission) as part of the assessment. • Assessment suggests that the child's cognition and learning difficulties mean they require additional and different provision. • Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the IEP or My Plan). <p>For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan +) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</p>	<p>essential. This may involve use of My Plan + and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPs) and other community and charity groups.</p> <p>These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> • An appropriately differentiated curriculum to take account of individual needs. • Classroom and whole school environment modified to take account of learning needs. • Use of peer support systems across the school (e.g. peer mediators and playground buddy systems). • Classroom groupings and seating arrangements which are used to facilitate learning. This may include planned collaborative/group work. • Focussed small group support for literacy and/or numeracy. • Out of hours learning opportunities (e.g. homework clubs, lunchtime clubs etc.). • Special arrangements in place for testing and assessments when required. • Peer and adult support on ad hoc basis, or limited targeted adult support which may include use of HLTAs, TAs and adult volunteers. • Teaching children thinking skills and helping them to become aware of their own learning processes. 	<p>Some children may require the following additional intervention and support approaches.</p> <p>There should be appropriate modifications to the classroom and whole school environment.</p> <p>Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches.</p> <p>Individual arrangements made for seating and groupings to meet individual needs.</p> <p>Close home-school links are maintained, so that the school are aware of any changes in home circumstances that may impact on learning.</p> <p>Child and parent involvement in teaching programme clearly defined.</p> <p>Considering carefully the child's learning styles and ensuring that this is reflected in the styles of teaching (e.g. use of multi-sensory teaching strategies).</p> <p>Flexible grouping strategies, including ones where the child can work with more able peers.</p> <p>Increasing differentiation of activities and materials (e.g. readability and access to text considered).</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> • A highly structured and individualised learning programme. • A high level of care and supervision. • Individual programmes used to support learning throughout the school day. • A secure, structured and safe learning environment.

Universal – all children	Targeted – some children	Specialist – few children
<ul style="list-style-type: none"> ◦ Praising the child's strengths and achievements so that self esteem is maintained and enhanced. ◦ Careful consideration given to the use of language in the classroom and strategies to promote the learning of vocabulary. 	<p>Arrangements made for pre-tutoring new skills and concepts before the lesson.</p> <p>Staff trained in working with children with specific needs.</p> <p>Staff skilled in breaking down skills into finely detailed steps.</p> <p>Delivering instructions in short chunks and checking for understanding, giving the child time to process language and respond.</p> <p>Where appropriate explicit teaching of study skills, collaborative learning approaches, listening skills, strategies for homework, etc.</p> <p>Individual and/or small group support to implement highly structured personalised reading and/or spelling programmes on a daily basis.</p> <p>Individual and/or small group support to implement highly structured personalised numeracy programmes on a daily basis.</p> <p>Use of approaches which involve children in explicit monitoring and feedback about progress.</p> <p>Staff who provide strategies to aid organisation.</p> <p>Access to ICT and to specialist equipment and materials as necessary.</p> <p>Opportunities for over-learning and repetition.</p> <p>Help in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences. Help to connect and generalise concepts.</p> <p>Providing for alternative means of access to tasks involving reading and writing.</p> <p>Increasingly individualised curriculum linking content of whole class work and learning objectives appropriate to the child.</p> <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Social, Emotional and Mental Health Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>Children may periodically display emotional, social and behavioural difficulties and some children may have a short term mental health difficulty.</p> <p>These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement.</p> <p>This may mean they need some short term support but it should not be assumed that they have special educational needs.</p>	<p>Some children's emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours.</p> <p>The behaviour may be disrupting the child's progress with learning or the learning of other children.</p> <p>These children will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>Relatively few children's difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown.</p> <p>They may over a sustained period of time:</p> <ul style="list-style-type: none"> ○ Display extremely withdrawn, self-harming or anxious behaviours. ○ Present a serious threat to their own or others safety. ○ Display particularly challenging, uncooperative, destructive and disruptive behaviours. ○ Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour. ○ Have difficulty engaging with activities set by adults. <p>These children will require:</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. <p>These children may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> ○ Systems to be in place for staff to routinely seek information about children's emotional and social concerns. ○ Systems to be in place for staff to regularly seek the views of parents about their children's social and emotional well-being. ○ Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually. ○ A whole school behaviour policy which sets out the way the school promotes positive behaviour. ○ Whole staff awareness of the implications of emotional, social and mental health difficulties. ○ Appropriate whole school policies which set out the school's approach to pastoral support and developing the emotional well being of children, (e.g. Citizenship programmes, anti-bullying approaches). ○ A whole school approach to be in place to develop behaviour for learning. ○ Health and safety and risk assessment policies to be in place and appropriate risk assessments to be completed. 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> ○ The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ○ The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile). ○ Class teacher in consultation with the SENCO has established a clear analysis of the child's needs. ○ Consideration of individual child's development in comparison to peers and their response to previous interventions. ○ Liaison and consultation with external professionals and support services where appropriate (e.g. Advisory Teacher, Educational Psychologist). ○ Close home-school links, so school are aware of changes in home circumstances that may impact on the child's well-being. ○ The SENCO contacts other professionals working with child outside school (with 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> ○ External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ○ Close home-school links, so school are aware of changes in home circumstances that may impact on behaviour. ○ Non-educational professionals (e.g. School Nurse, Paediatrician, CYPS, Social Services) may also be involved in assessment and planning. ○ Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. ○ Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. <p>For some children a co-ordinated Multi Agency Plan (e.g. My Plan +) will be essential. This may involve use of My Plan + and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other</p>

Universal – all children	Targeted – some children	Specialist – few children
	<p>parental permission) as part of the assessment.</p> <ul style="list-style-type: none"> Both qualitative and quantitative measures may be used as a baseline from which progress can be judged. Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. Non-educational professionals (e.g. CYPS, Social Services) may also be involved in assessment and planning. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the IEP or My Plan). Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan. <p>For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan +) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</p> <p>Assessment suggests that difficulties in child's emotional and social development or mental health problems mean they require additional and different provision.</p>	<p>community and charity groups. These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all children. Classroom and whole school environment modified to take account of social and emotional needs. Consistent behaviour management by all staff including regular reinforcement of positive behaviours. Appropriate differentiation of the curriculum to ensure that children are motivated to learn and to minimise emotional, social and behavioural difficulties. Class wide approaches to develop social and emotional well being (e.g. use of Circle Time, use of SEAL resources) Use of peer support systems across 	<p>Some children may require the following additional intervention and support approaches.</p> <p>Further modifications to the classroom and whole school environment to take account of individual needs.</p> <p>Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.</p> <p>Support through flexible grouping strategies.</p> <p>Additional adult support may be required at an individual or within a small group.</p> <p>Support to develop social skills and emotional awareness may include:</p> <ul style="list-style-type: none"> Some 1:1 or small group work at times of need. Structured activities to develop specific social skills in a small group. Break and/or lunchtime support to engage in supported activities with peers A small group support programme using 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require:</p> <p>Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions.</p> <p>A highly modified learning environment to meet the needs of the individual child.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> A highly structured Individual Behaviour Plan. A high level of care and supervision. Individual programmes used to develop social and emotional skills throughout the school day. Staff trained and skilled in supporting children with exceptionally challenging behaviour. A secure, structured and safe learning environment.

Universal – all children	Targeted – some children	Specialist – few children
<p>the school (e.g. peer mediators and playground buddy systems)</p>	<p>Cognitive Behavioural principles.</p> <p>Support to develop ability to complete classroom tasks independently and improve focus may include:</p> <ul style="list-style-type: none"> ○ Provision of a distraction free work area on the edge of a group. ○ Activities which are broken into small achievable tasks. ○ Activity breaks within tasks. ○ Timed activities with the use of visual prompts and reminders. <p>Support to develop ability to co-operate with school and adult expectations may include:</p> <ul style="list-style-type: none"> ○ A clear and consistently applied hierarchy of rewards and sanctions. ○ Out of hours social and learning opportunities (homework clubs, lunchtime clubs etc.) provided where possible. ○ Planned 1:1 or small group work where strategies for managing anger or conflict can be discussed and role played. ○ Child may attend an in-school support centre either full time, during periods of stress, or on the basis of withdrawal from lessons which are particular trouble spots. ○ Home-School behaviour communication system in place. ○ Consistent approaches in place to manage behaviour by all staff. <p>Support to develop emotional security and sense of belonging.</p> <ul style="list-style-type: none"> ○ Placement in a nurture group. ○ Small group support activities such as Circle of Friends. ○ A weekly small group support programme to develop social skills including skills in recognising and managing emotions. <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ○ No longer need special educational provision and needs will be met from universal approaches. ○ Continue to need special educational provision as needs cannot be met from universal approaches. ○ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ○ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ○ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ○ Need more intensive special educational provision.

