Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities

Our vision for children and young people with additional needs

I am very pleased to be able to introduce this second edition of the guidance for practitioners.

In Gloucestershire, we want all our children to thrive and reach their full potential. For some children, this will need people and services to work together to provide the additional early help and targeted support for this to happen.

We know that early intervention makes a positive difference to children and families’ lives. Our recent Ofsted and Care Quality Commission (CQC) joint area inspection of Special Educational Needs and Disabilities (SEND) highlighted our graduated approach to SEND support as a real strength. We also know that well coordinated early intervention can prevent children and families’ needs from escalating and becoming more entrenched.

We now have one graduated pathway of early help and support for all children with additional needs. The pathway does not depend on the type or category of need. The child comes first.

Children need their families and services to work together to see them as children first and understand that all aspects of a child’s life are important when assessing and planning the support they need. Family life, learning, care, emotional wellbeing, health and leisure should all be considered even when needs are perceived in just one area.

Providing practitioners across agencies with one graduated pathway of early help and support for all children with additional needs will help this joined up and holistic approach. Working together and working holistically to enable our children to thrive and ensure that families receive a straightforward and prompt response when they need help.

Linda Uren, Director of Children’s Services

Acknowledgements

The 2016 edition of this guidance has been co-produced with contributions from a wide range of people. There are too many to name individually but we extend our gratitude to all those who helped us, including parents, carers and teams from across Education, Health, Early Help, Social Care and the Voluntary and Community sectors.

The continued commitment from individuals and teams to develop practice and simplify processes reflects a genuine desire that children, young people and families receive the help they need when they need it.

The original guidance, published in September 2014, was widely welcomed and used extensively throughout Gloucestershire. We hope this edition will be equally helpful and informative.

Feedback for future additions and amendments are welcome. Please send these to Gloucestershire Guidance at guidancebook@gloucestershire.gov.uk

Thank you!
As we enter our third year of the implementation of the SEND reforms, we are pleased to introduce our second edition of this guidance for practitioners.

Our original graduated pathway for early intervention and support has now been further developed to ensure it provides early help for all children and young people with additional needs. This is good news for families and practitioners alike, as it provides one single graduated pathway of early help and support across Gloucestershire. Most importantly, it will enable families get the help and support they need, when they need it.

Our partnership with parents, carers and families continues to provide us with rich and valuable feedback, shaping the future development and direction of service provision. Through continued coproduction, we aim to provide the very best we can to make a lasting difference to the lives and opportunities of all children and young people with additional needs in Gloucestershire.

You will see that we have broadened the scope of this edition of the guidance to incorporate more information about a range of provision across the county. We have a good deal to be proud of in Gloucestershire, as our recent Ofsted and CQC joint area inspection of SEND demonstrated. But we must do more to close the gap for our most vulnerable children, young people and families.

We hope that this guidance book, along with the other tools we have developed, will be useful in supporting the crucial role you play, as we strive to improve outcomes for all and enrich the lives of children and young people with additional needs – empowering them to become independent and successful on their journey, and, as far as possible, the author of their own life story.

Tim Browne
Head of Special Educational Needs & Disability
September 2016

Eugene O’Kane
Strategic Lead for Early Help

Foreword
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Please note that the most recent version of this guidance booklet and associated documents can be found on SENCOSPOT, the Practitioner area of the Family Information Service and The Local Offer. Please check this on a regular basis.
In Gloucestershire, we are committed to working together and in partnership with all agencies providing services to children, young people and their families.

Since 2014, we have had the Graduated Pathway of support for children and young people with SEND. This development was in response to the SEND reforms resulting from the Children and Families Act (2014) and the SEND Code of Practice (2015) and provides graduated responses to support children with SEND from the moment needs are identified.

Alongside the SEND Graduated Pathway we have continued to use CAF as an early help assessment and plan for all other children with additional needs, but following extensive consultation, it has been agreed that from September 2016 there will be one pathway of graduated Early Help and Support for children, young people and their families.

Building on the strengths of the SEND Graduated Pathway, the Graduated Pathway of Early Help and Support provides an integrated and holistic framework to support all children and young people with additional needs and their families.

What this means for you...

As a child or young person, this means that the people working with you will help you when you need it and will not just look at one area of your life but consider everything which could be causing you difficulty.

As a parent, this means that agencies will work together with you and your child to consider all aspects of your child or young person’s life that may be having an impact on their progress, development and wellbeing.

As agencies, this means that you can streamline your paperwork and processes to reduce unnecessary duplication and effort.

As practitioners, this means that there is one pathway to follow when you identify a child or young person with additional needs, including SEND.

Building Better Lives

The Building Better Lives (BBL) policy is a 10 year plan for disability services in Gloucestershire. It's about modernising through developing and delivering services in partnership with disabled people. It’s also about taking a ‘joined up’ approach to services, with an ‘all-age, all-disability’ focus which makes the most of our resources and makes transition from children’s to adults’ disability services smoother for everyone.

The policy was developed through extensive consultation and co-produced with disabled people and carers. It was agreed by Gloucestershire County Council Cabinet in the autumn of 2014 and is overseen by Directors of Social Care.

The policy is underpinned by the following seven principles which now shape all our disabled service development and delivery. We expect all practitioners to apply these principles through their work.

1. Early help – This is about focussing on how we can help people to do things for themselves and build on what they are good at. We think that if we get this right early we will get
the chance to help people with areas of their life which they find difficult, which sets people up for a better long-term future. Early help also includes supporting children and young people as much as possible and as soon as possible, so that we build the foundations for a fulfilling life.

2. Inclusion – The principle of being a part of the community is key. We are looking for ways to make people included and to feel included, rather than being segregated in specialist services.

3. Independence – The main point of enabling is to make people as independent as possible. Disabled people have clearly told us that this is what they want.

4. Contribution – People with a disability should have the same right to make their individual contribution to society as others do. Everyone has a contribution to make and it is the job of the disabled person and the range of individuals enabling them to figure out what that contribution is and how it can be facilitated. People might make a contribution through paid work, volunteering or time-banking, for example.

5. Shared responsibility – People with disabilities should be linked into informal networks of support within the community. It is also the job of the community and voluntary sector to enable and include people and is something which friends, family and the community can help with. Everyone’s part counts equally.

6. Personalisation through choice and control – Individually commissioned services need to respond to the expected outcomes for each individual and ensure that planning is personalised in every aspect. Being more independent and included also opens up a lot of new choices and options to people.

7. Coordination of a whole life approach – The plan for a person’s life needs to have a perspective that transcends boundaries put in place by organisations and recognises that each individual can expect and should receive their own personal plan – which is understood by all practitioners. During childhood it’s time to start planning for the future and preparing to become more independent. In adulthood it’s about contributing to society in whatever way works best.

Purpose of this guidance

Ensuring that Gloucestershire children, young people and adults with additional needs including special educational needs and/or disabilities (SEND) experience a high quality of life and education is at the heart of the guidance contained within this booklet.

The guidance within this book is intended as a broad framework within which all practitioners can work. It is acknowledged that the circumstances within each individual setting will be different, as indeed are the needs of the children and young people.

This guidance is provided to help you navigate a graduated pathway of early help and support; access the tools to support early identification of additional needs; support planning and engaging the right support as early as possible. It should be read in conjunction with the SEND Code of Practice (2015), which is underpinned by the principles in Part 3 of the Children and Families Act 2014, along with Gloucestershire County Council’s SEND policy and Working Together to Safeguard Children 2015.

Early Help in Gloucestershire

Early Help is about providing support to potentially vulnerable children, young people and their families as soon as problems begin to emerge or when there is a strong likelihood that problems will start in the future. It is also about providing support at any and every stage of a child’s life; pre-birth, during pregnancy, childhood and / or adolescence.

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

- universal health services such as Health Visitors, School Nursing, Occupational Therapists, Speech and Language Therapists, Physiotherapists, Paediatricians and Doctors;
- Early Years educational settings, Children’s Centres, Schools, Colleges;
- community services within the Early Help Partnerships;
- voluntary and independent provision of out of school and holiday activities.

Children and families are entitled to early help if, and when, they need it. Early help could be provided through an increase in the levels of universal services, or targeted services provided or be commissioned in localities.
Holistic support for all children and young people with additional needs

Early Help Approach

In order to achieve a holistic and integrative approach to providing early help to all children with additional needs including SEND, and their families, we are building on what we do well and making the sensible changes that children, young people, families and practitioners want. The principles are:

- seeing the person or family first, not the difficulty;
- feeling listened to and enabled to be part of the solution;
- a joined-up approach that helps the ‘whole’ child or young person now and into the future;
- a reduction in the multiple times families are asked for the same information;
- a reduction in the amount and variety of assessments and plans which can lead to confusion;
- a more transparent and meaningful approach to how we identify needs early and direct resources to meet outcomes.

