



**Northamptonshire
County Council**

Northamptonshire's Special Educational Needs Descriptors

**The Entitlement of Students in Mainstream
Schools
and
Early Years Settings**

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Foreword

This document fulfils a DfE requirement that each Local Authority (LA) explains the special educational provision it expects to be made from within a mainstream school's or early years setting's budget. This document makes explicit the provision for learners requiring support from within the educational establishment without recourse to an Education Health and Care assessment.

This guidance is important to schools because;

- All Northamptonshire learners attending an Early Years setting or a mainstream school should have the same minimum entitlement to provision for special educational needs;
- Setting/School and LA staff need a joint understanding to support their dialogue about individual learners;
- It supports the LA in its statutory duty to monitor and evaluate effectiveness of special educational needs provision;
- It provides the threshold for access to High Needs Funding and/or eligibility for statutory assessment.

This document should be viewed as good practice guidance which settings and schools are expected to work towards. Some settings/schools may need to make adaptations to their present practice if they are to meet the LA's minimum provision expectations. Schools/settings will need to demonstrate that the learners they are putting forward for high needs funding and/or statutory assessment have needs that are significantly outside and beyond those which can be provided for using delegated schools or early years block funding. Evidence of such levels of attainment and needs will still have to be submitted to the LA. Good provision mapping (see below) and the tracking of the outcomes of any interventions offered to the learner will ensure that settings/schools have this evidence to hand.

This document should not be read as a blanket policy. There will be occasions where discretion needs to be applied to suit individual circumstances.

The descriptors within the document are not an exhaustive list. Neither is it necessary to read the document in its entirety.

Relationship to the SEN Code of Practice 2014.

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

- Learners who are underachieving and/or are less experienced (for many reasons) but who do not have a special educational need.
- In schools learners for whom the school needs to make additional provision from the schools or early years block funding in order for them to make and maintain progress. This is support which is "additional to" or "different from" the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. This would be a justification for funding additional provision from schools delegated funding. This additional provision should not be just 'more literacy' or 'more maths' - these are not the learners to whom schools may be offering

Wave 2 or Wave 3 interventions (which are methods of differentiating the usual school curriculum). On the contrary, learners requiring additional funding from school's delegated budget in addition to the AWPU are likely to be those who need individual interventions, particular to them, in order to address their underlying learning needs and enable or improve access to the curriculum. Many settings/schools, nationally and within Northamptonshire, mistake underachieving learners for those with a genuine special educational need, so schools should be vigilant about this. IEPs are no longer required for learners receiving additional funding from schools delegated budget but there needs to be evidence of intervention and progress – perhaps using provision mapping.

- In Early Years settings learners for whom the early years setting needs to make additional provision from the early years block funding in order for them to make and maintain progress. This is support which is “additional to” or “different from” the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. The early years setting is expected to plan interventions, appropriate support and adaptations in order to enable the learner to have improved access to the curriculum and make maximum progress using the delegated budget from the early years block funding. In Northamptonshire settings will continue to be encouraged to personalise planning and target setting for individual learners through the ‘assess, plan, do, review’ method.
- Learners who require additional funding from High Needs Block with or without a statutory assessment having been undertaken. Evidence required for accessing high needs funding is outlined below but, crucially, for these learners, there needs to be a strong case that the learner's need cannot be provided for from schools/early year's delegated budget. It is likely that before making a request for high needs funding, while the learner's need is still being met by schools/early years delegated budget, a referral has been made to an external agency and action has been taken in response to the support and advice which has been sought. It is likely that the threshold for early year's setting application will be lower than for school due to the level of delegated budget.
- Learners with specialist needs which require an Education Health and Care Plan.

Crucially, settings/schools should ensure that all vulnerable learners (not just those with special educational needs) are identified and/or on a provision map, including:

In school:

- Learners who are under-achieving and needing intervention (eg Wave 2, Wave 3 learners) – but who do not have SEN;
- learners being supported through devolved additional needs funding;

In settings and schools:

- learners receiving additional funding through devolved early years/schools block funding or high needs funding
- learners with English as an additional language;
- learners who are looked after;
- any other vulnerable groups identified by the setting/school (young carers, persistent absentees etc)
- learners eligible for pupil premium;

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

Evidence required to access High Needs Funding (see high needs funding guidance for full information)

Definition of High Needs Pupils

High Needs Pupils are those whose learning needs are

- Significantly “additional to” or “different from” the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching.
AND
- When offering that support, there is irrefutable evidence that the cost to the school, per annum, is more than the Average Weighted Pupil Unit + £6,000 from the school’s devolved additional needs funding
AND
- When having been offered that support, there is evidence from school progress data and a compelling argument that more accelerated progress could be made if additional resources were provided, and the school has a specific, costed action plan (which might be part of an Education, Health and Care Plan) which outlines how High Needs Funding is to be spent and the targeted gains and outcomes
OR
- When offering that support, there is irrefutable evidence that the cost to the EY setting, per annum is the 15 hours free entitlement funding + £500 from the group settings notional SEN

Use of descriptors

Schools/settings will be expected to have referred to these SEN Descriptors when making provision from the devolved schools block of funding/notional SEN from early years block funding. Schools/settings must have evidence that the recommended provision for learners in different categories of special educational need has been made or attempted prior to application for High Needs Funding. It will not be necessary to evidence all of the recommended interventions but evidence of support from schools/settings delegated budget/notional SEN presented to the panel (see below) must be :

- educationally justified as having been likely to lead to accelerated progress
- sustained
- costed

Accessing the High Needs Block

Although this is not a definitive list, evidence to support an application for High Needs Funding might include:

- Pupil progress data outlining progress over last academic year (or longer) in core areas of the curriculum and, possibly, in personal and social development.

NB: this will be more usefully provided as progress evidence, not attainment evidence.

- Portage and SEN Developmental Profile (Early Years)
- Individual child centred planning which includes “assess, plan, do, review”
- One page profile which identifies the learners voice
- Provision map evidence cross referencing additional support given with outcomes
- Summary of outcomes of formal assessments – reading levels, Boxall profile etc (not the formal assessments themselves)
- Observational assessments re engagement in lessons (corroborated, if possible, by an educational psychologist)
- For KS4 students, or students transferring from primary-secondary, information about transition which indicates transition support arranged and cost.
- CAF/CIN information – which provides evidence of complicating social factors having a genuine, long term and sustained impact upon progress in school.

Also, schools/settings will be required to provide an indication of how they would use the High Needs Funding if it is granted, the outcomes this relates to and the impact this will have for the pupil.

What is a special educational need?

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

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

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

What should be in place in all settings/schools?

Provision for learners with special educational needs is a matter for the setting/school as a whole. All teachers are teachers of learners with SEN. In practice the way in which this responsibility is exercised by individual staff is a matter for settings/schools, to be decided in the light of the settings/schools circumstances and size, priorities and ethos. Settings/Schools should be able to offer a minimum provision guarantee for individual learners and their families.

In this document details are given of the process of meeting special educational needs and descriptors of the appropriate minimum provision for different forms of special educational need. Listed below are several supporting elements essential for effective action with, and on behalf of, learners with special educational needs that should be common to all settings/schools.