Physical and Medical Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>Some children who experience physical and medical difficulties have no problems in accessing the curriculum and in learning effectively.</p> <p>There is a wide range of physical and medical disabilities and children cover the whole ability range. Some children are able to access the curriculum and learn effectively without additional educational provision.</p> <p>Their difficulties may mean they need some short term support, but it should not be assumed that they have special educational needs.</p>	<p>The child's physical/medical needs cannot be met by universal, whole school or class approaches over a sustained period of time.</p> <p>Physical difficulties or impairment may arise from:</p> <ul style="list-style-type: none"> ○ 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 e.g. dyspraxia and autistic spectrum disorders. ○ moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes. <p>Physical difficulties may result in:</p> <ul style="list-style-type: none"> ○ difficulties in safely accessing the physical environment, facilities and equipment, whole school and class activities, including assessments, practical lessons, information and communication technology ○ difficulty in achieving independent self-care skills ○ difficulties in communicating through speech and other forms of language ○ emotional stress and physical fatigue <p>These children will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few children's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>These children have the most severe and complex physical needs. The majority of these children are identified at an early age often prior to full-time education.</p> <p>These children will require:</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. <p>These children may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> ○ Systems to be in place for staff to routinely seek information about children's physical needs/concerns. ○ Systems to be in place for staff to regularly seek the views of parents about their children's physical/medical needs. ○ Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually. ○ Whole staff awareness of the implications 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> ○ The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ○ The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile). ○ Class teacher in consultation with the 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> ○ External services (e.g. ATS) contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ○ Close home-school links, so school are aware of changes in circumstances that may impact on the child's physical and medical difficulties. ○ Non-educational professionals (e.g.

Universal – all children	Targeted – some children	Specialist – few children
<p>of physical and medical difficulties.</p> <ul style="list-style-type: none"> Appropriate whole school policies for supporting children with physical and medical needs. Health and safety and risk assessments policies to be in place. Effective internal communication and liaison arrangements between staff. 	<p>SENCO has established a clear analysis of the child's needs.</p> <ul style="list-style-type: none"> Consideration of individual child's development in comparison to peers and their response to previous interventions. Liaison and consultation with external professionals and support services, where appropriate (e.g. AT, EP). Close home-school links, so school are aware of changes in circumstances that may impact on the child's physical/medical needs. Assessment and observation by subject/class teacher or SENCO indicates child's physical difficulties, affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities. Where there are suspicions of physical or medical difficulties, schools should advise parents to seek medical advice (e.g. G.P., school nurse). Continuous assessment and curriculum assessments may be supplemented by diagnostic tests. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the IEP or My Plan). For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan +) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups. 	<p>Physiotherapist, Occupational Therapist) may also be involved in assessment, advice and planning.</p> <ul style="list-style-type: none"> Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. <p>For some children a co-ordinated Multi Agency Plan (e.g. My Plan +) will be essential. This may involve use of My Plan + and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all children. Appropriate classroom and whole school environment established- schools promote accessibility to the curriculum and the entire school premises, for every child. 	<p>Some children may require the following additional intervention and support approaches.</p> <p>There should be appropriate modifications to the classroom and whole school environment.</p> <p>These modifications may include:</p> <ul style="list-style-type: none"> Grouping strategies which are used flexibly within the classroom to promote independent learning. Classroom management which responds to the child's physical and medical needs (e.g. modifications to routines and organisation). Classroom management which takes account of social relationships. Appropriate support to ensure equal 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a highly modified learning environment to meet the needs of the individual child.</p> <p>The child may require a high level of adult support to:</p> <ul style="list-style-type: none"> Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum. Aid safe curriculum access and response. Meet primary care needs including feeding/continence management. Provide manual handling (this may involve two people). Ensure safe access to school life. Enable advice from Health professionals

Universal – all children	Targeted – some children	Specialist – few children
	<p>access to the curriculum and out-of-hours learning opportunities (e.g. homework clubs and lunchtime clubs).</p> <ul style="list-style-type: none"> ◦ Appropriate support agencies (e.g. OT, ATS) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. ◦ The nature and extent of additional help required will be determined by the child's needs. ◦ Planned strategies to combat fatigue (e.g. rest breaks). ◦ A fine or gross motor skills programme (e.g. Fizzy programme). ◦ Appropriate physical exercise following appropriate medical guidance. ◦ An appropriate programme of support to develop self-help skills such as toileting and dressing. ◦ Measures which allow the child to negotiate the school environment safely and as independently as possible. ◦ Structured support to develop social relationships (e.g. buddying, Circle of Friends). ◦ An appropriate level of adult support to meet personal care needs. ◦ Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slops, specialist scissors) ◦ Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes). ◦ Support to attend educational trips and school visits <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>to be implemented (e.g. individual physiotherapy/mobility/OT programmes).</p> <ul style="list-style-type: none"> ◦ Support the use of specialised equipment and/or a structured personalised curriculum. ◦ Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management). ◦ Manage complex and critical health care needs on a daily basis. ◦ Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties. ◦ Enable the child to participate with peers in response to challenges in the school environment. ◦ Ensure safe access to out-of-hours learning opportunities and extracurricular activities. ◦ External support services advice on curriculum access and/or individual programmes. ◦ A specialist Teacher (e.g., from the ATS), the SENCO, a Teaching Assistant (TA) (under specialist guidance) or other specialist provides small group or individual tuition.

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p>	<p>Reviews of progress should take place at least three times per year.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress.</p> <p>Children's views should always be sought as part of the review process.</p> <p>Records of steps taken to meet the needs of individual children should be kept and available as needed.</p> <p>Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child.</p> <p>In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress.</p> <p>Children's views should always be sought as part of the review process.</p> <p>Records of steps taken to meet the needs of individual children should be kept and available as needed.</p> <p>Reviews should involve the appropriate external professionals working with the child.</p> <p>In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Hearing Impairment

Universal – all children	Targeted – some children	Specialist – few children
<p>Many children have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. Temporary hearing losses are usually caused by the condition known as 'glue ear' and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short term support, but it should not be assumed that they have special educational needs.</p>	<p>Some children's hearing needs cannot be met by universal approaches over a sustained period of time. Their difficulties may show themselves in the following ways:</p> <ul style="list-style-type: none"> ○ Persistently appearing to ignore and/or misunderstand instructions. ○ Difficulties in understanding or responding to verbal cues. ○ Difficulties in communicating through spoken language/interactions with peers and adults. ○ Difficulties with language-related topics and in understanding new/complex concepts. ○ Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships. ○ Tendency to rely on peers, observing behaviour and activities to cue into expected responses. ○ Tendency to withdraw from social situations and an increasing passivity and absence of initiative. ○ Increasingly using additional strategies to facilitate communication. <p>These children will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs 	<p>A few children's needs cannot be met by universal or targeted interventions and support approaches alone. In these cases the child's hearing difficulties may significantly 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 classroom activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</p> <p>The child's difficulty means that they are unable to follow classroom routine and maintain attention to task without a high level of structure and adult support. The child may have a moderate to severe, (60+dB) progressive hearing loss with a prognosis of definite and further deterioration.</p> <p>The child may have a diagnosed severe or profound (71dB+) pre-lingual, bilateral, sensorineural hearing loss.</p> <p>The child has become deaf (moderate to severe 60+dB) and the resultant emotional and social difficulties disrupt the child's learning and access to the curriculum. These children will require:</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. <p>These children may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> ○ Systems to be in place for staff to routinely seek information about children's hearing needs and concerns. ○ Systems to be in place for staff to regularly seek the views of parents about their children's hearing needs. ○ Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually. – in relation to class noise levels. ○ Whole staff awareness of the implications of hearing difficulties. and knowledge of 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> ○ The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ○ The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile). ○ Class teacher in consultation with the SENCO has established a clear analysis of the child's needs. 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> ○ External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ○ Close home-school links, so school are aware of changes in circumstances that may impact on the child's hearing ○ Non-educational professionals (e.g. Physiotherapist, Occupational Therapist) may also be involved in assessment,

Universal – all children	Targeted – some children	Specialist – few children
<p>strategies that facilitate the inclusion of children with hearing impairment.</p> <ul style="list-style-type: none"> Appropriate whole school policies for supporting children with hearing difficulties. Health and safety and risk assessments policies to be in place. There should be effective internal communication and liaison arrangements between staff. Where there are suspicions of hearing difficulties, schools should advise parents to seek a hearing assessment. 	<ul style="list-style-type: none"> Consideration of individual child's development in comparison to peers and their response to previous interventions. Liaison and consultation with external professionals and support services, where appropriate. Close home-school links, so school are aware of changes in circumstances that may impact on the child's hearing needs. Assessment and observation by subject/class teacher or SENCO indicates child's hearing difficulties, affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities. Where there are suspicions of ongoing hearing difficulties, schools should advise parents to seek any appropriate medical advice. Teacher of the deaf or educational audiologist input may be requested for assessments for additional audiological equipment (e.g. a radio aid). Continuous assessment and curriculum assessments may be supplemented by diagnostic tests. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). <p>For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan +) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</p>	<p>advice and planning.</p> <ul style="list-style-type: none"> Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. SENCO and teaching staff may need to refer to external support services e.g. Teacher of the Deaf/ENT/Audiology for further specialist assessments and advice. <p>For some children a co-ordinated Multi Agency Plan (e.g. My Plan +) will be essential. This may involve use of My Plan + and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all children. Appropriate classroom and whole school listening environment established (e.g., good classroom/hall acoustics and lighting, all children seated so that they can see and hear the teacher). All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place. Care to be exercised within school grouping and general support for self-esteem, confidence and promoting independence. 	<p>Some children may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> Involvement of a teacher of the deaf for one off or occasional advice/training/specialist equipment. One-off training for key worker(s) in the management of additional equipment may be required. Opportunities for the hearing impaired child to develop communication skills. Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials. Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate. Clear and precise instructions supported by visual clues as appropriate (e.g. key 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> Access to more highly focussed specialist programmes of support. Highly structured and individualised learning programme. A high level of care and supervision. Individual programmes used to support learning throughout the school day. A secure, structured and safe learning environment. To give a greater emphasis on language development, auditory training and communication skills.