Information, advice and support for parents, children, carers, professionals and partners is available from:

The Family Information Service (FIS) – http://www.gloucestershire.gov.uk/fis

The Local Offer – http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/localoffer.page

The Children and Young Person Services (CYPS) – http://www.2gether.nhs.uk/cyps#

When a family or a practitioner who is helping them needs more support, this can be requested from the Early Help Partnership.

Early Help Partnerships

Early Help Partnerships have been developed within each locality across Gloucestershire. This is not a new service but builds on existing arrangements and services already in place, working to share resources and reshape service delivery to meet the local needs of children, young people and their families.

Each Early Help Partnership operates a fortnightly Allocations Group that is administered by locality Family First Plus teams. These are made up of representatives of services across the locality who use their knowledge and experience to identify early help interventions to meet the needs of a child and/or family and offer advice, guidance and support.

Details on how to access additional support can be found by visiting: http://www.gloucestershire.gov.uk/extra/early-help

or contacting your local Families First Team

- Gloucester
  gloucesterearlyhelp@gloucestershire.gov.uk (01452 328076)
- Cheltenham
  cheltenhamearlyhelp@gloucestershire.gov.uk (01452 328160)
- Tewkesbury
  tewkesburyearlyhelp@gloucestershire.gov.uk (01452 328250)
- Cotswolds
  cotswoldsearlyhelp@gloucestershire.gov.uk (01452 328101)

- Stroud
  stroudearlyhelp@gloucestershire.gov.uk (01452 328130)
- Forest of Dean
  forestofdeanearlyhelp@gloucestershire.gov.uk (01452 328048)

How to use this guidance

The booklet is set out into sections which are described in the contents page.

There is a section presenting scenarios to provide examples of applying a graduated Early Help and Support approach.

The final section, called Gloucestershire Interventions Guidance (GIG), sets out particular approaches and things to consider when working with children and young people with additional needs that impact on their learning, development and progress.
Implications of the Children and Families Act 2014 & Working Together to Safeguard Children 2015

Identification of needs through an integrated approach to assessment and planning
- Starting early
- More streamlined
- Completed quickly
- Easier to understand
- Greater involvement of children, young people and their families

Focus on understanding the goals of children and young people and how to help them achieve their aspirations
- Focus on the strengths and interests of a child or young person, not what they can’t do
- Focus on life outcomes - fulfilling their potential and enjoying a life of work, leisure and family in their own community

Greater involvement and participation for parents/carers and young people about services they and their family use
- Person and family-centred approaches enable parents/carers, children and young people’s views to be taken account of
- Young people aged 16 and over supported to have final decision

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

Information and advice must be provided on services available locally and how to access them
- Children and young people and their parents/carers know what they can reasonably expect their community services including: Early Years providers, schools, colleges, LA and local services to provide

Staff to have the necessary knowledge, understanding and skills to provide the right support
- Focus on a joined up approach to assessment and planning
- Recognition that an assessment is holistic
- Focus on building capacity within communities to meet additional needs

Services must be planned and commissioned jointly
- Involvement of children, young people and their parents/carers
- Requirement that education, health and social care professionals work together
Children and young people deserve to achieve the best possible outcomes and this is at the heart of all our work in Gloucestershire. As part of everyone's responsibility for safeguarding children and promoting their welfare, we want to ensure that children and young people with additional needs are identified at the earliest possible stage and work is undertaken in a coordinated manner to prevent their needs from escalating.

The Levels of Intervention guidance is intended to provide practitioners with guidance about making decisions according to the level of need. It aims to make sure that the appropriate level of support will be put in place to ensure that a child or young person's needs are met in a robust and timely way. Levels of intervention act as a guide to professional decision making and are there to make sure that children, young people and families are able to access the right support to increase life chances and keep children and young people safe. They should not be seen as a barrier but as a clear continuum across the levels of need and as a way of providing appropriate support to meet that need.

Children and families have different levels of need at different times across a range of problems. Having a graduated approach ensures that support will be proportionate and at the lowest level of intervention. Children might also have a range of needs across different levels. It is important to take all needs into consideration when determining the type of support that might be required and the professionals who should be involved.

The Levels of Intervention Guidance compliments and sits alongside the Gloucestershire Guidance Booklet for professionals working with children and young people (0-25) with Additional Needs including Special Educational Needs and Disabilities.

The Levels of Intervention Guidance can be accessed via the GSCB website: http://www.gscb.org.uk/article/120318/Working-with-Children--Young-People

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**GSCB Levels of Intervention – safeguarding children and young people**

Children and young people with additional needs are met in a robust and timely way. Levels of intervention act as a guide to professional decision making and are there to make sure that children, young people and families are able to access the right support to increase life chances and keep children and young people safe. They should not be seen as a barrier but as a clear continuum across the levels of need and as a way of providing appropriate support to meet that need.

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**The ‘windscreen’ – A diagram to demonstrate the Continuum of Need**

1. **Children with no additional needs**
   - UNIVERSAL

2. **Children with additional needs identified and needs met through a graduated response, either single or multi-agency**
   - VULNERABLE

3. **Children with multiple needs**
   - COMPLEX

4. **Children in need of immediate care and protection**
   - ACUTE

**My Plan, My Assessment, My Plan+**

**Information Sharing with Consent is required unless there is evidence that in doing so, a child or young person would be at risk of significant harm**

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Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities
A graduated approach

Principles of a graduated approach

Applying a graduated approach is about providing the right level of support at the right time. If more or different support is needed, it builds onto the support already in place and from the understanding of what has worked/not worked in the past.

The principles include:

- Helping people to help themselves
  - providing accessible information, advice and support

- Understanding the person and being able to apply a person-centred approach

- Identifying additional needs early

- Communicating with parents and carers

- Listening to parents and carers and involving them as fully as possible

- Setting SMART outcomes
  - Specific
  - Measurable
  - Agreed
  - Realistic
  - Timed

- Agreeing a plan of action and review date

- Involving other practitioners and agencies as needed
  - sharing information with consent

- Being clear about everyone’s role
  - identifying the Lead Practitioner

- Reviewing progress
  - are outcomes being met?
  - if not, why not?
  - what needs to change?
  - do we have all the information we need?

- Using holistic assessment to understand needs and strengths that might not be known already

- Being committed to work in partnership with all agencies

- Being transparent about decision making

Enabling the right level of intervention and support when needed

My Profile
- Universal services

My Plan
- Support to meet additional needs

Statutory Assessment and Planning
- Including Education, Health and Care Plan; Child In Need Plan, Child in Care Plan

My Assessment My Plan +
- Integrated assessment and planning to meet additional needs

Assess, Plan, Do, Review

Assess, Plan, Do, Review

Assess, Plan, Do, Review
Holistic support for all children and young people with additional needs

Statutory Social Care and Early Help

When a child or young person requires, or has statutory involvement from Social Care, graduated early help and support must continue. The statutory Social Care intervention builds upon all the support already in place and is coordinated using a Team Around the Child approach. These meetings may be referred to as Child in Need; Core Group following a Child Protection Plan; Child in Care Review.

When concerns arise about a child or young person with social care involvement

If there are concerns regarding the education, attendance, behaviour, physical or mental health of a child that has a current statutory Social Care involvement such as for Children in Care (CiC), Children in Need (CIN) or Child Protection (CP), the Designated or Lead member of staff within the education placement should be alerted so that s/he can make contact with other agencies that may be involved and a Team Around the Child meeting/review (or equivalent) can be coordinated.

Agencies to consider making contact with as soon as a concern arises:

Advisory Teaching Service
(01452 426955 or 01452 426842) – communication & interaction; physical and sensory; cognition & learning

Children and Families Service
– the Child’s Social Worker or Children’s Helpdesk
(01452 426565)

Education Performance and Inclusion Team
(01452 427274 or 01452 427360) – advice on attendance, behaviour and exclusion

Educational Psychology Service
(01452 328004) – educational, personal development, social, emotional and mental health

Independent Reviewing Team
(01452 328196) – Children in Care

SEND 0-25 Service
(01452 427536) – advice on Education, Health and Care Plans, educational placements, Annual Review

The Children and Young People’s Service (CYPS)
(01452 894000) – emotional well-being and mental health

The Designated School Nurse
for Children in Care (0300 4218164 or 0300 4218298)

The School Nursing Service:
○ Cheltenham 01242 581009
○ Cotswolds 0300 421 8906
○ Forest of Dean 0300 421 8661/2
○ Gloucester 0300 421 1795
○ Stroud 0300 421 8959
○ Tewkesbury 0300 421 6161
○ Special School nurses
01242 285 960

The Virtual School
(01452 328360) – Children in Care

Information, Advice and Guidance for families and practitioners

There are many sources of information, advice and guidance available for both families and practitioners, such as:

○ The Family Information Service www.glosfamiliesdirectory.org.uk – with a new Practitioner Zone included
○ The Local Offer www.gloucestershire.gov.uk/localoffer
○ SENCO SPOT http://www.gloucestershire.gov.uk/schoolsnet/sencospot
○ SEND Information, Advice Support Service (SENDIASS) www.sendiassglos.org.uk

Please see Section 7 for more detailed information.
Holistic support for all children and young people with additional needs

Person and Family-Centred Approaches – involving children, young people and families

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

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

- practitioners are open and transparent about their concerns and what they would like to do to help;
- consent to share and seek information is sought in an informed and transparent manner;
- providing alternative ways to gather and/or record views of children and young people;
- family’s views and ideas are sought, acknowledging their knowledge and experience;
- Team Around the Child / Team Around the Family meetings are made as welcoming and inclusive as possible – practitioners avoiding jargon and being prepared to listen as well as contribute;
- being flexible about where a meeting is held;
- providing alternative and different ways to gather and/or record views of children and young people.