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

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

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

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

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

When special educational needs begin to present as severe and complex, so that the school feels justified in applying for high needs funding, external agencies may be involved. These might include educational psychologists, LA or external specialist services, occupational therapists and speech and language specialists. Although teaching assistants/early years practitioners may deliver some of the programmes written/advised by external agencies, it is still the responsibility of the class teacher/key person to ensure all learners are making good progress.

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

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

What are the areas of special educational need?

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

- **Communication and interaction** which includes speech, language and communication needs (SLCN), autistic spectrum disorder (ASD).
- **Cognition and learning** which includes moderate learning difficulties (MLD), severe learning difficulties (SLD) profound and multiple learning difficulties (PMLD), specific learning difficulties (SpLD).
- **Social, emotional and mental health difficulties** which includes attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD), oppositional defiant disorder (ODD), attachment disorder, anxiety and depression.
- **Sensory and/or physical needs** which includes visual impairment (VI), hearing impairment (HI), multisensory impairment (MSI), physical difficulties (PD)

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

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

How should success be measured?

The Code of Practice (2014) makes reference to learners making appropriate progress and measuring progress. Identifying progress is how individual learners, families, schools/settings and the LA can measure the effectiveness of the provision made for learners.

Learners and their needs are individual. What is appropriate progress is therefore also individual and has to be defined by success in meeting appropriately challenging SMART targets over time. Learners who do not have a special educational need progress at different rates and the same is true for learners with an identified special educational need. Some learners will successfully meet highly appropriate challenging targets but the nature of their special educational need may mean that the gap between their attainments and those of their peers will widen over time. Schools are advised to refer to the SEN Progression Materials on the DfE website as a useful tool for judging the progress of students with SEN across each key stage, based upon their age and prior attainment.

How is effectiveness to be monitored?

The general effectiveness of provision and outcomes for vulnerable groups of students in LA maintained schools is monitored through the School Effectiveness Monitoring programme in Learning, Skills and Education.

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

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

The LA also monitors:

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

What is statutory assessment?

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

Establishing the criteria for considering whether to undertake a statutory assessment of a child or young person's Special Educational Needs.

The Local Authority has applied the criteria for special educational needs as defined in the Introduction to the Special Educational Needs and Disability Code of Practice 0-25 (July 2014). Page 15 sections xiii and xiv of the Code of Practice indicates that:

- xiii A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.
- xiv A child of compulsory school age or a young person has a learning difficulty or disability if he or she:
 - has a significantly greater difficulty in learning than the majority of others of the same age, or
 - has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.
- xv. For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.
- xvi. A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph xiv above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).

Criteria for assessment

When deciding to submit a request for statutory assessment to the Local Authority, cognition and learning needs, assessment of disability and how it impacts on the child's ability to access the curriculum are to be considered. Schools/settings, other professionals and parents should consider the criteria below.

Communication and interaction including **SLCN and ASD**:

A child with speech and language needs and no other learning needs would not normally meet the criteria for a statutory assessment as we would expect these needs to be addressed by the school or by NHS services providing advice to school and parents regarding approaches and programmes, with courses of direct therapy if required. However with regard to both speech and language difficulties and ASD diagnoses, the child's barriers to learning i.e. anxiety, self-centred behaviours, language difficulties, emotional difficulties and the extent to which it affects access to the curriculum should be considered.

Cognition and Learning Needs:

Severe learning difficulties:

The Code states that children with severe learning needs are likely to require support in all areas of the curriculum and may have other associated difficulties, such as with mobility and communication.

Children with severe cognition and learning needs, who may require a statutory assessment, will have cognition and learning scores '**below the 2nd percentile**'. Scores at this level would appear to indicate that the child has a 'significantly greater difficulty in learning than the majority of others of the same age'.

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

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

End of KS1: NC levels 1 – 3
End of KS2: NC levels 2 – 5
End of KS3: NC level 3 +
End of KS4: NC level 4 +

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

Specific Learning Difficulties (Spld):

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

Social, emotional and mental health:

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

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

Sensory and/or physical needs:

Hearing impairment, visual impairment and multisensory impairment:

Pupils with these difficulties would normally be able to access local mainstream provision as set out in the Local Offer, which should detail the access that these pupils will have to specialist support and/or equipment to access their learning e.g. access to a Teacher of the Deaf; VI specialist teacher; MSI specialist support. An EHC Plan would usually only be needed if the pupil also had low cognitive ability or other disability that affected access to the curriculum.

Physical difficulties and medical difficulties:

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

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

Decision making by the Local Authority:

The Local Authority will consider referrals for statutory assessment in line with the criteria outlined above. Each case will always be considered on its own merits.

Information required to consider a statutory assessment

For the LA to decide that a statutory assessment is necessary, detailed advice from the school/setting will be sought about:

- The school's/setting's action through use of their delegated budget/notional SEN (Early Years).
- Evidence from the school's/setting's provision map; Evidence from a Developmental Profile (Early years)
- Progress across the curriculum over time identified through child centred planning i.e. "Assess, Plan, Do, Review"
- Records of regular reviews and their outcomes;
- National Curriculum levels; attainment in literacy and maths;
- Education and other assessments e.g. from an advisory special support teacher/service or EP; with evidence that strategies advised by the external professional have been implemented and reviewed.
- Views and aspirations of the parent and of the child (in the form of a one page profile);
- The students health including the child's medical history where relevant;
- Involvement of other professionals e.g any involvement of social care and health services to date.

Using the Descriptor Pages

How should the descriptor pages be used?

The descriptors are set out in the tables that follow. They indicate provision that the LA expect settings/schools to make for learners with regard to:

- Early Years Foundation Stage (pre Reception)
- Cognition & Learning
 - Moderate/General Learning Difficulty
 - Specific Learning Difficulty
- Communication & Interaction
 - ASD
 - Speech, Language & Communication needs
- Medical Needs
- Physical Impairment
- Sensory Impairment
 - Hearing Impairment
 - Visual Impairment
 - Multi-sensory Impairment
- Social, Emotional and Mental Health

For each group of students detailed information is given about the LAs expectations, in terms of:

- Impact of SEN on learning
- Quality teaching strategies and specialised adaptations
- Relevant information & assessments

The descriptors are intended to be indicative; they are not an exhaustive list. A learner need not be experiencing all the needs described for consideration to be given to whether they have needs which will be appropriately supported at a given level.

Some of the needs described may not, individually, warrant intervention, but they may be significant in conjunction with other needs. Schools may find a learner has needs across a number of the headings, or a cluster of needs under one heading.

The descriptors are designed to support schools to gauge the levels of support they need to arrange for children before applying to the High Needs Block for additional funding. For children in the Early Years Foundation Stage (Reception) in schools, schools may find it useful to refer to the Descriptors for the Early Years Foundation Stage' Early Years Block, as a tool to support their practice.

It is not intended that the Descriptors should be read as a whole document, but rather that they are a reference resource according to the area of need or age (early years).

SEN DESCRIPTORS: Early Years Foundation Stage (pre Reception)

Normal Entitlement for all children – Early Years Block Funded

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

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

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

Arrangements

Stories:

- short, well-illustrated and read with enthusiasm by adult.
- use of props/story sacks etc
- story group kept as small as staffing resources allow

Instructions:

- repeated and accompanied by gestures or pictures.