Universal – all children	Targeted – some children	Specialist – few children
<ul style="list-style-type: none"> ◦ Appropriate seating position in class. 	<p>words, pictures).</p> <ul style="list-style-type: none"> ◦ Repetition of answers in class/group discussion. ◦ Additional time for hearing impaired child to process questions/information. ◦ Frequent and sensitive checking of child's understanding and use of specialist equipment. ◦ Careful monitoring of language and literacy skills. ◦ Language programme implemented with advice from teacher of deaf and SALT ◦ Opportunities to improve social skills, interaction, communication skills and self esteem as appropriate. ◦ Access to specialist amplification systems such as radio aids. ◦ Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. ◦ Careful monitoring of reading and spelling progress. ◦ Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment. ◦ Literacy strategies devised and implemented with advice/monitoring from Teacher of the Deaf to compensate for reduced linguistic experience due to language delay. ◦ Help in acquiring, comprehending and using speech and language in structured and unstructured situations. ◦ Specific pre-teaching of subject based concepts and vocabulary. ◦ Access to specialist amplification systems such as radio aids. ◦ Opportunities to improve social skills, interaction, communication skills and self esteem in structured and unstructured situations. ◦ Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. <p>There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</p> <ul style="list-style-type: none"> ◦ Adjustments to ensure the listening environment takes account of individual needs. ◦ Specialist equipment to improve listening skills (e.g. radio aid, sound-field systems). <p>For some children a co-ordinated Multi Agency Plan will be required. This may involve use of My Plan + and may include Social Workers, Family Support Workers, Health Professionals and other support groups. Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>They will require access to appropriate well-founded evidence based interventions.</p>

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p>	<p>Reviews of progress should take place at least three times per year.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress.</p> <p>Children's views should always be sought as part of the review process.</p> <p>Records of steps taken to meet the needs of individual children should be kept and available as needed.</p> <p>Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child.</p> <p>In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year.</p> <p>Reviews should feed into the assessment process and should be fully recorded.</p> <p>Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress.</p> <p>Children's views should always be sought as part of the review process.</p> <p>Records of steps taken to meet the needs of individual children should be kept and available as needed.</p> <p>Reviews should involve the appropriate external professionals working with the child.</p> <p>In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Visual Impairment

Universal – all children	Targeted – some children	Specialist – few children
<p>Some children may have visual impairment (identified by medical practitioners). Visual impairments take many forms and have widely differing implications for educational provision.</p> <p>Most children's visual needs will be met by universal approaches.</p> <p>This may mean that children need some short term support, but it should not be assumed that they have special educational needs.</p>	<p>Some children's visual needs cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These children may have difficulty:</p> <ul style="list-style-type: none"> ◦ Accessing the curriculum. ◦ Reading the board from a distance. ◦ Reading normal print. ◦ Sharing text books and worksheets. ◦ Accessing computer software. ◦ Participating socially with other children. ◦ Participating in PE and games as well as other aspects of mobility. ◦ With independent working and self-help skills. <p>These children will require:</p> <ul style="list-style-type: none"> ◦ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few children's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>Their visual impairments may range from relatively minor conditions to total blindness. Their visual impairment may mean that they have:</p> <ul style="list-style-type: none"> ◦ Significantly reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses. ◦ A defect in the field of vision e.g. tunnel vision or loss of central vision. ◦ A deteriorating eye condition. ◦ Other diagnosed eye conditions. <p>These children will require:</p> <ul style="list-style-type: none"> ◦ A graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. <p>For children with the most severe and complex needs in relation to their visual impairment, an EHC Plan may be required.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All children require:</p> <ul style="list-style-type: none"> ◦ Systems to be in place for staff to routinely seek information about children's visual needs/concerns. ◦ Systems to be in place for staff to regularly seek the views of parents about their children's visual needs. ◦ Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually in relation to school and site being physically accessible to children with a visual impairment. ◦ Whole staff awareness of the implications of visual difficulties and knowledge of strategies to facilitate the inclusion of children with a visual impairment. ◦ Appropriate whole school policies to be in place for supporting children with visual difficulties. ◦ Health and safety and risk assessment policies to be in place and appropriate risk assessments completed. ◦ There should be effective internal communication and liaison arrangements between staff. ◦ Where there are suspicions of visual 	<p>In addition to universal assessment and planning approaches, some children will require:</p> <ul style="list-style-type: none"> ◦ The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ◦ The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile). ◦ Class teacher in consultation with the SENCO has established a clear analysis of the child's needs. ◦ Consideration of individual child's development in comparison to peers and their response to previous interventions. ◦ Liaison and consultation with external professionals and support services, where appropriate. ◦ Close home-school links, so school are aware of changes in circumstances that may impact on the child's visual needs. ◦ Assessment and observation by subject/class teacher or SENCO indicates child's visual difficulties, affecting curriculum access as indicated by attainment below 	<p>In addition to universal and targeted assessment and planning approaches a few children will also require:</p> <ul style="list-style-type: none"> ◦ External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ◦ Close home-school links, so school are aware of changes in circumstances that may impact on the child's vision. ◦ Non-educational professionals may also be involved in assessment, advice and planning. ◦ Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. ◦ Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. ◦ SENCO and teaching staff may need to refer to external support services (e.g. TVI, Ophthalmology) for further specialist assessments and advice. <p>For some children a co-ordinated Multi Agency Plan (e.g. My Plan +) will be essential. This may involve use of My Plan + and may include Social Workers,</p>

Universal – all children	Targeted – some children	Specialist – few children
<p>difficulties, schools should advise parents to seek medical advice (e.g. G.P, school nurse).</p>	<p>expected level/ability to engage in school activities.</p> <ul style="list-style-type: none"> ◦ Where there are suspicions of ongoing visual difficulties, schools should advise parents to seek any appropriate medical advice. ◦ Careful monitoring of visual access to the curriculum. ◦ Assessment of functional vision by Advisory Teacher for Children with Visual Impairment. ◦ Continuous assessment and curriculum assessments may be supplemented by diagnostic tests. ◦ Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the IEP or My Plan). <p>For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan +) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</p>	<p>Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All children will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ◦ Curriculum differentiated appropriately to take account of individual needs. ◦ Staff set personalised learning targets for all children. ◦ Appropriate classroom and whole school environment established (e.g. good lighting and use of classroom/hall visuals, all children seated so that they can see the teacher and white board). ◦ All adults and children situated in the appropriate place for learning to take place. 	<p>Some children will require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> ◦ Specific teaching strategies that are appropriate to the needs of a child with visual impairment. ◦ Use of specialist equipment. ◦ Use of auditory reinforcement. ◦ Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment. ◦ Opportunities to develop communication skills. ◦ Opportunities to improve social skills ◦ Structured approaches to develop communication skills as well as self esteem. ◦ Opportunities to provide social interaction communication and self esteem building in both structured and unstructured situations as appropriate. ◦ A programme of support to develop literacy skills. ◦ Carefully monitored access to low visual aids. ◦ Access to specialist ICT equipment. ◦ Access to low vision aids (e.g. CCTV) 	<p>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ◦ Access to more highly focussed specialist programmes of support. ◦ Highly structured and individualised learning programme. ◦ A high level of care and supervision. ◦ Individual programmes used to support learning throughout the school day. ◦ Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self help and specialised skills to equip them for their future. ◦ A secure, structured and safe learning environment. <p>The child may require some of the following:</p> <ul style="list-style-type: none"> ◦ Adaptations to school policies and procedures. ◦ Access to large print or Braille. ◦ Access in all areas of the curriculum

Universal – all children	Targeted – some children	Specialist – few children
	<ul style="list-style-type: none"> ○ Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print). ○ Regular and frequent access to Advisory Teacher for Children with Visual Impairment to provide specialist interventions and approaches. <p>There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</p> <ul style="list-style-type: none"> ○ Grouping strategies which are used flexibly to promote independent learning. ○ Classroom management which is responsive to the child's visual impairment. ○ Classroom management which takes account of social relationships. ○ Equal access to the curriculum and out-of-hours learning opportunities, (e.g. homework clubs and lunchtime clubs). ○ A teacher of the visually impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. ○ Preview and review of lesson content so VI child can access during the lesson ○ Alternative PE and sports programme to be in place where appropriate <p>Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<p>through specialist low vision aids, equipment or adaptations.</p> <ul style="list-style-type: none"> ○ Regular access to specialist support and help with developing literacy and numeracy skills. ○ Specialist ICT and Braille technology available to students and to support staff to produce specialist materials. <p>Access to appropriate well-founded evidence based interventions.</p>

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Post-16 Settings

The amount and type of support that a student needs will vary greatly according to their individual needs and the courses they have selected to study as a full or part time student. This Post-16 guidance should be used in conjunction with the guidance for Schools to enable continuity of approach and robust transition planning from key stage 4 to Post-16 study.

It is anticipated that the majority of learners needs will have been identified prior to Post-16 study and that educational providers will be able to build on successful interventions already used 0-16 through careful transition planning. However, there may be some learners who;

- have special educational needs that have not been identified prior to Post-16 study or who self declare a learning difficulty/disability
- experience trauma Post-16 resulting in special educational needs
- have chosen Post-16 study options which necessitate further identification, assessment and intervention in relation to the students needs in a different learning environment

Context

The Children and Families Act 2014 and revision of the SEN Code of Practice sets new duties on FE institutions to provide a consistent framework spanning 0-25. It has significant implications as it brings together pre 16 SEN systems and Post-16 LLDD systems (Learners with Learning Difficulties and Disabilities) into one unified system.