Person centred reviews

Reviewing progress is an essential part of a graduated early help response and allows for children and families to focus on what is happening to make a positive difference and ways of sustaining improvement. Reviews can also highlight where progress is not being made and provide opportunity for practitioners and families to refocus and understand the barriers to improvement and the next steps that need to be taken.

Maintaining a person-centred approach is crucial to enabling participation from children and families. Some ways of doing this include:

- the young person could send out the invitations to their own progress review;
- families could help to decide who needs to come – perhaps inviting a supportive friend or adult advocate for the young person;
- families are given time to discuss their views before the review if they feel it would help them during the meeting.

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

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

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

Parent of Year 9 child
Identification of additional needs using an integrated approach

Early identification of needs

In line with current best practice, early identification of needs is essential and this should include an open conversation with the child or young person and his/her parents to discuss these needs and ways of providing support to meet specific and agreed outcomes.

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

This graduated response and process allows educational settings to build up a picture of need and support that can be used in the Education, Health and Care (EHC) statutory assessment process if a decision is made that a child or young person needs the support of an Education, Health and Care Plan (EHC Plan).

The various stages of this graduated response are outlined below:

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

My Plan – a holistic child or family-centred plan that draws together existing information and identifies existing needs, required outcomes and what will be done to achieve them. A My Plan is developed by the Lead Practitioner, ensuring the child and family are central.

My Plan should use the person-centred information in ‘My Profile’ to inform the outcomes and ways in which they could be met that would best suit the individual child.

My Plan should be regularly reviewed by everyone that is involved, the Team Around the Child (TAC) and updated to ensure it is meeting the needs of the child and/or family.

My Assessment and My Plan+ – where a child, young person or family have more complex needs, My Assessment may be needed to aid understanding of the needs and inform effective planning. My Assessment focuses on listening to the family to understand what is happening for them and what they need to help them make positive changes. My Assessment also draws together information from a range of practitioners into one document so that a detailed analysis can be made and an action plan developed.

The plan that is attached to My Assessment is called My Plan+ and the + denotes that it has been informed by a holistic assessment of need. My Assessment requires the Lead Practitioner to coordinate gathering all information together and arranging for a Team Around the Child (TAC) or Team Around the Family (TAF) meeting to regularly review the My Plan+. This will help the child, young person and his/her family experience a more co-ordinated and joined up approach. Information from My Assessment and My Plan+ will be used to inform decision making regarding the Education, Health and Care statutory process.

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

- **Additional needs** identified including special educational needs or disabilities.
- **Appropriate support** put in place.
- **My Plan** written.

- Review of **My Plan** shows child/young person not achieving outcomes.
- Need to involve other agencies identified (e.g., Educational Psychologists, Advisory Teachers, Speech and Language Therapists, Occupational Therapists, Health Visitors, School Nurses, Children’s Centres, Youth Support Team, GDASS etc.)
- Lead Practitioner gains parental consent to contact other agencies to request their involvement with **My Assessment** to provide a holistic understanding of need.
- Each professional meets with child or young person and their family to undertake their assessment.
- Lead Practitioner sends an Analysis of Assessment form to appropriate professionals requesting a summary of their assessments and which can be included within **My Assessment**. Professionals return their forms with assessment, needs, SMART outcomes and actions identified.
- Lead Practitioner collates Analysis of Assessment forms into **My Assessment** in readiness for a TAC/TAF meeting.
- Meeting agrees **My Plan+**.

- Review of **My Plan+** indicates child/young person not achieving outcomes. This might result in changes to the outcomes and resources in the plan or it might result in a request for a statutory assessment and plan.
- Where a child with special educational needs is not achieving outcomes, the child or young person, parent, carers and practitioners involved will agree the next steps to either change resources or request an Education, Health and Care needs assessment.
- Request (with evidence from **My Plan+** review) submitted to multi-agency Panel to request a statutory assessment.
- If agreed by the multi-agency Panel, a statutory assessment of the child’s or young person’s educational needs takes place.
- The multi-agency Panel examines the evidence from the statutory assessment and decides whether or not to issue an **Education, Health and Care Plan**.
- If agreed, a SEND case coordinator works with the child or young person, parents and carers to agree the resourcing of the **Education, Health and Care Plan**.
- The **Education, Health and Care Plan** is reviewed annually.
Throughout the graduated and integrated approach there needs to be an open conversation with families and everyone involved about the following:

- Seek informed consent from families
- Agreeing the Lead Practitioner
- Coordinating the assessment information
- Completing an integrated needs analysis
- Agreeing a single list of outcomes
- Considering the resources available
- Including the resources for personal budgets, where available
- Identifying options for achieving the outcomes
- Not just standard solutions - informal support and community solutions as well
- Costing the options and evaluating the risks/benefits of each
- Drafting a plan to achieve SMART outcomes within available resources

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

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

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

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

Further samples of **My Profile** that can be used with children and young people across the age range are available on SENCOSPOT, the Practitioner area of the Family Information Service and the Local Offer.
Identification and Assessment of additional needs

This is a simple action plan to address and achieve agreed outcomes in order to meet a child or young person’s identified additional needs. A **My Plan** can be used to support the whole family as well as individual children and can be used as a multi-agency plan. The **My Plan** is written when there are clear needs and outcomes and where individuals can be identified to help meet those needs. A **My Plan** facilitates the identification of additional needs at the earliest point and allows an action plan to be put in place to start to address needs more quickly.

A **My Plan** can be written by any practitioner working with the family and can be used to address any area of a child or family’s life. In some cases, the only need identified will be an educational need and the **My Plan** would focus on supporting that child with his/her educational need. In other cases, there may be multiple needs such as medical, physical, social, emotional or mental health needs. The **My Plan** can be used to coordinate an action plan focused on these additional needs as it is a multi-agency document designed to meet the holistic needs of children and families.

The **My Plan** should be developed in a person-centred way through open conversations with the child or young person and family to ensure they are fully engaged with the process. The family should be encouraged to identify people within their own social network to help them achieve outcomes as well as using the knowledge and skills of the practitioners around them. This would also include community resources identified via the Local Offer and Family Information Service.

The **My Plan** should be reviewed regularly by the Lead Practitioner to ensure outcomes are being met and/or to identify further or emerging needs that may be having an impact on progress.
If it becomes clear, following review and adjustment of My Plan, that it is not meeting the needs of the child, young person and family or that further needs are being identified, it may be appropriate to complete a My Assessment leading to a My Plan+.

**Consent:** The Lead Practitioner meets with the child or young person and their parent/carers to discuss concerns and explain the process of a My Assessment & My Plan+. This discussion should also include:

- seeking the views of the child or young person about their thoughts and aspirations for the future;
- seeking the views of the parent/carers about their hopes for their child or young person now and into the future, how they support their child or young person, what helps them as a family;
- explaining why a My Assessment & My Plan+ is needed and why involvement or assessment by others is required, what would be involved and what the benefit of this would be to the child or young person;
- gaining informed consent to gather further information (see example of Consent form on SENCOSPOT, the Practitioner area of the Family Information Service or the Local Offer);
- the Lead Practitioner, with consent, requesting support and involvement from appropriate agencies or services who become part of a Team Around the Child (TAC) or Team Around the Family (TAF).

**Analysis of Assessment:**
The Lead Practitioner may wish to use the Analysis of Assessment form to collect information from other practitioners. It is important that when these forms are returned, the Lead Practitioner collates the information and analyses it within the context of the other information they have. Each Analysis of Assessment form should not be seen as a stand-alone document but one of a number of inputs towards a holistic and integrated assessment that provides a clear picture of what is happening for the child or young person and family.

Everyone contributing to the assessment and planning for a child, young person or family is part of the Team around the Child/Family. The Lead Practitioner should indicate the timescales by which the Analysis of Assessment forms should be returned to enable the My Assessment & My Plan+ to progress as soon as possible.