Adults:

- to join in with an activity the child has selected and play alongside
- receptive and give time to children having difficulties speaking or who need time to understand and process thinking

Group work:

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

Resources: pictures for labels and picture/visual timetables

Timetable: adults to be part of imaginative play activities to support and extend play

Support: turn taking, possibly using group games

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

Provide accessible changing facilities and staff available to deal with accidents

Focussed teaching for all children delivered in small groups throughout the day

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

Additional documents as required:

- Individual health care plans.
- Individual risk assessments.

Specific individual support funded from within the settings own resources

Description of child – Specific individual support expected for children with additional needs, funded from within the settings own resources although enhanced with the support of external professionals –Early Years Block funded

Play Cognition & Learning	Social, Emotional & Mental Health difficulties	Sensory and/or physical needs	Social Interaction	Communication & Interaction
<p>Significant delay in reaching milestones</p> <p>Under 2 years – 6-12 months delay</p> <p>3 years – 12 – 18 months delay</p> <p>4 years – 18 – 24 months delay</p>	<p>Significant separation difficulties that persist</p>	<p>Moderate to severe hearing loss, wears aids</p>	<p>Frequent and significant difficulties following social norms for example, eye contact, turn taking, conversation</p>	<p>Child’s expressive and/or receptive language is showing significant delay and/or disorder requiring support from SALT, for example, little or no speech or signing (age and first language to be taken into consideration)</p>
<p>Evidence of frequent repetitive play, restricted interests and significant difficulties with imaginative play</p>	<p>Reluctance to engage with activities by withdrawing or challenging behaviour</p>	<p>Moderate visual difficulties/loss</p> <p>Moderate multi sensory loss requiring adult support to teach and manage learning with the support from outside agencies.</p>	<p>Persistent and significant difficulties forming relationships which may be evidenced by lack of recognition of self and others</p>	<p>Additional support required to teach and manage alternative communication systems which may involve support from outside agencies</p>

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

	health that require advice from outside agencies an are impacting on the child's development.			
Arrangements				
<p>As above +</p> <p>Individual targets set and reviewed every 6 weeks</p> <p>Flexible and differentiated curriculum to support individual targets</p> <p>Assessment and monitoring by key person, supported by SENCo</p> <p>Support and advice from external agencies to inform on going, more intense programmes</p> <p>Staff training on specific SEN issues/needs</p> <p>Increased differentiation of activities/materials to support specific targets</p> <p>Individual visual timetables and behaviour support materials</p> <p>Increased use of visual timetables</p> <p>Specific environmental adaptations for physical and sensory needs</p> <p>Specialist ICT equipment to ensure curriculum access</p> <p>Staffing ratios in excess of minimum for parts of the day</p> <p>Some dedicated individual support time for children.</p>				

Higher Needs, Requests for Access to Individually funded arrangements from High Needs Block for those currently funded through Early Years Block

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

Where, despite continuing intervention, this turns out to be the case, the setting may submit evidence to the Local Authority to request funding from the Higher Needs Block where any of the following apply and the child's needs are in line with the high needs descriptors on the following pages

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

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

Description of child – Higher Needs, Requests for Access to Individually funded arrangements from High Needs Block for those currently funded through Early Years Block

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

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

Arrangements for a child at this level will be highly individualised.

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

COGNITION AND LEARNING

DESCRIPTION OF NEED

General Learning Difficulties (GLD)

The majority of students with learning difficulties will be identified early in their school career. In most cases, they will have difficulty acquiring basic numeracy and literacy skills and may have commensurate speech and language difficulties. They may well find it hard to deal with abstract ideas and to generalise from experience. Some may also have poor social skills and may show signs of emotional and behavioural difficulties.

Students subject to curriculum enhancement through targeted initiatives such as Early Literacy Support, Additional Literacy Support or Catch-Up should not be categorised as having general learning difficulties, unless there is evidence of indicators as outlined below in their profiles of attainment;

- Resources needing to be deployed which are additional to or different from those normally available to the students in the school, through the differentiated curriculum;
- Consistently evident problems with regard to memory and reasoning skills;
- Consistently evident problems with processing, organising and co-ordinating spoken and written language to aid cognition;
- Consistently evident problems with sequencing and organising the steps needed to complete tasks;
- Consistently evident problems with problem solving and developing concepts;
- Consistently evident problems with fine and gross motor competencies, which significantly impair access to the curriculum;
- Consistently evident problems with understanding ideas, concepts and experiences when information cannot be gained through first hand sensory or physical experiences.

Specific Learning Difficulty (SpLD)

Specific Learning Difficulty is the overall term used to describe a developmental condition that causes problems when using words – dyslexia and problems using symbols – dyscalculia and some other developmental problems.

Dyslexia is the commonest type of specific learning difficulty that students are likely to experience with about 10% of the population having some form of dyslexia. 'Dyslexia is present when fluent and accurate word identification (reading) and/or spelling do not develop or do so very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis of a staged assessment through teaching.' (British Psychological Society, 2000: *Dyslexia, Literacy and Psychological Assessment*.)

Short-term memory, mathematics, concentration, personal organisation and speaking may be affected.

The effects of dyslexia can largely be overcome by support and the use of compensatory strategies.

Students with specific learning difficulties fail to acquire levels of skills in some subjects commensurate with their performance in others, despite good attendance and health, satisfactory attitudes to learning and sound teaching. They may find difficulties particularly frustrating if they become an obstacle to the development of learning in other areas. Low self-esteem, poor concentration and behavioural difficulties can arise as a consequence.

Other aspects of the development of these students may be in line with the majority of students their age. It is, however, possible for dyslexia to be present alongside other learning disorders, thus creating different complexities of special need.

Normal school entitlement for pupils with C&L difficulties: Provided from AWP (NB Italics indicate specific to SpLD)		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Levels of attainment that are generally lower than those of their age equivalent peers.</p> <p>Some difficulty in acquiring skills, notably in language, literacy, numeracy skills (or early developmental skills).</p> <p>May be slower to use, retain and apply everyday concepts than age equivalent peers.</p> <p>May have mild levels of sensory impairment or fine motor skills, may need time allowed for mobility issues, may have difficulties related to behaviour, social or emotional issues and need some help with these. (also true for SpLD)</p> <p><i>Average or above levels of reasoning/ability with evidence of discrepancies between attainments in different core subjects or within one core subject of the NC.</i></p>	<p>Differentiation to ensure the development of literacy, numeracy, expressive language, communication skills, minimise behaviour and emotional difficulties and promote appropriate interpersonal skills with other students.</p> <p><i>Tasks will need to be differentiated by level/outcome/pitch/pace and grouping, particularly in areas where literacy skills are required.</i></p> <p>Staff are skilled at adjusting the pace and order of activities in order to maintain attention.</p> <p>Staff aware of implications of mild sensory impairment, fine motor skill development and medical issues.</p> <p>May benefit from focussed/small group teaching support at some points during the week.</p>	<p>Students have regular opportunities to evaluate their performance in learning activities.</p> <p>Students' self-assessment routinely used to set individual learning targets.</p> <p>Full inclusion in all school assessments, statutory assessment and tasks. Parent/carer involvement through normal school policy arrangements.</p> <p>General whole school training,</p>