For the first time part 3 of the Children and Families Bill places new duties on FE providers to ensure they improve attainment for students and secure good outcomes whether or not they have an Education Health Care plan

The further education sector must have regard to Code of Practice and use their best endeavours to ensure necessary provision is made for any individual who has SEN/D who study full and part-time, across a wide range of academic and vocational courses.

Post-16 providers should be ambitious for young people with SEN and must use their best endeavours so that young people with SEN have access to a wide range of study programmes (including short programmes) and support at all levels to enable them to achieve good life outcomes. It encompasses every level of study from Entry level upwards. It does not include any students on higher level education courses.

Post-16 providers should make sure that students are on an appropriate course and use their best endeavours to ensure that the necessary provision is made for any individual who has SEN. Where available, Post-16 providers should draw on previous assessments and other information from the student's former school or other education setting about their SEN, as well as discussing "what works" with the young person and his or her family,. However, some students will want a fresh start when leaving school to attend college or sixth form study and any sharing of information should be sensitive to their concerns and done with their agreement. Support should be aimed at promoting student independence

and enabling the young person to make good progress towards employment and/or higher education, independent living, good health and participation in the community.

Post-16 institutions should offer an inclusive approach to teaching and learning with high quality teaching which is appropriately differentiated for individuals.

This guidance was compiled by a working group consisting of representatives, from Gloucestershire Post-16 providers including schools, colleges and Local Authority officers.

Gloucestershire Intervention Guidance Post-16

The draft SEND Code of Practice (0-25)states that support should be aimed at promoting student independence and enabling the student/young person to make good progress towards (para 7.13): employment and/or higher education independent living good health participating in the community

In determining individual student provision the following table sets out guidance about what provision can reasonably be made by Post-16 providers to meet the spectrum of learner needs Post-16:



	Universal	Targeted	Specialist
Employment and/or higher education	<p>All students access suitable study programmes. They should not be repeating learning that they have already completed successfully.</p> <p>My Profile inform transition to Post-16 setting/ Post-16 placement</p> <p>Schools and Colleges are expected to design and deliver study programmes which enable students to progress to a higher level of study than their prior attainment, take rigorous, substantial qualifications, study English and Maths, and where appropriate work towards a qualification in these subjects. Students should also participate in meaningful work related activities and non accredited activities.</p> <p>All students access information, advice and guidance from a range of providers to support and enable them to go on to achieve successful long term outcomes in; employment and/or higher education independent living good health participating in the community</p> <p>All students are supported to make the transition to life beyond schools or college</p>	<p>Some students access courses which are designed to provide pathways to employment and have a clear focus on preparing students with SEND for work.</p> <p>In addition to universal assessment and planning approaches, some students will require the Post-16 setting to gather the student views about their difficulty and the support approaches to be put in place (e.g. through the use of My Plans).</p> <p>Students may access entry level or level 1 or 2 courses and responds to a student’s changing needs.</p> <p>A student might access support from a job coach or engage in a supported internship opportunity</p> <p>These students will require: a graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs</p>	<p>A few students’ access individual learning pathways via personalised approaches and specific interventions.</p> <p>In addition to universal and targeted assessment these students may require an Education Health Care Plan. (EHC Plan)</p>
Independent living	<p>All students have access to support and information enabling them to have choice and to make informed decisions about their lives. (e.g. My Profile)s will inform Post-16 transition and placement</p>	<p>Some students access courses which are designed to provide opportunities and pathways to facilitate independent living.</p> <p>They have a clear focus on preparing students with SEND for independent living. It is likely courses offered at entry level</p> <p>These students will require: individually differentiated approaches, interventions and support -they may require a My Plan</p>	<p>A few students’ access individual learning pathways via personalised approaches and specific interventions.</p> <p>These students may require an EHC Plan.</p>
Good health	<p>All students have access to sports/ leisure and recreational activities and information enabling them have choice and to make informed decisions about being as healthy as possible in adult life</p> <p>This is also likely to support wider independence, community inclusion and participation. All students are supported by appropriate Health and Safety /risk assessments policies</p> <p>All students supported by effective internal communication between staff and departments</p>	<p>Some students have access to appropriately differentiated and supported sports/ leisure activities and information enabling them have choice and to make informed decisions about being as healthy as possible in adult life</p> <p>Some students have advice from health professionals</p> <p>Some students have risk assessments enabling them to participate safely in sports/ leisure activities</p> <p>Some of these activities might be targeted to a specific user group, for example an Autism social group</p>	<p>A few students’ access individual learning pathways via personalised approaches and specific interventions.</p> <p>These students may require an EHC Plan.</p>
Participating in the community	<p>All students can access information and opportunities to contribute to and participate in community activities,</p> <p>These opportunities support communities and promote greater inclusion and participation for individuals accessing those activities. Such participation may also support greater independence and good health.</p>	<p>Some students have access to appropriately differentiated information and opportunities to contribute to and participate in community activities</p> <p>Some students have advice from health professionals Some students have risk assessments enabling them to participate safely in community activities</p> <p>Some students may access targeted activities to support greater community participation and inclusion.</p>	<p>A few students’ access individual learning pathways via personalised approaches and specific interventions.</p> <p>These students may require an EHC Plan.</p>

Communication and Interaction Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>All students need to be able to understand and use language effectively to access the curriculum and communicate with others. Student's linguistic competence supports their learning as well as their communication skills.</p> <p>Many students have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly.</p> <p>Students may have difficulty with social interaction. They may have difficulties with attention and listening; social understanding and lack flexibility in thought and behaviour. Difficulties with communication and interaction may mean that students need some short term support but it should not be assumed that they have special educational needs.</p>	<p>Some student's communication and interaction difficulties cannot be met by universal approaches over a sustained period of time.</p> <p>Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional and mental health.</p> <p>Students with these difficulties may have a medical diagnosis such as Autism or Asperger's Syndrome.</p> <p>These students will require:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few student's difficulties are severe and longstanding and have not responded to focussed and well founded interventions over a period of time.</p> <p>The severity of their difficulties may have a considerable impact on their ability to access the curriculum.</p> <p>The range of difficulties these students are experiencing may be impacting on their emotional and mental health.</p> <p>These students will require:</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. <p>These students may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All students require:</p> <ul style="list-style-type: none"> • Systems to be in place for staff to routinely seek student's views about their strengths and difficulties and any concerns. • Systems to be in place for staff to regularly seek the views of students about their student's communication and interaction skills. • Appropriate arrangements to be in place for assessment of the learning environment and the impact on student's communication and interaction which are reviewed at least annually. • Routine assessment of their progress with speaking and listening skills. • Subject and pastoral teachers who take account of access strategies and teaching styles when planning. 	<p>In addition to universal assessment and planning approaches, some students will require:</p> <ul style="list-style-type: none"> • The setting to gather the student's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). • The setting to raise and discuss concerns with the students and involve them in planning support approaches (e.g. through the use of My Profile). • Liaison and consultation with external professionals and support services where appropriate. • Non-educational professionals (e.g. Paediatrician, Speech Therapist, CYPS) may also be involved in assessment and planning. • The SEND lead contacts other professionals working with student outside the learning environment (with student permission) as part of the assessment. • Where appropriate external services (e.g. Advisory Teaching Service, Educational Psychology Service) contribute via consultation or specialist assessment, leading to more specifically focussed plan. • Both qualitative and quantitative measures may be used as a baseline from which progress can be judged. 	<p>In addition to universal and targeted assessment and planning approaches a few students will also require:</p> <ul style="list-style-type: none"> • The setting to gather the individual student's views about the difficulty and support approaches to be put in place. • The setting to raise and discuss concerns with the students and involve them in planning support approaches (e.g. through the use of My Profile). This may include talking with the student's parents where the student does not have capacity. • External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan. • Where a student does not have capacity Very close liaison with the home may be needed, so that the learning environment is aware of changes in home circumstances that may impact on student. • The appropriate non-educational professionals (e.g. Speech Therapist, Health Professionals, CYPS, Social Services) are also involved in assessment and planning. • Rigorous qualitative and quantitative measures should be used as a baseline

Universal – all children	Targeted – some children	Specialist – few children
	<ul style="list-style-type: none"> ○ Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum. ○ Student in consultation with the SEND lead establish a clear analysis of their needs. ○ Consideration of their response to previous interventions. ○ Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). <p>For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Student and Young People’s Service (CYPS) and other support groups.</p> <p>Assessment suggests that difficulties in student’s communication and interaction mean they require additional and different provision.</p>	<p>from which progress can be judged.</p> <ul style="list-style-type: none"> ○ Measures to be made of the impact of the student’s difficulties on their ability to access the curriculum. ○ Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets ○ For some students a co-ordinated multi agency plan will be essential(e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and voluntary groups. <p>These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ○ Guidance to ensure that students are enrolled on the appropriate course suited to their needs and aspirations ○ Curriculum differentiated appropriately to take account of individual needs. ○ Staff set personalised learning targets for all students. ○ An environment that takes account of their communication and interaction needs. ○ Curriculum access facilitated by modification of task presentation. ○ Transition between tasks and specific use of visual communication systems (e. g. visual timetable, visual agenda, Now and Then boards). ○ Flexible use of staffing and resources to support access to learning and teaching. ○ Positive self esteem maintained through developing areas of strength. ○ Staff appropriately prepare students for routine changes (e.g. change in lessons, change in activity, change in teaching staff). ○ Leisure, sports and community activities which can provide opportunities to reinforce student’s strengths and for social communication in an informal setting. ○ Staff model appropriate social behaviour 	<p>Some students may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> ○ Adult support used to prepare specific resources including use of appropriate ICT programmes to support language and communication. ○ Some adult monitoring/support to promote social skills and interactions with peers. ○ Teaching of specific social interaction skills and social use of language (e.g. Social Use of Language Programme) with opportunities to generalise the skills used on a daily basis through individual and small group work. ○ Liaison to ensure reinforcement of strategies and the generalisation of skills to living situation. ○ Approaches (e.g. Circle of Friends, buddying systems) to develop peer support. ○ Verbal explanations require simplification with visual and/or experiential and/or concrete support. ○ Reduce anxiety through frequently adapting and structuring the learning and social environment as appropriate. ○ Adaptations are made to include use of key wording and pre-tutoring to introduce, teach and reinforce specific vocabulary and concepts, including specific subject vocabulary. 	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ○ A highly structured and personalised teaching environment. ○ A high level of care and supervision. ○ A consistent approach to multi-sensory communication. ○ Individual programmes used to manage emotional and behavioural needs throughout the school day. ○ Staff trained and skilled in responding to very challenging behaviours. ○ A secure, structured and safe learning environment.