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

The Lead Practitioner is responsible for calling a TAC or TAF meeting to bring together the child, family and all those working with them. During this meeting, the My Plan+ can be completed by those present ensuring all actions are allocated to the correct people. The TAC/TAF can also be used to review the My Plan+ at regular intervals.

See overleaf for an example of a My Assessment & My Plan+ >>>
### Identification and Assessment of additional needs

**My Plan+ available on SENCOSPOT**

**Assessment**

**Section 1a:** Child/Young Person:
- First Name(s):
- Ethnicity:
- Special Educational Needs &/or Disability:

**Parents/Carers and other family members:**

- If any family member has SEN and/or a disability, please give details:
- If any family member (adult or child) is providing physical or emotional care and support to a person with additional care needs, please give details:

**Section 1b: Family Details**

If completing a whole family My Assessment)

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**Assessment Y/N**

**Section 2: Services working with Child, Young Person and Family**

- Name, Role, Agency & Contact Details:

**Section 3: My Project working with Child, Young Person and Family**

- The Child(ren) and their story
- The Child(ren) wishes and feelings
- The adult(s) and their story
- The community
- The views of other agencies working with the family

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**Appendix 1a Early Years assessments - age 0 – 4 years**

**Appendix 1c Paed 16 courses**

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### MY PLAN+

<table>
<thead>
<tr>
<th><strong>My Plan+ Guidance Notes</strong></th>
<th><strong>UTR/Young Person’s Name:</strong></th>
<th><strong>Date of Birth:</strong></th>
<th><strong>Date of Completion:</strong></th>
<th><strong>Competed by:</strong></th>
<th><strong>People contributing to My Plan:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Carer’s Name:</td>
<td>Parent/Carer consent to attach electronic copy of this plan to child/young person’s details held by Gloucestershire County Council: YES/NO</td>
<td>Parent/Carer’s Signature:</td>
<td>Date of Signature:</td>
<td>Date of Review:</td>
<td></td>
</tr>
</tbody>
</table>

**My Needs**

- My Outcomes
- Actions
- Resources
- Review

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**Guidance Note:** Underlined text indicates that Guidance Notes are available, hover the mouse over the underlined text to view the notes.

NB: Please ignore the “Ctrl-Click to follow link” feature displayed at the bottom of the Guidance Note pop-up.

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**My Assessment available on SENCOSPOT**
Identification and Assessment of additional needs

Education, Health and Care Plan

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

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

Requesting an Education, Health and Care Plan:
When, following reviews of My Plan+, it is believed that the child or young person has educational needs that cannot be met without additional resources, an Education, Health and Care Assessment may be necessary. Please refer to the Education, Health and Care Plan guidance for SENCOs and the request checklist on SENCOSPOT website, to ensure evidence of the interventions already taken can be demonstrated. It is important that the request form is accompanied by ALL the evidence required.

The Education, Health and Care Plan process (20 weeks)
The statutory process begins when a request has been received by the Local Authority from:

- the parent or carer of a child or young person;
- a young person over the age of 16 years but under the age of 25, and;
- a person acting on behalf of an Early Years setting, school/academy, post-16 institution, and those responsible for education in custody (this should be done ideally with parental knowledge and agreement of the parent or young person where possible). Please refer to the Code of Practice 2014 (Section 9.9) for further information.

A Multi-Agency Panel meets weekly to consider requests for an EHC assessment, and based on the evidence presented will make a decision whether an EHC assessment is necessary. The Local Authority must make a decision and communicate the decision to the child’s parent or to the young person within 6 weeks of receiving the request.

If the decision is not to proceed with an EHC assessment a member of the SEND Casework Team will contact the parent/carer and Lead Practitioner with the reasons given by the Multi-Agency Panel together with any recommendations, for example updated professional advice may be required or needs are being met, or could be met, from within the school’s resources and can continue to be met through a My Plan/My Plan+.

If the decision is to proceed with an EHC assessment the SEND Team will request advice from all those already involved with the child or young person.

At this stage the SEND Team will contact the school to ask them to co-ordinate a Team around the Child meeting to be held prior to the multi agency SEND Panel.

The evidence received during the assessment will be used by a designated member of the SEND Team to form the basis of the Draft EHC Plan. The SENCO will be contacted by the SEND Team to co-ordinate a Team Around the Child meeting to bring together all those involved with the child or young person to discuss the Draft EHC Plan, outcomes (maximum of 8) and provision. It is helpful at this stage for the TAC to provide an indication of the level of resource and cost needed to meet the outcomes identified.

If it is considered at the TAC meeting that a child’s/young person’s needs can continue to be met from within the school’s own resources, through a My Plan/My Plan+, an Education, Health and Care Plan will not be issued.

If it is determined through discussion at the TAC meeting that a child’s needs cannot be met through a My Plan/My Plan+, the Draft EHC Plan will be taken to the Multi-Agency SEND Panel for a decision on the level of resourcing. Once agreed, a final Education, Health and Care Plan is issued with a specified review date.
Graduated Early Help and Support involves: identification; assessment; planning; providing services; and reviewing the plan.

At any time in early help work, if it is considered that a child is at immediate risk of significant harm, the practitioner must contact the Children & Families Help Desk.

Throughout any work with children, young people and their families, where practitioners have concerns or differences in opinion about the decisions or practice of others that they cannot resolve on their own, they can refer to the Gloucestershire Safeguarding Children Board Escalation Policy.

Identification

- Practitioner observes or is informed that child has a need
- Practitioner has conversation with their line manager, safeguarding lead, SENCO as applicable, to identify the way forward
- If this support is not available, your Early Help Coordinator, Community Social Worker or Early Help Adviser may help to decide what assessment is needed

Decision on what response is needed

Practitioner considers whether:
- Needs can be met through universal services – if yes, contact appropriate service directly or contact Family Information Service; Local Offer;
- Own agency can meet the need without additional resources – if yes, proceed with usual agency response
- Own agency cannot singly meet the need but the other agencies involved with the child could offer coordinated support – if yes, consider complexity and impact of presenting need and progress towards a multi-agency My Plan or My Assessment & My Plan+

Universal Services only

My Plan

- Discuss need/s with child & family and gain their consent for the activity to be undertaken
- All agencies, with the child & family identify outcomes or goals to be achieved and actions to achieve these
- Keep clear records, set a date to review
- Register the plan with your Early Help Partnership

My Assessment & My Plan+

- Discuss needs with the child & family and gain their consent to have conversations with other practitioners involved
- Register the assessment & plan with your locality Families First Plus team
- Lead on a My Assessment
- Identify other agencies currently involved and consider a TAC/TAF to inform the assessment
- Identify outcomes or goals to be achieved, keep clear records
- Share assessment with those who contributed including child & family

Child is at risk of significant harm

At any time in early help work, if it is considered that the child is at risk of significant harm, practitioners must follow the GSCB Child Protection Process

Practitioner discusses concerns with supervisor or Designated Safeguarding Lead to decide next steps

Practitioners should have a conversation with the family and seek their consent and explain what steps they will take next (if this does not put the child at further risk or affect a police investigation)
Meet the need – Do

- Take action identified in the plan to provide the service, action or intervention to meet the need/s (this might be providing more of an existing service, a new provision or service; or changing how something is done)

Review Progress

- Monitor and review progress made and discuss this with the child & family and others involved
- The decision could be one of the following:
  - needs are now being met and additional provision is no longer needed;
  - the same or amended provision continues until next review;
  - a My Assessment is needed to further understand need and impact

End of action to meet the need

- If, following the review of progress, the outcome is that the action or intervention is no longer needed; this must be clearly recorded in the agency’s files for the child
- The child & family must be informed
- Locality Families First Plus Team is informed and sent final closure summary

Meet the need – Do

- All practitioners are responsible for contributing to progressing the plan
- Everyone has a responsibility to carry out their agreed actions from the plan
- Conversations take place between TAC/TAFs as required to progress the plan
- The review may be brought forward if the plan is not progressing

Review Progress

- TAC/TAF meets to review the plan
- Review is led by lead practitioner
- TAC/TAF feedback on their actions and discuss if plan is achieving outcomes
- The Decision is made to continue as is/to amend plan/to end as needs are fully met or to end the plan and a single agency will meet the need or that only universal services are required
- If the plan continues, further reviews take place
- If the plan is not progressing; review and update the assessment, develop a new plan, access additional Early Help resources, consider who else may need to be involved – this may include the Community Social Worker/SEN Casework

End of My Plan+

- When the child & family, TAC/TAF agree that needs have been met the My Plan+ will end, the child, family and TAC/TAF will be consulted and informed
- The end of involvement by an agency will be communicated to the child/family and TAC/TAF
- Locality Families First Plus Team is informed and sent final closure summary
- The child & family have clear information about where they can access support

Where a child or young person is at immediate risk of significant harm, the professional must contact the Children and Families Helpdesk on 01452 426565

Practitioners can contact their local R&A Team or Community Social Worker to discuss and receive advice about whether a referral is appropriate or whether there are alternative ways of addressing concerns

Unless a child or young person is at immediate risk of significant harm, the practitioner completes a Multi Agency Request Form.
The role of the Special Educational Needs Coordinator

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

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

- contributing to the strategic development of SEND provision;
- overseeing the day to day operation (and periodic review) of the school’s SEND policy;
- coordinating, tracking progress and evaluating the impact of the provision being made for pupils with SEND;
- ensuring the full inclusion of SEND pupils within the school community and access to the school’s curriculum, facilities and extra-curricular activities;
- liaising with and advising other teachers;
- the effective deployment and performance management of learning support staff;
- maintaining detailed records of the provision made for children and young people with SEND;
- liaising with parents and carers;
- contributing to the professional development of staff;
- liaising with external agencies;
- deploying the SEN budget and reporting on how it is spent;
- reporting on the progress of children and young people with SEND.