<p>May be untidy, poor handwriting skills, low spelling scores.</p>		
<p>SEN support for pupils with C&L difficulties : Provided from school's delegated budget (NB Italics indicate specific to SpLD)</p>		
<p>Impact of Condition on Learning</p> <p>Will have low attainment reflected in levels typical of two-thirds of chronological age;</p> <p>May also be socially and emotionally immature and have limited interpersonal skills;</p> <p>Will have difficulties with written and oral communication;</p> <p><i>Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation or phonological or short-term memory abilities;</i></p> <p><i>Low level difficulties in the acquisition and/or use of language;</i></p> <p><i>Very specific difficulties (dyslexia, dyspraxia) affecting literacy skills, spatial and perceptual skills and fine and/or gross motor skills,</i></p> <p><i>Significant and persistent difficulties in the acquisition of reading, writing, spelling or</i></p>	<p>Quality Teaching Strategies/Specialised Adaptations</p> <p>Staff able to incorporate programmes relating to sensory impairment, fine motor skills and mobility and medical procedures.</p> <p>Use of multi-sensory teaching strategies, a focus on phonological awareness or motor skills programme.</p> <p>Support for:</p> <ul style="list-style-type: none"> • Developing language and communication skills • Developing listening and attention skills • Group work on targets relating to provision map for basic skills • Practical work with concrete/visual materials to establish concepts and skills • Revision and over learning. <p>Flexible grouping arrangements will provide opportunities for:</p> <ul style="list-style-type: none"> • Access to curriculum and support groups where students are working with peers at similar levels • Access to grouping that enables students to work with peers who will provide good role models for language and communication skills and for co-operative and independent application to task. 	<p>Relevant Information/Assessments</p> <p>Learning materials and resources to help remove barriers to learning are available in school or on loan from outside agencies.</p> <p>Regular liaison between external professionals and school staff in relation to specific programmes and targets.</p> <p>Parent/carer to be involved in the formulation, monitoring and implementation of targets.</p> <p>A record will be kept of consultation with external professionals, if they are involved with the student.</p>

<p><i>number skills, which do not fit his/her general pattern of learning and performance.</i></p> <p>May have moderate and persistent difficulties in the acquisition and/or use of language, literacy and numeracy skills which affect progress in other areas of the curriculum.</p> <p>May also have difficulties with other areas e.g. motor skills, organisation skills, behaviour, social or emotional issues and multi-agency advice may be required.</p> <p>May also have difficulties with sequencing, visual and/or auditory perception, co-ordination, concentration or short-term working memory</p> <p>May have poor learning habits and concentration difficulties, be poorly motivated and resistant to learning.</p>	<ul style="list-style-type: none"> • <i>Utilisation of appropriate materials for students with SpLD;</i> • <i>Access to peer supported learning through Buddy schemes;</i> <p><i>Pre and post tutoring in subject specific vocabulary.</i></p> <p><i>Effective spelling strategies which include syllabic spelling approaches. Regular provision of subject specific spelling lists and specialist dictionaries.</i></p> <p>Strategies to support weak spatial and perceptual and memory skills.</p> <p>Strategies to support problem solving, and ability to sequence learning steps to task completion.</p> <p>Alternative forms of recording which enables the student to demonstrate knowledge without the requirement for extended written work.</p> <p>Support for study skills and work planning, mind mapping techniques etc.</p> <p>Support to develop personal organisation in response to timetabling and managing possessions/equipment.</p> <p>Intervention strategies for the regular specialist delivery of social skills programme in small group settings e.g. Social Stories, role play.</p> <p>Arrangements to extend student participation within the curriculum, to prevent disaffection and promote engagement with school work, independent learning and self monitoring.</p>	
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Access to the High Needs Funding (C&L)

The majority of students with general or specific learning difficulties will have their special educational needs suitably addressed by arrangements in school. There will, however, be some who continue to experience a much higher level of difficulty than their peers in making progress in their education. Some of these students may also have difficulties with sensory, physical or medical needs and a strong co-ordinated approach between a range of professional agencies may be required.

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>GLD: The gap between the student's performance and that of his/her peers is significantly wider than would normally be expected for students of his/her age.</p> <p>SpLD: The student's difficulties in acquiring expected literacy and/or numeracy skills are significantly greater and more persistent than would normally be expected for students of his/her age.</p>	<p>Highly individualised learning programme developed by the SENCo with support from external professionals as required which evidences:</p> <ul style="list-style-type: none"> • Advice from external professionals, interventions implemented and impact on progress. • Planned strategies to support the individual student with expected outcomes. 	<p>The student's performance is amongst the lowest attaining 2% of his/her age group.</p> <p>Application to High Needs Panel by completion of on-line form.</p>

COMMUNICATION & INTERACTION

Autistic Spectrum Disorder

DESCRIPTION OF NEED

Students with Autistic Spectrum Disorders experience difficulties typically falling within a triad of impairments affecting social interaction and relationships, social communication, flexible thinking, behaviour and sensory challenges. The impairments within the autistic spectrum may vary widely in terms of severity and the way they manifest themselves. Autistic spectrum disorders occur across a wide range of abilities and may also be found in combination with other difficulties.

Some of the characteristic difficulties students experiences include:

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

For all students with autistic spectrum disorders, the expectations associated with change that may require contact with more people in a wider range of social settings, may compound their existing difficulties and make their special needs more complex.

Normal school entitlement for pupils with ASD : Provided from AWPU

Many students with autistic spectrum disorder will be able to participate in most aspects of an ordinary classroom and make progress within the curriculum but may need some support through effective QFT and waves of intervention.

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

SEN support for pupils with ASD : Provided from school's delegated budget

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

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

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

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • The student's impaired social development, rigidity of behaviour and thought and communications are enduring, consistently impeding his/her learning and leading to severe difficulties in functioning. • Revision of the differentiated classroom provision for the student's education has not resulted in the expected progress towards achieving learning, pastoral and social interaction targets. • In respect of receptive and expressive communication and social interaction, evidence of the student's need for a systematic programme to develop his/her understanding of verbal and non-verbal communication. • Evidence of significant difficulties persisting for the student as a result of his/her 	<p>Highly individualised learning programme developed by the SENCo with support from external professionals as required which evidences:</p> <ul style="list-style-type: none"> • Advice from external professionals, interventions implemented and impact on progress. • Planned strategies to support the individual student with expected outcomes. 	<p>Evidence of recognised autism specific interventions having been attempted or implemented.</p> <p>Application to High Needs Panel by completion of on-line form.</p>

<p>inflexibility and/or intrusive obsessional thoughts.</p> <ul style="list-style-type: none"> • Evidence of a high priority having to be given to the management of the student's behaviour in the planning of most classroom activities and the organisation of his/her learning environment. • High levels of anxiety are beginning to impact negatively on attendance (below 85%). 		
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Speech, Language and Communication Difficulties (SLCN)

DESCRIPTION OF NEED

Students may exhibit a range of difficulties with speech and language, some of which will resolve as the student develops. Most students, with more significant and enduring speech and language difficulties, will have been identified through Health Services' programmes prior to school entry.