Universal – all children	Targeted – some children	Specialist – few children
<p>and interaction.</p> <ul style="list-style-type: none"> ◦ Appropriate use of visual prompts, to show what behaviour and actions are expected. ◦ Additional adult support is used to support group work in learning situations ◦ Reduce anxiety through adapting and structuring the learning and social environment as appropriate. ◦ Teaching strategies take into account difficulties with social understanding and the generalisation of skills. ◦ Curriculum delivery modified to accommodate reluctance to accept adult direction. ◦ Use of a structured approach for tasks and activities with a clear beginning middle and end. ◦ Whole staff awareness of the implications of communication and interaction difficulties. ◦ Appropriate differentiation of spoken and written language, activities and materials in class. 	<ul style="list-style-type: none"> ◦ A structured language intervention which may be devised in consultation with external professionals (e.g. Advisory Teachers, Speech and Language Therapists) with support to generalise skills taught. ◦ Clear, simple and positive instructions with visual support if necessary e.g. visual timetable. ◦ Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning. ◦ Language is given priority in planning to facilitate effective curriculum access. ◦ Significant differentiation of spoken and written language, activities and materials in class including use of ICT and assistive technology. ◦ School staff use augmentative and/or alternative means of communication, (e.g. use of symbols and visual prompts). ◦ Approaches to build understanding of abstract and figurative language. ◦ Small group work outside the learning environment to address specific language, social communication and listening skills targets as appropriate. ◦ Student may require withdrawal from the classroom to a sanctuary at times of stress. ◦ Teaching strategies which take into account specific difficulties with social understanding and the generalisation of skills. ◦ Some additional adult support may be provided at unstructured times (e.g. break-times). ◦ Modifications to the teaching environment to take account of sensory sensitivities. ◦ Visual approaches to develop social understanding including comic strip conversations and social stories. ◦ Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum. ◦ Some individual work to address specific targets, if appropriate. ◦ Targeted small group work within learning environment to support specific aspects of the curriculum. <p>Interventions implemented should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p> <p>Additional adult support may be required at an individual level or within a small group to implement support strategies and approaches.</p>	

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of children's progress in consultation with child and parents.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Cognition and Learning Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>Student may show a slower rate of progress in some areas of their learning than their peers.</p> <p>This may be a short term difficulty that requires brief support but it should not be assumed that they have special educational needs.</p>	<p>Some student's learning difficulties cannot be met by universal approaches over a sustained period of time.</p> <p>These students may have more difficulties than their peers with understanding, thinking, and problem solving, retaining information, concepts and skills and communicating.</p> <p>They may have general learning difficulties in acquiring and retaining a broad range of skills and concepts or they may have more specific learning difficulties (e.g. difficulties with maths or with literacy). There may be associated social and emotional difficulties and mental health concerns.</p> <p>These students will require:</p> <ul style="list-style-type: none"> • A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few students' difficulties may range from moderate through to severe, complex and profound difficulties.</p> <p>These student's difficulties have not responded to targeted support approaches over a sustained period of time, or have been newly identified Post-16.</p> <p>Their difficulties are likely to impact on all areas of the curriculum.</p> <p>They may also have difficulties in mobility and co-ordination, communication and perception, and the acquisition of self-help skills. Students with severe learning difficulties are likely to need support to be independent.</p> <p>Those with profound and multiple learning difficulties (PMLD) have severe and complex learning difficulties as well as significant other difficulties such as a physical disability or a sensory impairment.</p> <p>These students will require:</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. <p>These students may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All students require:</p> <ul style="list-style-type: none"> • Systems in place for staff to routinely seek student's views about their progress with learning. • Systems in place for staff to regularly seek students' views about their child's progress with learning. • A target setting, tracking and review process. • Appropriate arrangements for assessment of the learning environment, which are reviewed at least annually. • Systems of self-assessment which are used to inform personalised learning targets. • Encouragement to evaluate their own performance. 	<p>In addition to universal assessment and planning approaches, some students will require:</p> <ul style="list-style-type: none"> • The setting to gather students views about their difficulty and the support/ approaches to be put in place (e.g. through the use of My Profile). • Some students may wish to self declare learning needs previously hidden in primary and/or secondary education; despite intervention other students may not achieve GCSE/BTEC or alternative qualifications/A-G grades owing to SEND and wish to access support/alternative learning approaches for Post-16 study. • The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile). • Both qualitative and quantitative measures used as a baseline from which progress can be judged. Continuous assessment, and curriculum assessment, supplemented by standardised/diagnostic 	<p>In addition to universal and targeted assessment and planning approaches a few students will also require:</p> <ul style="list-style-type: none"> • Access to external services (e.g. Educational Psychologist, Advisory Teacher) who contribute via consultation or specialist assessment, which leads to a more specifically focussed plan. • Very close links with the home setting, so that professionals are aware of changes in home circumstances that may impact on learning. • Non-educational professionals (e.g. Speech Therapist, Occupational Therapist) are involved in assessment and planning. • Measures of the impact of the students difficulties on their ability to access the curriculum. • Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. individual learning targets). <p>For some students a co-ordinated multi</p>

Universal – all children	Targeted – some children	Specialist – few children
	<p>tests where relevant.</p> <ul style="list-style-type: none"> ◦ Consideration of their development in comparison to peers and their response to previous interventions. ◦ The teacher in consultation with the SEND Lead and student establish and share clear analysis of the student's needs. ◦ Liaison and consultation with external professionals and support services, where appropriate, which leads to a more specifically focussed intervention plan. Non-educational professionals (e.g. Speech and Language Therapist) may also be involved in assessment and planning. ◦ The SEND Lead to contact other professionals working with the student outside school (with student's permission) as part of the assessment. ◦ Assessment suggests that the students cognition and learning difficulties mean they require additional and different provision. ◦ Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan +)which may involve Social Workers, Family Support Workers, (CYPS) and other support groups. 	<p>agency plan will be essential (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ◦ An appropriately differentiated curriculum to take account of individual needs. ◦ Learning environment modified to take account of learning needs. ◦ Use of peer support systems across the learning environment (e.g. peer mediators and buddy systems). ◦ Sensitive groupings and seating arrangements which are used to facilitate learning. This may include planned collaborative/group work. ◦ Focussed small group support for literacy and/or numeracy/coursework. ◦ Out of hours learning opportunities (e.g., lunchtime clubs, student support, ICT etc.). ◦ Special arrangements in place for testing and assessments when required. ◦ Peer and adult support on ad hoc basis, 	<p>Some students may require the following additional intervention and support approaches.</p> <p>There should be appropriate modifications to the classroom and whole school environment.</p> <p>Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches.</p> <p>Individual arrangements made for seating and groupings to meet individual needs.</p> <p>Close links with home are maintained, so that the learning environment is aware of any changes in home circumstances that may impact on learning.</p> <p>Student involvement in teaching programme clearly defined.</p> <p>Considering carefully the students learning styles and ensuring that this is reflected in the styles of teaching (e.g. use of multi-sensory teaching strategies).</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ◦ A highly structured and individualised learning programme. ◦ A high level of care and supervision. ◦ Individual programmes used to support learning throughout the learning day. ◦ A secure, structured and safe learning environment.