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

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


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

The learning outcomes which form the National Award for SEN Coordination can be viewed here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/292826/130611_nasc_learning_outcomes_final.pdf

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

Post-16 – Colleges should ensure there is a named person with oversight of SEN provision to coordinate support – similar to the role of a SENCO in schools.
Governing Bodies have a strong focus on three core strategic functions:

a. Ensuring clarity of vision, ethos and strategic direction;

b. Holding the Headteacher to account for the educational performance of the school and its pupils; and

c. Overseeing the financial performance of the school and making sure its money is well spent.

The DfE’s Handbook for Governors was updated in January 2014 and can be viewed here: https://www.gov.uk/government/publications/governors-handbook

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

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

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

- informing themselves about SEN systems and practices in school through meetings and school visits;
- ensuring that the progress of learners with SEN is closely monitored through reviewing and understanding internal and external data;
- understanding how the notional (delegated) SEN budget is used and ensuring that wider financial decisions do not adversely impact on the support for pupils with SEN;
- understanding the national and local context of SEN support;
- using their school visits to inform themselves about the work the SENCO is leading;
- ensuring that the views of pupils and parent/carers in relation to the SEN provision that is being made, are sought;
- building a trusting and supportive relationship with their SENCO;
- putting together an annual report on SEN with input from SENCO and Governing Body Committee (if relevant) which is published on the website and updated annually.

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

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

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

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

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

Below are extracts from the Code of Practice which directly relate to SEN Support. This information makes it very clear regarding the ‘Assess, Plan, Do, Review’ cycle.

SEN support in schools

6.44 Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people.

Assess

6.45 In identifying a child as needing SEN support, the class or subject teacher, working with the SENCO, should carry out a clear analysis of the pupil’s needs. This should draw on the teacher’s assessment and experience of the pupil, their previous progress and attainment, as well as information from the school’s core approach to pupil progress, attainment, and behaviour. It should also draw on other subject teachers’ assessments where relevant, the individual’s development in comparison to their peers and national data, the views and experience of parents, the pupil’s own views and, if relevant, advice from external support services. Schools should take seriously any concerns raised by a parent. These should be recorded and compared to the setting’s own assessment and information on how the pupil is developing.

6.46 This assessment should be reviewed regularly. This will help ensure that support and intervention are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions put in place and their effect is developed. For some types of SEN, the way in which a pupil responds to an intervention can be the most reliable method of developing a more accurate picture of need.

6.47 In some cases, outside professionals from health or social services may already be involved with the child. These professionals should liaise with the school to help inform the assessments. Where professionals are not already working with school staff, the SENCO should contact them if the parents agree.

Plan

6.48 Where it is decided to provide a pupil with SEN support, the parents must be formally notified, although parents should have already been involved in forming the assessment of needs as outlined above. The teacher and the SENCO should agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review.

6.49 All teachers and support staff who work with the pupil should be made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required. This should also be recorded on the school’s information system.

6.50 The support and intervention provided should be selected to meet the outcomes identified for the pupil, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge.

6.51 Parents should be fully aware of the planned support and interventions and, where appropriate, plans should seek parental involvement to reinforce or contribute to progress at home. The information set out in 6.39 should be readily available to and discussed with the pupil’s parents.

Do

6.52 The class or subject teacher should remain responsible for working with the child on a daily basis. Where the interventions involve group or one-to-one teaching away from the main class or subject teacher, they should still retain responsibility for the pupil. They should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching. The SENCO should support the class or subject teacher in the further assessment of the child’s particular strengths and weaknesses, in problem solving and advising on the effective implementation of support.
Review

6.53 The effectiveness of the support and interventions and their impact on the pupil’s progress should be reviewed in line with the agreed date.

6.54 The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents. This should feed back into the analysis of the pupil’s needs. The class or subject teacher, working with the SENCO, should revise the support in light of the pupil’s progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil.

6.55 Parents should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

6.56 Where a pupil has an EHC Plan, the local authority must review that plan as a minimum every twelve months. Schools must co-operate with the local authority in the review process and, as part of the review, the local authority can require schools to convene and hold annual review meetings on its behalf. Further information about EHC Plan reviews is given in Chapter 9, Education, Health and Care needs, assessments and plans.

1. From a letter to parents from DfE in September 2014:

Support for those without EHC plans
For those with SEN or disabilities who do not need an EHC plan, we are introducing SEN support, which replaces School Action and School Action Plus. Schools and nurseries must work with the child’s parents or carers when agreeing what support they will provide and what this support will achieve, drawing in additional resources as needed, setting clear targets for progress, and tracking how it is working. Many schools are doing this through working with children and young people to develop one page profiles which explain what is important to the child or young person, what they want to achieve and how the school will help.

2. From the Council for Disabled Children:

Changes in assessment and planning
- School Action and School Action Plus has been replaced by SEN support: a graduated approach to identifying and meeting SEN, with schools involving parents in identifying needs, deciding outcomes, planning provision and seeking expertise at whatever point it is needed.
Special Educational Needs and Disabilities

SEND funding arrangements in mainstream settings

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

The DfE and all Local Authorities are moving towards a shared goal of national consistency and greater transparency in the way school budgets are determined through a pupil led funding system. A national funding formula for schools is due for implementation from 2017-18, allocating funding to local authorities to distribute according to a local formula for the first 2 years, and then setting each school’s funding directly from 2019-20

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

**Element 1: Core Funding**

Schools get most of their funding based on the total number of pupils in the school. Every pupil in a school attracts an amount of money. This is called the Age Weighted Pupil Unit (AWPU). The amount varies from one Local Authority to another, but there are minimum amounts set by the DfE: the value for primary pupils must be at least £2,000 and the value for both Key Stage 3 and Key Stage 4 pupils must be at least £3,000. There is usually more funding for each pupil in a secondary school than in a primary school. For the financial year 2015-16 the agreed Age Weighted Pupil Unit amount in Gloucestershire is £2,974.07 for primary aged pupils, £3,750.83 for pupils in Key Stage 3 and £4,499.58 for pupils in Key Stage 4.

This is the core budget for each school and it is used to make general provision for all pupils in the school including pupils with SEN. 80% of funding a school receives must be determined by pupil led factors. Other than the AWPU, the only other compulsory pupil led funding factor is based on a deprivation factor. Either free school meals or the Income Deprivation Affecting Children Index (IDACI) can be used. The other pupil led funding factors are prior attainment, Looked After Child status, English as an additional language and pupil mobility.

**Element 2: Additional Support Funding**

Every school receives an additional amount of money to help make special educational provision to meet the needs of children with SEND, including some children with EHCPs. This amount of money is called the ‘notional SEN budget’. The SEN notional budget is used to support the needs of pupils with SEN, both at the ‘SEN Support’ level of the code of practice and also the initial costs of pupils with either Statement of SEN or EHCPs. The amount this contributes to the overall school budget is based on a formula which is agreed between Schools’ Forum and the Local Authority. It is important that the SENCO knows how the ‘notional SEN budget’ is calculated and how much this contributes to the overall budget. The Head Teacher or the School Business Manager will have this information. The ‘notional SEN budget’ is formed, by the money that comes into school under the “Prior Attainment” factor and also 2.5% of the school’s AWPU. In previous years this had been called funding for high incidence/low cost SEN.

As the title suggests the prior attainment factor generates an amount of funding based on the prior attainment of the pupils who were registered at the school when the October census took place. For children in the primary phase of education it is based on the level of development achieved at the end of the Foundation Stage. Pupils will qualify for the prior attainment factor, where they have not achieved a good level of development. Going forward, this will include all those who had not achieved the expected level of development in all 12 prime areas of learning as well as maths and literacy by the end of Year R. For a secondary school the amount is based on the pupils registered at the school when the October census took place who had not attained a Level 4 in either English or maths at the end of Key Stage 2. This may not recognise the additional needs of some groups of pupils, for example those who have attained well but have physical needs or behavioural difficulties but this method is considered by the DfE to be a best fit model for now.