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

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

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

Normal school entitlement for pupils with SLCN : Provided from AWP		
Many students with speech language and communication needs will be able to participate in most aspects of an ordinary classroom and make progress within the curriculum but may need some support through effective QFT and waves of intervention		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> Speech is understood by others but has some immaturities, which at times interfere with the acquisition of literacy and/or create mild social difficulties. 	<ul style="list-style-type: none"> Needs some encouragement to take responsibility for own learning and to collaborate with peers in curriculum activities. Needs some support to listen and respond to 	<ul style="list-style-type: none"> Effective home/school liaison Students pastoral care needs are met Students have regular opportunities to evaluate their performance in learning activities.

<ul style="list-style-type: none"> • Comments and questions often indicate an initial difficulty in understanding the main points of discussions, explanations, information given, in a whole class situation. • Sometimes develops & explains own ideas clearly, but sometimes needs support: <ul style="list-style-type: none"> ○ To contribute successfully to discussion about imaginary and factual activities ○ To use vocabulary precisely and effectively 	<p>longer explanations, stories, sequences of information in whole class situation.</p> <ul style="list-style-type: none"> • Some differentiation of speaking, understanding, listening tasks to allow access to the curriculum. • Staff are aware of the implications of mild sensory impairment, perceptual impairment, fine motor skill development and medical issues. 	<ul style="list-style-type: none"> • Students' self-assessment routinely used to set individual learning targets. • A speech and language specialist may have assessed the student's progress and the student may be attending the local health clinic to receive speech and language therapy. At this stage the speech and language therapist will be working mainly in conjunction with the parent/carer. There may be some low-level contact between speech and language therapist and the schools.
SEN support for pupils with SLCN : Provided from school's delegated budget		
<p>Impact of Condition on Learning</p>	<p>Quality Teaching Strategies/Specialised Adaptations</p>	<p>Relevant Information/Assessments</p>
<ul style="list-style-type: none"> • Difficulties in using language for learning and/or social interaction, although other areas of expressive language appear to be age-appropriate. The student's responses to verbal and non-verbal communication are often inappropriate. • Difficulties impact on access to curriculum without school based support. 	<ul style="list-style-type: none"> • Teaching methods may include the use of visual aids, signalling and signing to support understanding in lessons • There may need to be specific teaching of vocabulary, comprehension and inference, use of language, sentence structures, the speech sound system, sequencing and active listening skills. • Strategic use of equipment to sustain learning e.g. 	<p>Staff able to monitor and assess for access to special exam arrangements.</p> <p>Multi-agency advice may be required through the CAF or diagnostic process.</p> <p>Multi-agency support may be required due to overlap of educational, social or health needs.</p> <p>Parent/carer to be involved in the formulation,</p>

<ul style="list-style-type: none"> • Student may show a marked discrepancy between attainment levels in English and/or other core subjects. • Student may show underachievement in a number of curriculum areas, not predicted by reference to his/her general ability. • Student may exhibit difficult-to-manage behaviour in a variety of learning and/or social settings within the school. • Significant speech or language difficulty prevents access to a large part of the National Curriculum. 	<p>I.T. and audiovisual equipment</p> <ul style="list-style-type: none"> • There should be staff training regarding the characteristics of students with SLCN and the impact on curriculum access. • The physical environment should be methodically organised, well defined and labelled and conducive to good listening and attention. • Groupings in class should provide opportunities for peer support, the development of social understanding and inference, together with structured opportunities for conversation. • The grouping arrangements should be used flexibly to promote independent learning. • Verbal instructions, explanations require simplification and visual or experiential support. • Individual support for specific skill development/reinforcement • Mainstream class or set with access to individual and small group tuition within the classroom and/or periods of withdrawal. 	<p>monitoring and implementation of targets.</p> <p>Staff have received focused training on the specific implications of the effects of SLCN on the student.</p> <p>A record will be kept of consultation with external professionals, such as the Educational Psychologists or Speech & Language Therapists if they are involved with the student.</p>
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Access to the High Needs Funding (SLCN)		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> The student's progress in many areas of the curriculum, notably literacy and numeracy, is significantly and specifically impeded by his/her speech and language difficulties. There is a significant discrepancy between the students' expressive language and verbal comprehension skills, or between his/her language and cognitive abilities. Despite implementation of relevant teaching programmes funded from the school's delegated budget evidence from reviews shows that they have not enabled him/her to make expected progress. 	<p>Highly individualised learning programme developed by the SENCo with support from external professionals as required which evidences:</p> <ul style="list-style-type: none"> Advice from external professionals, Interventions implemented and impact on progress. Planned strategies to support the individual student with expected outcomes. Highly individualised and differentiated provision is required to be made directly by external professionals who are specialists in this field. 	<p>Application to High Needs Panel by completion of on-line form.</p> <p>Wide multidisciplinary team involvement may be required.</p> <p>SLT may be directly involved.</p> <p>Standardised assessments and/or diagnostic tests from other external professionals including medical are required.</p>

MEDICAL NEEDS

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

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

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

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

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

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

SEN support for pupils with Medical Needs: Provided from school's delegated budget

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting</p> <p>Progress within the curriculum may be affected by condition or medication</p> <p>May participate in most/all activities but at a slower pace that peers or show signs of increasing fatigues during the school day</p>	<p>Access to word processors. Some limited items of special equipment and teaching approaches.</p> <p>May need more supervision in potentially hazardous situation e.g. science lab, swimming, using PE apparatus</p> <p>Differentiation may be required to take account of slower pace or to catch up following periods of absence.</p> <p>Extra help may be required at times in the school day, e.g. dressing, undressing, steps, stairs.</p> <p>Focussed support via a Provision Map in place by class/form teacher to allow the students to catch up following periods of absence</p> <p>Suitable arrangements may be needed for administration of emergency medication</p> <p>Suitable training to school staff or other emergency measures in school</p> <p>Supervision of health and hygiene procedures.</p>	<p>Medical condition will be generally stable and under control, but may need monitoring in school and close liaison maintained with home</p> <p>School curriculum promotes personal care and safety and school staff arrange and take responsibility for any regular medical intervention to be carried out</p> <p>Risk assessment + emergency plan for medical emergency</p> <p>Teaching staff and therapist to assess changing needs.</p> <p>Input to the provision map/IEP may be required from a physiotherapist, occupational therapist.</p> <p>Consideration of concessions for examinations etc</p> <p>Specific information on the causes and implications of the medical condition may need to be circulated to relevant members of staff.</p>

	<p>Access to alternative methods of recording if required.</p> <p>Class or subject teachers are responsible for working with the student on a daily basis, delivering any individual programmes.</p> <p>Some additional support may be required at periods throughout the day and social situations such as breaks may need particular attention.</p> <p>Possibly teaching assistant trained in managing care needs.</p> <p>Training in Manual Handling may be necessary.</p> <p>Differentiation required to access some curricular areas, e.g. PE, handwriting tasks, unstructured times and environmental adaptation.</p>	
<i>Access to the High Needs Funding (Medical Needs)</i>		
<p>Impact of Condition on Learning</p> <p>Student has severe difficulties with the ability to function independently in the school environment and in their everyday life.</p> <p>May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity.</p> <p>May have a chronic condition, potential degenerative condition, newly acquired condition or has special educational needs in addition to physical difficulties.</p>	<p>Quality Teaching Strategies/Specialised Adaptations</p> <p>Needs differentiation of opportunity and extra time to access the curriculum.</p> <p>Needs 1:1 adult support 100% of the time.</p> <p>May need help to record work.</p> <p>May need help eating and drinking.</p> <p>May need adaptations for PE curriculum and all practical subjects.</p>	<p>Relevant Information/Assessments</p>