Universal – all children	Targeted – some children	Specialist – few children
<p>or limited targeted adult support which may include use of support staff and adult volunteers.</p> <ul style="list-style-type: none"> ◦ Teaching student thinking skills and helping them to become aware of their own learning processes. ◦ Appropriate celebration of the students strengths and achievements so that self esteem is maintained and enhanced. ◦ Careful consideration given to the use of language in the learning environment and strategies to promote the learning of vocabulary. 	<p>Flexible grouping strategies, including ones where the student can work with more able peers.</p> <p>Increasing differentiation of activities and materials (e.g. readability and access to text considered).</p> <p>Arrangements made for pre-tutoring new skills and concepts before the lesson.</p> <p>Staff trained in working with students with specific needs.</p> <p>Staff skilled in breaking down skills into finely detailed steps.</p> <p>Delivering instructions in short chunks and checking for understanding, giving the student time to process language and respond.</p> <p>Where appropriate explicit teaching of study skills, collaborative learning approaches, listening skills, strategies for coursework, etc.</p> <p>Individual and/or small group support to implement highly structured personalised reading and/or spelling programmes</p> <p>Individual and/or small group support to implement highly structured personalised numeracy programmes.</p> <p>Use of approaches which involve student in explicit monitoring and feedback about progress.</p> <p>Access to ICT and to specialist equipment and materials as necessary.</p> <p>Opportunities for over-learning and repetition.</p> <p>Help in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences. Help to connect and generalise concepts.</p> <p>Providing for alternative means of access to tasks involving reading, recording and writing.</p> <p>Increasingly individualised curriculum delivery linking course content and learning objectives appropriate to the student</p> <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	

Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of student's progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Social, Mental and Emotional Health Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>Student may periodically display emotional, social and behavioural difficulties and some students may have a short term mental health difficulty.</p> <p>These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement.</p> <p>This may mean they need some short term support but it should not be assumed that they have special educational needs.</p>	<p>Some student's emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours.</p> <p>The behaviour may be disrupting the students progress with learning or the learning and safety of others.</p> <p>These students will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>Relatively few student's difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown.</p> <p>They may over a sustained period of time:</p> <ul style="list-style-type: none"> ○ Display extremely withdrawn, self-harming or anxious behaviours. ○ Present a serious threat to their own or others safety. ○ Display particularly challenging, uncooperative, destructive and disruptive behaviours. ○ Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour. ○ Have difficulty engaging with activities set by adults. <p>These students will require:</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. <p>These students may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All students require:</p> <ul style="list-style-type: none"> ○ Systems to be in place for staff to routinely seek information about student's emotional and social concerns. ○ Systems to be in place for staff to regularly seek the views of students about their social and emotional well-being. ○ Appropriate arrangements for assessment of the learning environment which are reviewed at least annually. ○ A behaviour policy which sets out the way the learning environment promotes positive behaviour. ○ Whole staff awareness of the implications of emotional, social and mental health difficulties. ○ Appropriate policies which set out the learning environments approach to pastoral support and developing the emotional well being of students, (e.g. Citizenship programmes, anti-bullying approaches, opportunities for volunteering). ○ A whole setting approach to be in place to develop behaviour for learning. ○ Health and safety and risk assessment 	<p>In addition to universal assessment and planning approaches, some student will require:</p> <ul style="list-style-type: none"> ○ The setting to gather the student's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ○ The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile). ○ Student in consultation with the SEND Lead has established a clear analysis of their needs. ○ Consideration of individual student's development in comparison to peers and their response to previous interventions. ○ Liaison and consultation with external professionals and support services where appropriate (e.g. Advisory Teacher, Educational Psychologist). ○ Close links with home, so the learning environment is aware of changes in home circumstances that may impact on the students well-being. ○ The SEND Lead contacts other 	<p>In addition to universal and targeted assessment and planning approaches a few student will also require:</p> <ul style="list-style-type: none"> ○ External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ○ Close home-school links, so learning setting is aware of changes in home circumstances that may impact on behaviour. ○ Non-educational professionals (e.g. Health Professionals CYPS, Social Services) may also be involved in assessment and planning. ○ Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. ○ Measures should also be made of the impact of the student's difficulties on their ability to access the curriculum. <p>For some students a co-ordinated multi agency plan will be essential (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other</p>

Universal – all children	Targeted – some children	Specialist – few children
<p>policies to be in place and appropriate risk assessments to be completed.</p>	<p>professionals working with student outside learning environment (with student's permission) as part of the assessment.</p> <ul style="list-style-type: none"> ◦ Both qualitative and quantitative measures may be used as a baseline from which progress can be judged. ◦ Measures should also be made of the impact of the student's difficulties on their ability to access the curriculum. ◦ Non-educational professionals (e.g. CYPS, Social Services) may also be involved in assessment and planning. ◦ Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). ◦ Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan. <p>For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Child and Young People's Service (CYPS) and other support groups.</p> <p>Assessment suggests that difficulties in students emotional and social development or mental health problems mean they require additional and different provision.</p>	<p>community and charity groups. These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> ◦ Curriculum differentiated appropriately to take account of individual needs. ◦ Staff set personalised learning targets for all students. ◦ Learning environment modified to take account of social and emotional needs. ◦ Consistent behaviour management by all staff including regular reinforcement of positive behaviours. ◦ Appropriate differentiation of the curriculum to ensure that students are motivated to learn and to minimise emotional, social and behavioural difficulties. ◦ Learning environment approaches to develop social and emotional well being (e.g. use of Circle Time, use of SEAL resources) ◦ Use of peer support systems across the learning environment (e.g. peer mediators and buddy systems) 	<p>Some students may require the following additional intervention and support approaches.</p> <p>Further modifications to the learning environment to take account of individual needs.</p> <p>Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.</p> <p>Support through flexible grouping strategies.</p> <p>Additional adult support may be required at an individual or within a small group.</p> <p>Support to develop social skills and emotional awareness may include:</p> <ul style="list-style-type: none"> ◦ Some 1:1 or small group work at times of need. ◦ Structured activities to develop specific social skills in a small group. ◦ Break and/or lunchtime support to engage in supported activities with peers ◦ A small group support programme ◦ Support to develop ability to complete focus may include: 	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require:</p> <p>Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions.</p> <p>A highly modified learning environment to meet the needs of the individual student.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> ◦ A highly structured Individual Behaviour Plan. ◦ Risk assessments which are regularly reviewed ◦ A high level of care and supervision. ◦ Individual programmes used to develop social and emotional skills throughout the day. ◦ Staff trained and skilled in supporting student with exceptionally challenging behaviour. ◦ A secure, structured and safe learning environment.

Universal – all children	Targeted – some children	Specialist – few children
	<ul style="list-style-type: none"> ○ Provision of a distraction free work area on the edge of a group. ○ Activities which are broken into small achievable tasks. ○ Activity breaks within tasks. ○ Timed activities with the use of visual prompts and reminders. <p>Support to develop ability to co-operate with school and adult expectations may include:</p> <ul style="list-style-type: none"> ○ A clear and consistently applied hierarchy of rewards and sanctions. ○ Additional social and learning opportunities (sports clubs, lunchtime clubs, opportunities to volunteer in community projects etc.) provided where possible. ○ Planned 1:1 or small group work where strategies for managing anger or conflict can be discussed and role played. ○ Student may attend an in-house support centre either full time, during periods of stress, or on the basis of withdrawal from learning environments which trigger stress ○ Home-Setting behaviour communication system in place. ○ Consistent approaches in place to manage behaviour by all staff. learning tasks independently and improve. <p>Support to develop emotional security and sense of belonging.</p> <ul style="list-style-type: none"> ○ Placement in a nurture group. ○ Small group support activities such as Circle of Friends. ○ A weekly small group support programme to develop social skills including skills in recognising and managing emotions. <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one six weeks and more frequently 10-12 weeks.</p>	

Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of student's progress in consultation with the student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Physical and Medical Needs

Universal – all children	Targeted – some children	Specialist – few children
<p>There is a wide range of physical and medical disabilities and students cover the whole ability range. Some students are able to access the curriculum and learn effectively without additional educational provision.</p> <p>Some student's difficulties fluctuate and they may need short term support to access learning tasks particularly practical tasks but it should not be assumed that they have special educational needs.</p>	<p>The students physical/medical needs cannot be met by universal, whole school or class approaches over a sustained period of time.</p> <p>Physical difficulties or impairment may arise from:</p> <ul style="list-style-type: none"> ○ 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 ○ Moderate or severe gross motor and/or fine motor dysfunction e.g. dyspraxia ○ moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes. <p>Physical difficulties may contribute to:</p> <ul style="list-style-type: none"> ○ difficulty in accessing the physical environment, facilities and equipment safely ○ difficulty in accessing learning tasks and assessments ○ difficulty in accessing practical tasks activities ,e.g. in Science or food technology ○ difficulty in recording ideas and thoughts legibly or to time ○ difficulty in achieving independent self-care skills ○ emotional stress and physical fatigue ○ difficulty with communication <p>These students will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few student's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>These students have the most severe and complex physical needs. The majority of these students have been identified at an early age often prior to full-time education. These students will require</p> <ul style="list-style-type: none"> ○ personalised 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. <p>These students may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All students require:</p> <ul style="list-style-type: none"> ○ Systems to be in place for staff to routinely seek information about student's physical needs/concerns. ○ Systems to be in place for staff to regularly seek the views of students about their student's physical/medical needs. ○ Appropriate arrangements for assessment of the learning environment which are reviewed at least annually. ○ Whole staff awareness of the implications 	<p>In addition to universal assessment and planning approaches, some students will require:</p> <ul style="list-style-type: none"> ○ The setting to gather the student's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ○ The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile). 	<p>In addition to universal and targeted assessment and planning approaches a few students will also require:</p> <ul style="list-style-type: none"> ○ External services (e.g. ATS) contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ○ Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student's s physical and medical