Deprivation funding and Pupil Premium grant funding may also help to support some groups of children who have barriers to learning, although not necessarily SEND, but have attained above the thresholds indicated above.
For the financial year 2015-16 a primary aged pupil who did not attain a good level of development at the end of the Foundation Stage would contribute £1,096.62 into the prior attainment element of the school's budget and a secondary aged pupil who did not attain a Level 4 in English or maths at the end of key Stage 2 would contribute £1,790.32.

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

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

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

**Element 3: Top-Up Funding**

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

Currently, in Gloucestershire, a maximum limit is set on the number of high needs pupils schools are expected to contribute the first £6,000 for based on 1 contribution for every 75 pupils on roll (this does not include pupils in Post-16 provision in schools). This measure was put in place in Gloucestershire to protect schools with a disproportionate number of high needs pupils. This additional protection was agreed by the LA and Schools’ Forum and is not a statutory DfE requirement, however the DfE does require all Authorities to have some mechanism in place to make funding allocation as fair as possible.

The maximum limit is calculated by dividing the number on roll at the October census point by 75 (the resulting number is then rounded up or down to the nearest whole number). Schools with 37 or fewer pupils on roll at the October census point will not be required to provide the first £6,000 for any high needs pupil. A school’s 1 in 75 number does not change mid financial year so is set even if the number of pupils on roll changes.

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

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

The DfE website explains the arrangements for the financial year 2016-17.

Further information is available on: https://www.gov.uk/government/publications/schools-funding-arrangements-2016-to-2017
Provision mapping takes into account the full scope of provision, including high quality, whole class teaching, guided and group work and individual interventions in order to identify and overcome potential barriers to learning and meet the needs of all pupils within and beyond the school setting.

Provision mapping is a constructive process which enables settings to reflect on their resources in order to meet the needs of children and young people with additional needs effectively and efficiently. The provision mapping diagram below (Natalie Packer, 2014) highlights six key areas designed to support school leaders’ thinking about whole school improvement and to help them make informed choices to maximise the impact of pupil support at their schools. (Links to further information about provision mapping and examples can be found on SENCO Spot.)

Provision mapping has many benefits including enabling the school to:
- plan strategically to meet needs of pupils;
- audit how well provision matches need and recognise gaps;
- allow planning of staffing and skills;
- provides overview of provision for others and demonstrate how support is deployed;
- inform parents, Ofsted and others about provision;
- evaluate the effectiveness of interventions on pupil outcomes;
- cost provision effectively and demonstrate accountability.

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

Benefits of Provision Mapping

- Auditing need to identify vulnerable pupils
- Monitoring and evaluating impact
- Ensuring robust assessment and tracking
- Developing high quality provision
- Reviewing what works for all pupils
- Identifying suitable resources

Natalie Packer, 2014
An example of provision mapping available on SENCOSPO.
The Annual Review process is an essential tool in order to review and monitor an Education and Health Care Plan. It is a statutory requirement for the Local Authority to review an active plan at least annually in order to monitor and evaluate Special Educational Needs and Disability provision. Where there are extenuating circumstances that do not allow for the review to take place within the 12 month period, parent/guardian permission should be sought in writing and the educational setting should inform the Local Authority. The review process should reflect the natural circumstances of the child or young person’s situation at that time, for example review dates may need to be moved to relate more appropriately to a key stage phase transition.

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

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

With transition reviews the receiving setting should also be invited to participate in the meeting to aid good transition planning for the child or young person with Special Educational Needs and Disability.

Annual Review paperwork is available on SENCOSPOT via the following link http://www.gloucestershire.gov.uk/extra/sencospot or on the Practitioner area of the Family Information Service and more detailed statutory guidance can be found in the Code of Practice.
SEN Personal Budgets explained

**Essential Facts:**
- A SEN Personal Budget is not an additional amount of money. It is the money identified by the local authority (High Needs Block Funding/Element 3) to deliver parts of the provision set out in an Education, Health and Care Plan. If a SEN Personal Budget is agreed, the following options apply:
  - the setting or local authority will hold the budget and pay for all provision, or
  - the family will hold the budget and manage it as a direct payment, or
  - a third party organisation will manage the budget, or
  - a combination of any of the above options.
- A request for the LA to identify a personal budget can be made by a parent/young person at two specific times. First when a child or young person is undergoing an EHC needs assessment or secondly when the EHC Plan is being reviewed.
- SEN Personal Budgets are optional for parents and young people but the Local Authority is under a duty to prepare a budget when requested, unless:
  - it would have an adverse impact on services provided or arranged by the local authority for other EHC Plan holders, or
  - it would not be an efficient use of the local authority’s resources.

- A SEN Personal Budget is not a Direct Payment. A Direct Payment is for families who wish to manage the budget. This must be agreed by the Head Teacher/Principal if provision is on school/college site.
- A SEN Personal Budget can be used to purchase any provision on an agreed EHC Plan to support educational progress.
- A SEN Personal Budget cannot be used to fund a school place.
- A SEN Personal Budget may be available within an EHC Plan to support a child or young person who is home educated if the local authority and parents agree that home education is the right provision. If parents choose home education and the local authority does not agree, then a SEN Personal Budget will not be available.

- Provision funded by Personal Care Budgets and Personal Health Budgets may be included on an EHC Plan if the needs identified impact directly on the child or young person’s SEN.

**Useful Links:**
- www.gloucestershire.gov.uk/schoolsnet/sencosspot
- www.gloucestershire.gov.uk/localoffer
- www.gloucestershireccg.nhs.uk

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

Some parents and carers (and indeed the young people themselves) express a preference for a school or college which is not the nearest one to home. Parents and carers of children with special educational needs and disabilities have a right to express a preference for an educational setting which is not any less favourably in this respect because of a reason associated with a special educational need or disability. It is important that all schools reflect an inclusive and welcoming ethos to ensure that parents and carers feel confident to send their children to their local school.

There is a longstanding presumption in law in favour of mainstream education and Gloucestershire’s Graduated Pathway of Early Help and Support ensures that special educational needs and disabilities are provided for in an equitable way, meaning that positive...
Outcomes are achieved for children and young people.

There are also a number of special schools and specialist centres within the boundaries of Gloucestershire County Council, which provide an agreed number of places for children with Education Health Care Plans. Children attend these specialist provisions where their plan specifies this as the specialist centre or special school to be attended. The specialist centres and special schools in the area (some are Local Authority maintained and others are academies) form an integral and valued part of Gloucestershire’s family of schools.

Following the graduated pathway, Gloucestershire’s health, social care and educational services specialist support services work together to ensure children and young people’s needs are identified as early as possible, for example, paediatricians refer babies with special educational needs and disabilities directly to the Advisory Teaching Service (with parental permission). The Advisory Teaching Service (0-25) has specialist Advisory Teachers who are able to offer advice and support for all children and young people with special educational needs and disabilities. These Advisory Teachers work together with educational settings and share their specialist knowledge about hearing impairment, visual impairment, physical disabilities, communication and interaction difficulties, and learning, emotional and behavioural needs. Their role is to help to identify children and young people’s special educational needs and suggest (or provide) early intervention.

They strive to enable children and young people to maximise educational opportunities by using their abilities to the full. They work with families, children and educational settings. They also work with partner agencies and can often help to source funding to support specialist needs. The Advisory Teaching Service also has Speech and Language Therapists, Occupational Therapists, specialist tutors for hearing and visual impairment and a local Alternative Augmentative Communication team. The service provides specialist equipment and support materials for children with visual impairment (such as Braille reading books).

Outreach services are also provided by some of Gloucestershire’s Specialist Centres and Special Schools. Early Help Advisors, Portage Workers and Educational Psychologists are available to support Early Years settings, parents and carers. Gloucestershire support services are seen as part of the continuum of provision for children and young people with special educational needs and disabilities.

Information about support services is available through SENCOSPOT and the Family Information Service. All the services mentioned above provide training and capacity building for educational settings. They also provide advice, support and training for parents, carers and settings.
Early Years Education

All Early Years providers that are registered with Ofsted must follow the Statutory Framework for Early Years Foundation Stage (2014).

The Early Years Foundation Stage (EYFS) sets out the standards that all Early Years providers must meet to ensure that children learn and develop well and are kept healthy and safe. There are four guiding principles that should shape practice in Early Years’ settings. These are:

- every child is a **unique child**, who is constantly learning and can be resilient, capable, confident and self-assured;
- children learn to be strong and independent through **positive relationships**;
- children learn and develop well in **enabling environments**, in which their experiences respond to their individual needs and there is a strong partnership between practitioners, parents and carers; and
- children develop and learn in **different ways and at different rates**. The framework covers the education and care of all children in Early Years provision, including children with special educational needs and disabilities.