PHYSICAL NEEDS

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

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

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

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

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

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

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

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

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

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

SEN support for pupils with Physical Needs : Provided from school's delegated budget		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting</p> <p>Progress within the curriculum may be affected by condition or medication</p>	<p>The focus should be school based, with the aim of helping the student to be a fully integrated member of the school community.</p> <p>Withdrawals from the class group should be kept to a minimum, should only occur when commensurate with</p>	<p>Annual Audit of environment for basic access issues.</p> <p>The school will need to consider the implications of the Equality Duty for school visits and extra curricular activities</p>

<p>May participate in most/all activities but at a slower pace that peers or show signs of increasing fatigues during the school day</p> <ul style="list-style-type: none"> • will have a defined physical or medical condition that may be subject to regular medical/intervention; • will have needs that may impact on their self-esteem and social relationships; • will have moderate difficulties in aspects of curriculum access (e.g. wheelchair user); • will have some gross and fine motor difficulties. Minor difficulties with spatial orientation; • will make progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact; • will be independent in most activities; • will be working at slower pace than peers or signs of increasing fatigue during the school day. <p>The student may:</p> <ul style="list-style-type: none"> • use specialist aids relating to their disability e.g. wrist splint; • utilise limited, low tech specialist equipment to enhance their curriculum access; • require limited adult assistance with practical aspects of the curriculum or self help skills or personal care. • utilise specialist equipment to ameliorate difficulties with either curriculum or daily living 	<p>the student's interests and be planned above all else as an aid to his/her learning and/or health needs.</p> <p>Allowing for the emphasis of the Provision Map on addressing the student's physical difficulties, the provision overall should be informed by flexible approaches to whole curriculum planning for individual students.</p> <p>Specific skill development or ameliorative activities in support of targets may be required.</p> <p>Flexible support in school to include dressing, undressing and toileting. Appropriate toilet with hoist available if needed. Changing bed and shower as appropriate.</p> <p>Extra time provided to address opportunities and comprehensive resources for motor skill development offered within the school curriculum</p> <p>There will be focus on the <i>educational</i> implications of the physical difficulty but there may also be therapy targeted at these difficulties</p> <p>Additional access to IT, specialist aids and adaptations may be necessary to facilitate access to the curriculum.</p> <p>Consideration should be given to exam arrangements</p> <p>Specialist transport may be required</p> <p>Consideration should be given to the identification of a key worker.</p>	<p>The school may need to make reasonable adjustments to its environment and some building adaptations may be required.</p> <p>Staff are able to monitor progress and demonstrate understanding of fine and gross motor skills development within personalised learning targets</p> <p>Staff able to implement and manage changes and adaptations to the learning environment</p> <p>Advice from external support agencies should be sought to inform and/or guide curriculum adaptation,</p> <p>Multi agency collaboration will usually be essential.</p> <p>School will seek Manual Handling Training from an external provider</p> <p>There will be thorough monitoring of student progress in terms of effectiveness of the interventions arising from the Provision Map.</p>
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<p>tasks;</p> <ul style="list-style-type: none"> • require a medical plan; • require a level of adult assistance to access the curriculum, manage their condition, or move with safety around the environment; • exhibit fatigue, lack of concentration or motivation due to their condition that has having a marked effect on classroom performance. 	<p>Most students will require access to a base for therapy or developmental programmes and/or special arrangements for personal and hygiene needs.</p> <p>Strategies incorporating specific activities to overcome physical difficulties e.g. reducing written work.</p> <p>Pace of teaching takes account of possible fatigues and frustration experienced by the student.</p> <p>Consideration will need to be given to timetabling and location of rooms.</p> <p>Delivery of physiotherapy programmes, support with physical aids and support needed in safely moving around the school as appropriate and advised by external specialists.</p>	
<p><i>Access to the High Needs Funding (Physical Needs)</i></p>		
<p>Impact of Condition on Learning</p> <p>Severe difficulties with the ability to function independently in the school environment and in their everyday life.</p> <p>May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity.</p>	<p>Quality Teaching Strategies/Specialised Adaptations</p> <p>Differentiation of opportunity and extra time to access the curriculum.</p> <p>Needs 1:1 adult support 100% of the time.</p> <p>May need help to record work.</p> <p>May need help eating and drinking.</p>	<p>Relevant Information/Assessments</p> <p>Requires a Mobility Plan which includes focused activities to develop physical skills.</p>

<p>Supervision and support to navigate an appropriately adapted school building/campus and access to the curriculum.</p> <p><u>If a wheelchair dependent user the student;</u></p> <ul style="list-style-type: none"> • will be a dependent wheelchair (electric or manual) and/or walking aid user with a severe physical difficulty. • will have very restricted movement and hoisting/position changes required regularly during the day. • will require intimate self care/self help skills to be met by others. • will have minimal fine motor skills. • may be at the early stages of developing mobility. <p><u>If not wheelchair dependent the student;</u></p> <ul style="list-style-type: none"> • will have a severe physical difficulty. • may need the use of physical aids for example a standing frame or moulded seating. • may have restricted purposeful hand movement. <p>May require intimate care/self help skills to be met by others.</p>	<p>Needs adaptations for PE curriculum and all practical subjects.</p> <p>Needs support for social intervention/breaks, lunchtimes, between lessons, as well as arriving and departing from school.</p> <p>May need taught lessons on self help.</p>	
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SENSORY IMPAIRMENTS

Deaf and Hearing Impairments

DESCRIPTION OF NEED

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

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

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

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

A hearing loss is significant if it:

- Requires the child or young person to listen through artificial devices e.g. hearing aids, cochlear implants, FM systems and/or requires them to sustain their visual attention for long periods of time (e.g. to watch a signer and/or lip read).
- Means they will have difficulty adapting to or functioning in unfavourable acoustic environments e.g. where there is background noise and/or high levels of reverberation.
- Causes the child or young person to miss out on incidental learning e.g. peer and pretend play and learning, group discussions
- Causes a delay in acquiring and maintaining language and communication skills in keeping with the pupil's age and abilities.

- Requires them to undergo intensive hearing, speech and language rehabilitation following cochlear implant surgery
- Results in the child having to learn and use sign language as their primary mode of communication and to access to learning, or to supplement delayed or limited spoken language
- Prevents the child or young person from achieving and maintaining levels of attainment in keeping with their age and abilities or from making expected progress.
- Has an adverse effect on self esteem and confidence
- Has an adverse effect on social interaction especially with peers and in developing an understanding of how others think and feel.