Universal – all children	Targeted – some children	Specialist – few children
<p>of physical and medical difficulties.</p> <ul style="list-style-type: none"> Appropriate whole policies for supporting students with physical and medical needs. Health and safety and risk assessments policies to be in place. Effective internal communication and liaison arrangements between staff. 	<ul style="list-style-type: none"> The SEND Lead to establish a clear analysis of the student's needs. The SEND Lead to establish clear analysis of the student's individual equipment Consideration of individual student's development in comparison to peers and their response to previous interventions. Liaison and consultation with external professionals and support services, where appropriate (e.g. AT, EP). Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student's physical/medical needs. Assessment and observation of student's physical difficulties and their impact on curriculum access and attainment Assessment of expected level/ability to engage in learning and social activities. Where there are suspicions of physical or medical difficulties, learning settings should advise students to seek medical advice (e.g. G.P, Community Physiotherapy team). Continuous assessment and curriculum assessments may be supplemented by diagnostic tests. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). <p>For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other support groups.</p>	<p>difficulties and their safe access to learning activities.</p> <ul style="list-style-type: none"> Non-educational professionals (e.g. Physiotherapist, Occupational Therapist) may also be involved in assessment, advice and planning. Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum. <p>For some students a co-ordinated multi agency plan will be essential (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All students will require access to the following intervention and support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all students. Appropriate learning environment established- settings promote accessibility to the curriculum and the entire premises, for every student where feasible 	<p>Some students may require the following additional intervention and support approaches.</p> <p>There should be appropriate modifications to the whole learning environment whether at a class or organisational level.</p> <p>These modifications may include:</p> <ul style="list-style-type: none"> Grouping strategies which are used flexibly within the learning setting to promote independent learning. Learning setting management which responds to the student's physical and medical needs (e.g. modifications to routines and organisation). Learning setting management which takes account of social relationships. Appropriate support to ensure equal access to the curriculum and out-of-hours 	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a highly modified learning environment to meet their needs.</p> <p>The student may require a high level of adult support to:</p> <ul style="list-style-type: none"> Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum. Aid safe curriculum access and response Meet primary care needs including feeding/continence management. Provide manual handling (this may involve two people)and safe transfers between pieces of individual equipment Ensure safe access and participation in all learning and social activities.

Universal – all children	Targeted – some children	Specialist – few children
	<p>learning opportunities ().</p> <ul style="list-style-type: none"> ○ Appropriate support agencies (e.g. OT, ATS) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. ○ The nature and extent of additional help required will be determined by the student's needs. ○ Planned strategies to combat fatigue (e.g. rest breaks). ○ Access to use of personalised ICT for alternative means of recording ○ Appropriate physical exercise following appropriate medical guidance. ○ An appropriate programme of support to develop self-help skills such as toileting and dressing. ○ Measures which allow the student to negotiate the learning environment safely and as independently as possible. ○ Structured support to develop social relationships (e.g. buddying, Circle of Friends). ○ An appropriate level of adult support to meet personal care ○ Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slopes, specialist scissors) ○ Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes). ○ Support to attend educational trips, work experience, social activities and community engagement ○ Support to enable recommendations made by therapy or health care professionals ○ Alternative leisure and sports programmes to be in place where appropriate ○ Support to enable recommendations on risk assessments, e.g. Personal Emergency Evacuation plan, Individual Health Care plan, manual handling plan, ○ Interventions should be well-founded evidence based interventions. <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<ul style="list-style-type: none"> ○ Enable advice from Health professionals to be implemented (e.g. individual physiotherapy/mobility/OT programmes). ○ Support the use of specialised equipment and/or a structured personalised curriculum. ○ Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management). ○ Manage complex and critical health care needs on a daily basis. ○ Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties. ○ Access to use of personalised ICT for alternative means of recording or to aid communication ○ Enable the student to participate safely with peers in response to challenges in the learning environment. ○ Ensure safe access to all learning opportunities and extracurricular, sports, social or community activities. ○ External support services advice on curriculum access and/or individual programmes. ○ Appropriate use of alternative equipment to meet physical and medical needs (e.g. standing frame, individual seating system,) ○ Support to enable recommendations made by therapy or health care professionals ○ A specialist Teacher (e.g. from the ATS), the SEND Lead , or specialist support provides small group or individual tuition. ○ Support to enable recommendations on risk assessments, e.g. Personal Emergency Evacuation plan, Individual Health Care plan, manual handling plan

Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of student's progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> • No longer need special educational provision and needs will be met from universal approaches. • Continue to need special educational provision as needs cannot be met from universal approaches. • Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> • No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. • Continue to need intensive special educational provision as needs cannot be met from targeted approaches. • Need more intensive special educational provision.

Hearing Impairment

Universal – all children	Targeted – some children	Specialist – few children
<p>Many students have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent.</p> <p>Temporary hearing losses are usually caused by the condition known as ‘glue ear’. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short term support, but it should not be assumed that they have special educational needs.</p> <p>Permanent hearing loss is usually identified in childhood and appropriate aids identified</p>	<p>Some student's hearing needs cannot be met by universal approaches over a sustained period of time.</p> <p>Their difficulties may show themselves in the following ways:</p> <ul style="list-style-type: none"> ○ Persistently appearing to ignore and/or misunderstand instructions. ○ Difficulties in understanding or responding to verbal cues or emotional cues ○ Difficulties in communicating through spoken language/interactions with peers and adults. ○ Difficulties with language-related topics and in understanding new/complex concepts. ○ Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships. ○ Tendency to rely on peers, observing behaviour and activities to cue into expected responses. ○ Tendency to withdraw from social situations and an increasing passivity and absence of initiative. ○ Increasingly using additional strategies to facilitate communication. <p>These students will require:</p> <ul style="list-style-type: none"> ○ A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs <p>They may need access to additional audiological equipment e.g. radio aids/ Soundfield and other technology, e.g. I-pads/ streamers.</p>	<p>A few students' needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>In these cases the student's hearing difficulties may significantly 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 learning activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</p> <p>The student's difficulty means that they are unable to participate in learning and/or social activities and maintain attention to task without a high level of structure and adult support.</p> <p>The student may have a moderate to severe, (60+dB) progressive hearing loss with a prognosis of definite and further deterioration.</p> <p>The student may have a diagnosed severe or profound (71dB+) pre-lingual, bilateral, sensori-neural hearing loss.</p> <p>The student has become deaf (moderate to severe 60+dB) and the resultant emotional and social difficulties disrupt the students learning and access to the curriculum.</p> <p>These students will require:</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. <p>These students may require an EHC Plan.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All students require:</p> <ul style="list-style-type: none"> ○ Systems to be in place for staff to routinely seek information about student's hearing needs and concerns. ○ Systems to be in place for staff to regularly seek the views of students about their student's hearing needs. ○ Appropriate arrangements for assessment of the learning environment which are reviewed at least annually via acoustic audit. ○ Whole staff awareness of the implications of hearing difficulties and knowledge of strategies that facilitate the inclusion of 	<p>In addition to universal assessment and planning approaches, some students will require:</p> <ul style="list-style-type: none"> ○ The setting to gather the student's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). ○ The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile). ○ Teacher in consultation with the SENCO has established a clear analysis of the student's needs. 	<p>In addition to universal and targeted assessment and planning approaches a few students will also require:</p> <ul style="list-style-type: none"> ○ External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan. ○ Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student's hearing ○ Non-educational professionals (e.g. Physiotherapist, Occupational Therapist,, SALT) may also be involved in

Universal – all children	Targeted – some children	Specialist – few children
<p>student with hearing impairment.</p> <ul style="list-style-type: none"> Appropriate whole school policies for supporting student with hearing difficulties. Health and safety and risk assessments policies to be in place. There should be effective internal communication and liaison arrangements between staff. Where there are suspicions of hearing difficulties, settings should advise students to seek a hearing assessment. 	<ul style="list-style-type: none"> Consideration of individual student's development in comparison to peers and their response to previous interventions. Liaison and consultation with external professionals and support services, where appropriate. Close links, with home so learning settings are aware of changes in circumstances that may impact on the student's hearing needs. Assessment and observation by subject/class teacher or SEND Lead indicates students hearing difficulties, affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities. Where there are suspicions of ongoing hearing difficulties, settings should advise students, parents/carers as appropriate to seek any appropriate medical advice. Teacher of the deaf or educational audiologist input may be requested for assessments for additional audiological equipment (e.g. a radio aid). Continuous assessment and curriculum assessments may be supplemented by diagnostic tests. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). <p>For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other support groups.</p>	<p>assessment, advice and planning.</p> <ul style="list-style-type: none"> Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. Measures should also be made of the impact of the student's difficulties on their ability to access the curriculum. SEND Lead may need to refer to external support services e.g. Teacher of the Deaf/ENT/Audiology for further specialist assessments and advice. <p>For some students a co-ordinated multi agency plan will be essential (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups.</p> <p>These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all students. Appropriate listening environments established (e.g., good classroom/hall acoustics and lighting, all student seated so that they can see and hear the teacher). All adults and students encouraged to talk at the appropriate volume, pitch and speed for learning to take place. Care to be exercised within educational setting for grouping and general support for self-esteem, confidence and promoting independence 	<p>Some students may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> Involvement of a teacher of the deaf for one off or occasional advice/training/specialist equipment. One-off training for key worker(s) in the management of additional equipment may be required. Opportunities for the hearing impaired student to develop communication skills. Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials. Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate. Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures). 	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> Access to more highly focussed specialist programmes of support Highly structured and individualised learning programme. A high level of care and supervision. Individual programmes used to support learning throughout the school day. A secure, structured and safe learning environment. To give a greater emphasis on language development, auditory training and communication skills