**Identifying children who may need support**

Assessment plays an important part in helping parents, carers and practitioners to recognise children’s progress, understand their needs and to plan activities and support. Where assessment and observations highlight that a child appears to be behind expected levels or where the level of progress is giving cause for concern, practitioners must share these concerns with the child’s parents and carers. Parents and carers know their children best so it is important that all practitioners listen, understand and plan next steps together.

Early Years providers can access a range of advice and support services from the local authority. These include support from the Advisory Teaching Service, Educational Psychology Service, Early Years SEND Team, Health Visiting Team, Speech and Language Therapy and Occupational Therapy. As part of this team, the SEND Early Help Advisor can help practitioners identify needs and outcomes, support them with writing a **My Plan, My Assessment & My Plan+** and identify what other support services/resources would be appropriate.

Early Years Providers can apply for additional funding to support individual children with SEND within their setting; however there must be clear evidence of the support that has been tried, what reasonable adjustments have been made and the impact of this. Further information can be found by accessing the Early Years SEND Team’s webpage or by contacting your SEND Early Years Advisor.

http://www.gloucestershire.gov.uk/article/106414/SEND-services
Resourced provision provided within mainstream schools within Gloucestershire

Communication and Interaction

Primary: There are 5 resourced provisions provided within mainstream primary schools within Gloucestershire. These provisions cater for children with communication and interaction difficulties who are able to access a mainstream curriculum and benefit from inclusion with a mainstream peer group. There is an enhanced level of skill and undertaking within the host mainstream school around supporting the needs of children with communication and interaction difficulties, many of whom may be on the autism spectrum.

The following primary schools have resourced provisions attached:
- Gastrells Primary School in Stroud
- Chesterton Primary School in Cirencester
- Tuffley Primary School in Gloucester
- Christchurch Primary School in Cheltenham
- Ruardean Primary School, Ruardean (Forest of Dean)

Secondary: There is a resourced provision for secondary pupils with communication and interaction difficulties, provided within The Dean Academy in Lydney. This Enhanced Provision caters for pupils who are able to access a mainstream curriculum and benefit from inclusion with a mainstream peer group.

All resourced provisions are supported by the Advisory Teaching Service.

Special schools within Gloucestershire

Alderman Knight School, Tewkesbury
www.aldermanknight.gloucs.sch.uk
The school provides day places for boys and girls aged between 4 and 19. It caters for pupils aged 4 to 16 whose special needs have been identified as moderate and additional learning difficulties including pupils with complex difficulties. The school also provides provision to meet the needs of pupils with severe learning difficulties dependent on their specific needs.

The school has a new post 16 provision for 16-19 year olds – with complex communication and interaction needs usually associated with autistic spectrum disorder including Asperger’s syndrome and complex needs including anxieties, emotional and mental health needs and have cognitive potential to attain a range of accreditations at Level 2/GCSE grades A* to D and require a specialist setting to access a FE curriculum.

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

Belmont Special School, Cheltenham
www.belmont.gloucs.sch.uk
The school provides day places for boys and girls aged between 4 and 16. It caters for pupils whose special needs have been identified as moderate and additional learning difficulties including pupils with complex difficulties. The school also provides provision to meet the needs of pupils with severe learning difficulties dependent on their specific needs.
Bettridge School, Cheltenham
www.bettridge.org.uk
The school provides day places for boys and girls aged between 2 and 19. The school is for pupils whose special needs have been identified as severe learning difficulties or profound and multiple learning difficulties including pupils with complex difficulties. The school also caters for pupils with moderate and additional learning difficulties dependent on their specialist need.

Coln House School, Fairford
http://www.colnhouseschool.org/
The school provides day and residential places for boys and girls aged between 11 and 16. The school is for pupils with severe behavioural, emotional and social difficulties.

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

Heart of the Forest Special School, Coleford
www.heartoftheforest.org.uk
The school provides day places for boys and girls aged between 3 and 19. It caters for pupils whose special needs have been identified as severe learning difficulties or profound and multiple learning difficulties including pupils with complex difficulties. The school also caters for pupils with moderate and additional learning difficulties dependent on their specialist need.

The Milestone School, Gloucester
www.themilestoneschool.i.km/ home.i.kml
The school provides day places for boys and girls aged between 2 and 16. It caters for pupils whose special needs have been identified as severe learning difficulties or profound and multiple learning difficulties including pupils with complex difficulties. There is also limited capacity to meet the needs of pupils with moderate and additional learning difficulties dependent on their specific needs.

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

Peak Academy, Dursley
http://theppeakacademy.org/
The school provides day places for boys aged between 11 and 16. It caters for children with severe behavioural, emotional and social difficulties. The school is currently run from the same site as Greenfield Academy and under the same management arrangements.

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

The Ridge Primary Academy, Cheltenham
www.theridgeacademy.org
The school provides day places for boys and girls aged between 5 and 11. It caters for children with severe behavioural, emotional and social difficulties.
Mainstream Colleges, Independent Specialist Providers and Non-Maintained Special School funding

The Elements

Mainstream Colleges:

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

Element 1 – £4,000 (average) General Further Education (GFE) Mainstream funding, programme cost – paid by the Education Funding Agency (EFA).
Element 2 – £6,000 Additional support for high needs students – paid by EFA based on previous year.
Element 3 – £2,800 (Average) Top-Up – To be agreed with Local Authority – paid by Local Authority.
Total HNS – £12,800 (Average Cost).

Independent Specialist Providers

Specialist pre-16 SEN settings receive base funding of £10,000 per planned place. Post-16 specialist SEN/learning difficulty and disability provision will be funded slightly differently, but on an equivalent basis to mainstream Post-16 settings. The base funding for Independent Specialist Placements is agreed by the Education Funding Agency and varies between institutions.

Element 1 – programme cost – paid by the EFA. Element 1 funding varies, for example, Independent Specialist Placements average Element 1 is £4,977.
Element 2 – £6,000 Additional support for high needs students – paid by the EFA based on previous year.
Element 3 – £1,823 (Average) Top-Up – To be agreed with Local Authority – paid by Local Authority.
Total HNS – £12,800 (Average Cost).

Paperwork

Both Independent Specialist Placements and Mainstream Colleges should contact the Local Authority as soon as they identify a high needs student. Any student identified by the college as having support needs costing above the £6,000 base funding should be referred to the students’ home local authority, and in such cases providers will be required to complete the HNS Student Post-16 top up form to provide as accurate a prediction as possible of costs. Costs will be estimates and should be based on previous practice to at least provide an informal estimate of costs that can be adjusted at a later stage. This must be done by the end of April for learning starting in September of that year, or as soon as possible for late...
applications. The system is designed to be flexible.

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

**Payments**

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

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

**Adjustments**

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

**Non Maintained Special Schools**

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

**Recording provision and monitoring and evaluating the impact**

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

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

- audit how well provision matches need and recognise gaps in provision;
- provide a clear outline of the graduated provision available;
- ensure progression and age appropriate interventions;
- identify strengths in provision and areas for development;
- cost provision in terms of resources, including human resources;
- highlight repetitive or ineffective use of resources;
- demonstrate accountability;
- inform parents, carers, external agencies and OFSTED inspectors of how resources are being used to meet needs;
- assess school effectiveness when linked with outcomes for pupils through review of the provision;
- support schools in setting annual objectives and success criteria for the Special Educational Needs policy;
- focus attention on whole-school issues of teaching and learning including individual child issues;
- plan development to meet pupils’ identified needs;
- record changes in provision and enable a seamless transition between classes, key stages and school to school;
- be used as part of the evidence the Local Authority will be
expecting of educational settings in order to support a request for an EHC Plan.

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

Auditing your existing provision

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

Funding

You will need to establish from the Head Teacher or School Business Manager what the notional SEN budget is for the school i.e. how much of the delegated budget is intended to support the needs of pupils with Special Educational Needs and Disabilities. Each school has a notional SEN budget within their delegated funding which is calculated by taking into account information about prior attainment and comprising an element of the Age Weighted Pupil Unit (AWPU). For some schools this may be quite a significant amount and is in addition to any high needs funding that may come to the school through individuals’ Education, Health and Care Plans. This exercise will help determine the nature and level of support you are able to arrange.

Your provision mapping processes should enable you to ascertain the costs associated with supporting children in different ways (e.g. how much does it cost to run a particular intervention group for five children over a term or how much does it cost, over the course of the year, to provide a TA to scribe for someone in an English lesson), so that you can demonstrate how the delegated SEN budget is being used and, for example, how much has been spent on an individual student. It will be necessary to provide this information if requesting assessment for an EHCP in order to demonstrate that a pupil is a ‘high needs’ pupil i.e. the support is costing in excess of £6000 per year (plus the support expected as part of universal support). Please see pages 26-27 for further details regarding funding for mainstream settings.