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

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

Teachers of the Deaf, educational audiology services and personal FM systems will be provided free of charge at all levels of need and will be determined following consultation/assessment and on the basis of the NATSIP criteria and NDCS quality standards. Support workers will need to have access to continuous professional development in order to acquire and maintain the specialist skills and qualifications required for their role. A range of CPD opportunities including BSL courses will be made available through the specialist support services

Normal school entitlement for pupils with HI : Provided from AWPU

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

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

<p>interaction;</p> <p>Where the effects of the loss are more marked and severe, and where their functioning in school is at a lower level than would be expected, there may be a greater need for supported provision, with higher levels of in-class support and greater involvement of a specialist teacher of the deaf.</p>		<p>develops glue ear. Some will have a condition that causes hearing to deteriorate over time. High frequency hearing loss means that there may be particular difficulties in perception of certain consonants.</p> <p>The specialist teaching service may help to monitor and review progress or offer a series of visits to support specific objectives or to model/demonstrate activities and approaches to supporting adults.</p>
<p>Access to the High Needs Funding (HI)</p>		
<p>Impact of Condition on Learning</p>	<p>Quality Teaching Strategies/Specialised Adaptations</p>	<p>Relevant Information/Assessments</p>
<p>In addition to the difficulties described above the pupil:</p> <p>May need to focus their visual attention for long periods of time (e.g. to watch a signer and/or lip read).</p> <p>May have difficulties with literacy e.g. reading comprehension and written English – grammatical structure and content. May not be able to benefit from the usual approaches to learning to read e.g. synthetic phonics.</p> <p>May have delayed language development, gaps in vocabulary and general knowledge such that the language and conceptual demands of the curriculum have to be targeted and differentiated with advice and support from external specialists.</p>	<p>In addition to the strategies and approaches described above the pupil may:</p> <p>need intensive hearing, speech and language rehabilitation following hearing aid fitting or cochlear implant surgery</p> <p>have to learn and use sign language as their primary mode of communication and to access to learning, or to supplement delayed or limited spoken language</p> <p>require a Communication Support Worker (CSW) for British Sign Language, sign supported English or different communication approaches according to the situation (known as Total Communication)</p> <p>or</p>	<p>May or may not have progressed at nationally expected levels linked to prior attainment.</p> <p>Should have the support of a multi-agency team with a CAF in place.</p> <p>Specialist teams might include hearing assessment clinic/cochlear implant centre, specialist teacher of the deaf, educational audiologist, community paediatrician, and educational psychologist.</p> <p>Request for statutory assessment may be considered necessary noting guidance earlier in this document.</p>

<p>May have significant difficulty with processing verbal information at the same speed as hearing peers</p> <p>May need to develop their working memory</p> <p>May miss out on incidental learning e.g. peer and pretend play and learning, group discussions</p> <p>May find it difficult to maintain positive self-esteem and social confidence</p> <p>May need support to fully develop an understanding of how others think and feel and to establish and maintain positive relationships with peers.</p> <p>Without specialist support they will be at high risk of not achieving and maintaining levels of attainment in keeping with their age and abilities or making expected progress.</p>	<p>be following an auditory/oral approach but finding it difficult to keep up with demands of a regular classroom without intensive support e.g. note taking, frequent reinforcement of key vocabulary and concepts</p> <p>need an adult who is skilled in monitoring and managing the learning environments for deaf learners, can prompt subject and class teacher to make adjustments and ensure that assistive technology is used appropriately.</p> <p>need group discussions to be carefully managed and paced in order to participate.</p> <p>benefit from teacher led small group work</p> <p>usually benefit from additional assistive listening devices eg radio aid, sound field systems and will require a speedy response to any problems with this technology</p> <p>need access to quiet working spaces for tutorial/small group work and specialist assessment</p> <p>require frequent contact with a specialist teacher of the deaf e.g. to provide pre and post tutoring, auditory rehabilitation, staff training, mentoring and supervision of specialist support workers.</p>	
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Visual Impairment

DESCRIPTION OF NEED

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

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

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

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

Definitions for Students & Young People with Visual Impairment

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

The following classification applies to corrected vision with both eyes open. Acuity criteria are for guidance purposes only. The professional judgement of a QTVI should be applied as necessary to decide on the classification. For example, a young person may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition, e.g. Nystagmus, visual field reduction, cerebral (cortical) visual impairment, and/or additional learning difficulties.

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

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

Mild Sensory Loss: Visual acuity better than 6/18 with visual field loss.

Moderate: Visual acuity between 6/18 and 6/36.

Severe: Visual acuity between 6/36 and 6/60.

Profound: Visual acuity 6/60 or less.

QTVIs (Qualified Teacher of the Visually Impaired) and IT and Mobility assessment will be provided free of charge at all levels of need and will be determined following consultation/assessment and on the basis of the NATSIP criteria.

Braille equipment will be provided as required.

Normal school entitlement for pupils with VI : Provided from AWPV

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Some deterioration in certain areas of academic performance e.g.</p> <ul style="list-style-type: none"> • deteriorating handwriting, • slowness in copying from the board, • increasingly asking for written instructions to be given verbally. <p>A recognisable ophthalmic condition which has the potential to affect the learning process.</p>	<p>The central form of action for most students experiencing visual difficulties will be that which the class or subject teacher is able to take using resources and strategies available in the ordinary classroom.</p> <p>Tasks may need to be differentiated by some variation of teaching material and time given to complete tasks. The school will provide easily made changes in the learning environment; provide some differentiation to meet the needs of the range of students within the ordinary classroom.</p> <p>Basic classroom management strategies should be put in place Examples include:</p> <ul style="list-style-type: none"> • Favourable Positioning • Repetition of instructions • Multi-sensory approaches to teaching and learning – practical reinforcement • Management of turn taking in classroom discussions , repeating key points 	<p>Parent/carer involvement through normal school policy arrangements.</p> <p>In general expensive specialist items will be provided by NCC via the Visual Impairment team, while smaller and/or consumable items will be provided by the school.</p> <p>General whole school training, advice and support from external specialists e.g. the Visual Impairment team.</p> <p>Occasional consultation and advice from the Visual Impairment team.</p> <p>Monitoring by class/subject teachers/SENCo</p>

SEN support for pupils with VI : Provided from school's delegated budget

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

	<ul style="list-style-type: none"> • Learn particular skills to improve curriculum access e.g. touch typing or use of magnifiers and other specialist equipment; • Learn mobility skills <p>Student may benefit from using specialist equipment e.g.</p> <ul style="list-style-type: none"> • Sloping reading/writing boards • Low power magnifiers • Dark pens/pencils • Dark lined books/paper • Large print materials (e.g. reference books) <p>Very occasionally printed material may need to be enlarged. It would be expected that the school would use their own resources for this.</p> <p>Schools need to have regard to advice submitted by the Visual Impairment Team as well as parents, health professionals etc, in how they present the curriculum e.g.</p> <ul style="list-style-type: none"> • Use of Whiteboard • Accessibility of printed materials, and how they should be adapted • Modification of teaching methods used • Speed of work • Physical position of student 	
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Access to the High Needs Funding (VI)		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Visual impairment will have a severe impact on the learners ability to function independently in the school environment and in their everyday life</p> <p>May have extreme difficulties in making and maintaining relationships resulting in frequent social isolation and vulnerability, with some disengagement requiring extensive adult support.</p>	<p>Will require LVAs and will need planned 1:1 support the majority of the time.</p> <p>Will require mobility and independence programmes.</p> <p>Will always need practical tasks, activities and experiments modifying. The significant modification of materials and presentation will allow access to the majority of the curriculum e.g. touch typing</p> <p>Will require significant 1:1 planned intervention:</p> <ul style="list-style-type: none"> • support to manage personal access equipment and • specialist teaching of life skills to access age appropriate activities independently e.g <ul style="list-style-type: none"> ○ money management, ○ shopping, ○ personal hygiene, 	<p>The Visual Impairment Team can support by providing appropriate IT equipment, modified materials and other specialist equipment e.g. talking calculators etc</p>