Universal – all children	Targeted – some children	Specialist – few children
<ul style="list-style-type: none"> ○ Appropriate seating position in class ○ All staff working with HI students trained in Deaf Awareness ○ Peers of HI students have opportunity for training in deaf awareness ○ Staff modify language appropriately when setting assessments or learning tasks, and enable pre tutoring opportunities for new vocabulary ○ Staff apply for appropriate modifications for internal and/or external assessments, 	<ul style="list-style-type: none"> ○ Repetition of answers in class/group discussion. ○ Additional time for hearing impaired student to process questions/information. ○ Frequent and sensitive checking of student's understanding and use of specialist equipment. ○ Careful monitoring of language and literacy skills. ○ Language programme implemented with advice from teacher of deaf and SALT ○ Opportunities to improve social skills, interaction, communication skills and self esteem as appropriate. ○ Access to specialist amplification systems such as radio aids. ○ Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. ○ Careful monitoring of reading and spelling progress. ○ Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment. ○ Literacy strategies devised and implemented with advice/monitoring from Teacher of the Deaf to compensate for reduced linguistic experience due to language delay. ○ Help in acquiring, comprehending and using speech and language in structured and unstructured situations. ○ Specific pre-teaching of subject based concepts and vocabulary. ○ Access to specialist amplification systems such as radio aids. ○ Opportunities to improve social skills, interaction, communication skills and self esteem in structured and unstructured situations ○ Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. <p>There should be appropriate modifications to the classroom and learning environment. These modifications may include:</p> <ul style="list-style-type: none"> ○ Adjustments to ensure the listening environment takes account of individual needs. ○ Specialist equipment to improve listening skills (e.g. radio aid, sound-field systems). <p>For some students a co-ordinated multi agency plan will be required which may involve Social Workers, Family Support Workers, Health Professionals and other support groups.</p> <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of one new term and more frequently two.</p>	<ul style="list-style-type: none"> ○ Qualified British Sign Language (at least Level 2 above) or Sign Supported English support ○ They will require access to appropriate well-founded evidence based interventions.

 Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of student's progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.

Visual Impairment

Universal – all children	Targeted – some children	Specialist – few children
<p>Some children may have visual impairment (identified by medical practitioners). Visual impairments take many forms and have widely differing implications for educational provision.</p> <p>Most student's visual needs will be met by universal approaches.</p> <p>This may mean that student will need support for their visual needs, e.g. enlarged texts, different background colours, but it should not be assumed that they have special educational needs.</p>	<p>Some student's visual needs cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These students may have difficulty:</p> <ul style="list-style-type: none"> o Accessing the curriculum. o Reading the board from a distance. o Reading normal print. o Sharing text books and worksheets. o Accessing computer software. o Participating socially with other children. o Participating in leisure, social and community activities as well as other aspects of mobility. o With independent working and self-help skills. <p>These students will require:</p> <ul style="list-style-type: none"> o A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. 	<p>A few student's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>Their visual impairments may range from relatively minor conditions to total blindness. Their visual impairment may mean that they have:</p> <ul style="list-style-type: none"> o Significantly reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses. o A defect in the field of vision e.g. tunnel vision or loss of central vision. o A deteriorating eye condition. o Other diagnosed eye conditions. <p>These students will require:</p> <ul style="list-style-type: none"> o A graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. <p>For students with the most severe and complex needs in relation to their visual impairment, an EHC Plan may be required.</p>

Assessment and Planning

Universal – all children	Targeted – some children	Specialist – few children
<p>All students require:</p> <ul style="list-style-type: none"> o Systems to be in place for staff to routinely seek information about student's visual needs/concerns. o Systems to be in place for staff to regularly seek the views of students about their student's visual needs. o Appropriate arrangements for assessment of the learning environment which are reviewed at least at transition or change to vision (deteriorating visual condition) in relation to learning environment being physically accessible to student with a visual impairment o Whole staff awareness of the implications of visual difficulties and knowledge of strategies to facilitate the inclusion of student with a visual impairment. o Appropriate whole school policies to be in place for supporting student with visual difficulties. o Health and safety and risk assessment policies to be in place and appropriate risk assessments completed. o There should be effective internal communication and liaison arrangements between staff. 	<p>In addition to universal assessment and planning approaches, some students will require:</p> <ul style="list-style-type: none"> o The setting to gather the students views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile). o The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile). o teacher in consultation with the SENCO has established a clear analysis of the student's needs. o Consideration of individual students development in comparison to peers and their response to previous interventions. o Liaison and consultation with external professionals and support services, where appropriate. o Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student's visual needs. o Assessment and observation by subject/class teacher or SEND Lead indicates students visual difficulties, affecting 	<p>In addition to universal and targeted assessment and planning approaches a few students will also require:</p> <ul style="list-style-type: none"> o External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan. o Close home-school links, so learning settings are aware of changes in circumstances that may impact on the students vision. o Non-educational professionals may also be involved in assessment, advice and planning. o Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged. o Measures should also be made of the impact of the student's difficulties on their ability to access the curriculum. o SEND Lead may need to refer to external support services (e.g. TVI, Ophthalmology) for further specialist assessments and advice. <p>For some students a co-ordinated multi agency plan will be essential (e.g. My Plan +) which may involve Social Workers,</p>

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<ul style="list-style-type: none"> Where there are suspicions of visual difficulties, settings should advise students or parent/carers to seek medical advice (e.g. G.P, optician) 	<p>curriculum access as indicated by attainment below expected level/ability to engage in learning, leisure or community activities.</p> <ul style="list-style-type: none"> Where there are suspicions of ongoing visual difficulties, settings should advise students or their parent/carers to seek any appropriate medical advice. Careful monitoring of visual access to the curriculum Assessment of functional vision by Qualified Teacher Visual Impairment Continuous functional visual assessment and curriculum assessments may be supplemented by diagnostic tests. Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. PEPs). <p>For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Students and Young People’s Service (CYPS) and other support groups.</p>	<p>Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups.</p> <p>These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</p>

Intervention and Support

Universal – all children	Targeted – some children	Specialist – few children
<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all students. Appropriate visual learning environment established (e.g. good lighting and use of classroom/hall visuals, all students seated so that they can see the teacher and white board). Quality learning materials produced in appropriate fonts, format with high contrast, and reduced visual clutter Appropriate listening environments established (e.g., good classroom/ hall acoustics and lighting, all student seated so that they can see and hear the teacher). All adults and students encouraged to talk at the appropriate volume, pitch and speed for learning to take place. Care to be exercised within educational setting for grouping and general support for self-esteem, confidence and promoting independence Appropriate seating position in class All staff working with VI students trained in Deaf Awareness 	<p>Some students will require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> Specific teaching strategies that are appropriate to the needs of a child with visual impairment. Use of specialist equipment. Use of auditory reinforcement. Appropriate seating arrangements with adjustments made to ensure the child has a good listening and visual environment. Opportunities to develop communication skills giving eye contact, as well as being able to see others body language and facial expressions. Opportunities to improve social skills and self esteem. A programme of support to develop literacy skills in appropriate print size. Carefully monitored access to low visual Opportunities to improve social skills A programme of support to develop literacy skills. Carefully monitored access to low visual aids. Access to specialist ICT equipment. Access to low vision aids (e.g. CCTV) Extensive modification and adaptation of 	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> Access to more highly focussed specialist programmes of support. Highly structured and individualised learning programme. A high level of care and supervision. Individual programmes used to support learning throughout the school day. Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self help and specialised skills to equip them for their future. A secure, structured and safe learning environment. <p>The student may require some of the following:</p> <ul style="list-style-type: none"> Adaptations to I policies and procedures. Access to large print or Braille and tactile materials. Access in all areas of the curriculum through specialist low vision aids, specialist equipment or adaptations.

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<ul style="list-style-type: none"> ◦ Peers of VI students have opportunity for training in VI awareness ◦ Staff modify language appropriately when setting assessments or learning tasks, and enable pre tutoring opportunities for new vocabulary ◦ Staff apply for appropriate modifications for internal and/or external assessments, 	<p>all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print).</p> <ul style="list-style-type: none"> ◦ Regular and frequent access to Advisory Teacher for Student with Visual Impairment to provide specialist interventions and approaches. <p>There should be appropriate modifications to the classroom and whole school environment.</p> <p>These modifications may include:</p> <ul style="list-style-type: none"> ◦ Grouping strategies which are used flexibly to promote independent learning. ◦ Classroom management which is responsive to the students visual impairment. ◦ Classroom management which takes account of social relationships. ◦ Equal access to the curriculum and out-of-hours learning opportunities, (e.g. community volunteering activities). ◦ A teacher of the visually impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. ◦ Preview and review of lesson content so VI student can access during the learning activity or task ◦ Alternative leisure and sports programmes to be in place where appropriate <p>Interventions should be well-founded evidence based interventions.</p> <p>A cycle of intervention should always last a minimum of six weeks</p>	<ul style="list-style-type: none"> ◦ Regular access to specialist support and help with developing skills in to access the curriculum with emphasis on literacy, numeracy and recording skills ◦ Specialist ICT, modified and enlarged materials and Braille technology available to students and to support staff to produce specialist materials <p>Access to appropriate well-founded evidence based interventions.</p>

Evaluating Progress and Reviewing

Universal – all children	Targeted – some children	Specialist – few children
<p>Through regular reviews of student's progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</p>	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need special educational provision and needs will be met from universal approaches. ◦ Continue to need special educational provision as needs cannot be met from universal approaches. ◦ Need more intensive special educational provision. 	<p>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced.</p> <p>Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</p> <ul style="list-style-type: none"> ◦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. ◦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches. ◦ Need more intensive special educational provision.



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