Multi-sensory Impairment and Deaf blindness

“A person is regarded as deaf blind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.”
(Department of Health “Think Dual Sensory” 1995)

“Deaf-blindness is not just a deaf person who cannot see, or a blind person who cannot hear. The two impairments together increase the effects of each”.
<http://www.sense.org.uk/content/about-deafblindness>

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

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

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

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

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

Children with deaf blindness/MSI will usually need to have ongoing involvement from both HI and VI services. They should also be assessed and monitored by a qualified specialist teacher for MSI as some of the strategies and support commonly suggested for VI and HI pupils may not be appropriate for pupils with dual sensory impairment.

Multi-sensory impairment or deaf blindness may be:

- Mild – dual impairment with a mild loss in both modalities
- Moderate – dual impairment with a moderate loss in both or the most affected modality
- Severe – dual impairment with a severe loss in both of the most affected modality
- Profound – dual impairment with a profound loss in both or the most affected modality (NATSIP eligibility criteria, 2012)

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

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

SOCIAL EMOTIONAL AND MENTAL HEALTH DIFFICULTIES

DESCRIPTION OF NEED

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

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools – Mental Health and Behaviour Guidance: <http://tinyurl.com/MHB-2014>

Where more specialist provision is required, schools, colleges and early years providers should have clear arrangements in place with local health partners and other organisations for making appropriate referrals to Child and Adolescent Mental Health Services (CAMHS). Information to support schools to identify and meet the needs of these students is available through the Northamptonshire Targeted Mental Health in Schools (TaMHS) Programme. <http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/services/traded/Pages/TargetedMentalHealthinSchools.aspx>

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

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

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

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

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

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

Normal school entitlement for pupils with SEMH : Provided from AWP		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Occasionally withdrawn and isolated and on the fringes of activities.</p> <p>Involved in low level distractions which hinder own concentration and that of others.</p> <p>Students may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.</p> <p>May occasionally be unpredictable or destructive.</p>	<p>At this level there is an awareness of some difficulties, noted and monitored by the class/form teacher.</p> <p>Clear boundaries.</p> <p>System of meaningful rules, incentives and sanctions with consistent and fair application.</p> <p>Tasks may need to be differentiated by level/outcome/pitch/pace and grouping to match learning needs, concentration level, interest and motivation.</p> <p>Dissemination and development of nurturing /Solihull Approach principles for all key stages.</p>	<p>The school will have a clear policies in place to promote social, emotional and mental health well being and the management of behaviours.</p> <p>The school will provide more focused opportunities to build self esteem, develop friendships and social skills. Self evaluation encouraged and developed.</p> <p>Students' self-assessment routinely used to set individual learning targets.</p> <p>Parent/Carer engagement and involvement are positively and actively promoted from the earliest opportunity.</p> <p>Targeted Mental Health in Schools resources.</p>

SEN support for pupils with SEMH : Provided from school's delegated budget

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>The students difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • persistent emotional or behavioural difficulties that have not been ameliorated by differentiated learning opportunities or by the behaviour management techniques usually employed by the school, • poor concentration despite structured and time limited tasks – poor personal organisation skills, • may be withdrawn and isolated, generally seeking too little adult attention with limited or selective communication, may not communicate feelings, • difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other students, careless with learning materials, • being bullied, • pre-empting failure in tasks • being reluctant to attend school 	<p>Additional levels of pastoral support are likely to include:</p> <ul style="list-style-type: none"> • Social support groups weekly; • Individual support through daily mentoring by a skilled adult; • Peer support strategies at key times; • Clear communication throughout the school management system with weekly updates; • Nurture groups; • Positive support • Anger management <p>These could include the strategies included in SEAL and TaMHS.</p> <p>There should be strategies to focus on emotional needs. These may include strategies such as Circle Time, circle of friends, discussion groups, mentoring/buddying.</p> <p>Appropriate behaviour and expectations are taught alongside the academic curriculum. Student and parent involvement in the behavioural programmes will be clearly defined.</p> <p>Staff are able to monitor students during break times and lunchtimes and have strategies in place during unstructured times.</p>	<p>Staff training regarding the characteristics of students with SEMHD and the impact on curriculum access could be provided by external agencies e.g. behaviour support specialists, educational psychologists or Education Entitlement Officer – Mental Health.</p> <p>PSPs may be set following consultation with external professionals such as staff from specialist settings, Behaviour Support staff, educational psychologists, and professionals from the CAMHS.</p> <p>Connexions Service involvement if concerns re NEET.</p> <p>Parent /carer involvement in programmes is particularly desirable. All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>Baseline recording of particularly difficult or significant behaviours should be made in order to carry out an 'ABC analysis' to inform interventions and evaluations (Antecedents, Behaviour and Consequences).</p> <p>Success will be celebrated.</p> <p>The student may need an individual risk assessment.</p>

<ul style="list-style-type: none"> unwillingness to acknowledge or accept responsibility for his/her own actions. 	<p>Consideration should be given to the use of IT, audio visual support, 'time out' to support a differentiated curriculum for a student who has difficulties in engaging in traditional methods of curriculum delivery.</p> <p>There should be staff training regarding the characteristics of students with social, emotional and mental health problems and the impact on curriculum access.</p> <p>In some cases the facility to attend in-school behaviour centres may be appropriate.</p> <p>Individual counselling from external agencies may be appropriate.</p>	<p>Targeted Mental Health in Schools resources.</p>
<p>Access to the High Needs Funding (SEMH)</p>		
<p>Impact of Condition on Learning</p> <p>SMEHD is a barrier to learning and inhibits any participation, understanding and contribution to activities in the classroom.</p> <p>Significant difficulty in social interaction. Shows lack of trust in adults.</p> <p>Severe emotional difficulties.</p>	<p>Quality Teaching Strategies/Specialised Adaptations</p> <p>Highly individualised and differentiated provision is required.</p> <p>Advice from external professionals e.g. EP; CAMHS implemented and cycle of review in place.</p>	<p>Relevant Information/Assessments</p> <p>Multi-professional assessment/support which may include the CAF process.</p> <p>Mental Health and Behaviour Guidance: http://tinyurl.com/MHB-2014</p> <p>Targeted Mental Health in Schools resources</p>

<p>Behaviours result in significant risk of harm to self and others, even with close adult support, leading to extreme social isolation, vulnerability and disengagement.</p> <p>Takes physical risks and situations that have the potential to harm.</p> <p>Reasonable force is often necessary to safeguard the child and others.</p> <p>Extreme responses leading to an inability to engage with any formal learning situations</p> <p>Little evidence of positive social relationships leading to extreme social isolation, vulnerability and disengagement</p> <p>Complete disruption to social and emotional state, leading to extreme disengagement and isolation. A highly individualised programme is required.</p>		
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