Research

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

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

http://educationendowmentfoundation.org.uk/toolkit/
Recording the range of interventions

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

- Whole school overview provision map. This is your public provision map which shows the range of different responses that a child, parent or career might expect to see put in place. It could form part of your SEN Information Report and appear on the school website. It might show the school’s graduated response if a learner presented with needs in a particular area. It might be updated annually each year as you evaluate and decide not to run particular interventions or to introduce further responses to your menu of support.

- In addition to this you will require a whole school provision map which details the names of pupils accessing different types of support, showing where support is being targeted and what the intended gain is, based on the starting point. Larger schools may be doing this by year group or Key Stage.

- Class level provision mapping can be overseen by the class teacher (more easily done in primary schools) detailing the provision which is different to that normally available at Wave 1 and providing an ‘at a glance’ overview of the additional support which is being provided in that class. This may not relate solely to SEN learners.

- Provision maps for individuals will show how a learner has been supported over time, how the arrangements have been reviewed and modified as necessary and the impact measured.

- Information can be presented to show how groups of children are supported through a graduated response, (e.g. those with specific learning difficulties), to enable the SENCO to report on groups of children by need.

Tracking Pupil Progress and evaluating the impact

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

Annual evaluation of the provision that is in place

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

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

The Equality Act 2010 and Accessibility Plans

The Equality Act (2010) was introduced to offer protection from all types of discrimination under a single piece of legislation. The Equality Act replaced several previous Acts of Parliament and regulations (including the Disability Discrimination Act) and a core aim of the act is to increase its effectiveness through being less burdensome.

All education settings including Early Years providers, all schools, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010. All settings must make reasonable adjustments for pupils including the provision of auxiliary aids and services for disabled children, in order to prevent these children being put at a substantial disadvantage. These duties are anticipatory, meaning that settings must plan in advance to ensure the needs of future pupils can be met.

The Equality Act introduced a single Public Sector Equality Duty (PSED) which applies to public bodies including maintained schools and academies. The PSED’s main elements include eliminating discrimination, advancing equality and fostering good relationships between people who share a protected characteristic and those who do not.

Under this Act schools have two specific duties; these are that schools should:
- publish information which shows compliance with the PSED, and
- publish at least one equality objective.

The Equality Act replicates duties that schools had under the Disability Discrimination Act in so much that all schools need to carry out accessibility planning for disabled pupils. Schedule 10 of the Equality Act states that schools must implement accessibility plans which are aimed at:

(a) increasing the extent to which disabled pupils can participate in the school’s curriculum;

(b) improving the physical environment of the school for the purpose of increasing the extent to which disabled pupils are able to take advantage of education and benefits, facilities or services provided or offered by the school, and

(c) improving the delivery of information to disabled pupils which is readily accessible to pupils who are not disabled.

It is the duty of the responsible body of a school to prepare an accessibility plan. Accessibility plans should not simply respond to the current identified needs of its school population but should anticipate the potential needs of future pupils and plan accordingly.

Gloucestershire County Council’s accessibility strategy (2015-2018) is available on SENCOSPOT and on the Local Offer using the following link. The strategy can help settings develop their own individual accessibility plans.

http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/site.page?id=8J-W5nLUnGl

A key responsibility of the SENCO is working with the Head Teacher and school governors to ensure that the school meets its responsibilities under the Equality Act (2010) with regard to reasonable adjustments and access arrangements.

Department for Education: Guidance on the Equality Act 2010 and advice for schools can be found at:

https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools
Key roles in Educational Settings

The role of the Head Teacher or Principal

A Head Teacher or Principal is the most senior teacher and leader of a school or educational setting and responsible for the education of all pupils, management of staff, and for school policy making.

Head teachers or Principals are ultimately responsible for the smooth running of a school or setting, the academic achievement of its pupils and the management of its staff. Their role is to provide educational vision, direction and motivation to both staff and pupils.

The role of the Class Teacher

High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEND. (SEND Code of Practice, 2015)

The key characteristics of ‘quality first’ teaching includes:

- highly focussed lesson design with sharp objectives;
- high demands of pupil involvement and engagement with their learning;
- high levels of interaction for all pupils;
- appropriate use of teacher questioning, modelling and explaining;
- an emphasis on learning through dialogue, both individually and in groups;
- an expectation pupil’s will accept responsibility for their own work;
- regular use of encouragement and authentic praise.

The SEN Code of Practice (2015) takes this mantra of ‘quality first’ teaching and develops the concept into one where high quality teaching available to the whole class should lead to fewer pupils requiring support that is different from, or additional to that normally available to all pupils of the same age. High quality teaching, differentiated for individual pupils, is the first step that should be taken to meeting the needs of pupils who may have SEND. Schools should regularly review the quality of teaching for all pupils and where necessary offer support to class teachers to aid their understanding of how to support pupils with SEND.

The role of the Class or Subject Teacher is embedded in the graduated approach to meeting the needs of pupils with SEND. Referencing this four part cycle the role of the Class or Subject Teacher is to:

- Assess – the class or subject teacher, with the SENCO, should carry out a clear analysis of a pupil’s needs based on the teacher’s assessment and experience of the pupil;
- Plan – the teacher, alongside the SENCO, pupil’s parents or carers and pupil where appropriate, should agree interventions and support to be put in place with a clear expectation of the impact these interventions will have;
- Do – the teacher should remain responsible for working with the child on a daily basis, where interventions are led by a teaching assistant it remains the responsibility of the class teacher to have an overview of planning, implementation and impact of these interventions;
- Review – The class or subject teacher, again working with the SENCo, parent, carer and pupil, should review the support offered to a pupil in response to the progress made against agreed interventions and decide on any changes needed to the additional support the pupil receives.

‘Teachers are responsible and accountable for the progress and development of the pupils in their class, including where pupils access support from teaching assistants or specialist staff’ (6.36 SEND Code of Practice: 0-25, January, 2015)

The role of the Teaching Assistant

In the past decade the number of teachers in England has remain broadly constant however the number of Teaching Assistants (TAs) has more than trebled to around 244,000. The role of a Teaching Assistant will vary between settings, even within an individual setting there may be differences between the roles the Teaching Assistant has.

The latest Education Endowment Foundation (EEF) Guidance Report highlighted seven key recommendations over the way Teaching Assistants are deployed to maximise their effectiveness. The guidance draws on research such as the Deployment and Impact of Teaching Assistants (DISS) and also from new findings from EEF funded evaluations.

This guidance highlighted that:
TAs should not be used as an informal teaching resource for low-attaining pupils;
TA should be used to add value to what teachers do, not to replace them;
TAs should help pupils develop independent learning skills and manage their own learning;
TAs should be fully prepared for their role in the classroom;
TAs should deliver high quality one-to-one and small group support using structured interventions;
interventions should have a good evidence base;
explicit connections should be made between learning from everyday classroom teaching and structured interventions.

The full updated guidance report can be viewed here:
http://maximisingtas.co.uk/assets/content/ta-guideportrait.pdf

There are clear links between this latest report into the effective use of Teaching Assistants and the key principles of ‘quality first’ teaching. Both the EEF guidance and the original DCSF guide highlights that the role of the Class or Subject Teacher remains paramount when supporting all pupils in the classroom and both guides highlight the importance of supporting pupils to increase their skills to be independent learners.

When deploying TAs within a setting it is crucial that the class teacher has a clear overview of the work that the TA does. Planning time should be given to effectively deploying resources; interventions should be focussed and learning transferrable from the intervention to the classroom. When TAs are completing interventions the class teacher must maintain an overview of the impact the intervention is having. The lower attaining pupils must not see the amount of time they have being directly taught by the class teacher diminish due to increasing levels of support from a TA.

The role of the Designated Safeguarding Lead for Child Protection

The role of the Designated Safeguarding Lead (DSL) is to lead in facilitating the development of safeguarding and child protection policies, training and procedures and guidance for the educational setting, ensuring that the Child Protection Policy is reviewed annually by the Governing Body.

The DSL will undertake appropriate Child Protection Training every 2 years in order to:

- understand the assessment process for providing Early Help and intervention, e.g. through locally agreed common and shared assessment processes such as the Graduated Pathway of Early Help and Support;
- have a working knowledge of how the LA conducts Child Protection Case Conferences and be able to attend these effectively when required to do so;
- ensure each member of staff has access to and understands the educational setting’s Child Protection Policy and Procedures, especially new and part time staff.

Other responsibilities include:

- to receive and coordinate referrals, arranging action and reviewing services for children and families;
- to ensure that students who are victims of abuse are supported appropriately and sensitively and that all actions assigned to the setting from planning and intervention meetings are successfully carried out and monitored;
- to liaise with the Head Teacher or Principal to inform him or her of issues, especially ongoing enquiries under Section 47 of the Children Act 1989 and police investigations;
- to maintain accurate, confidential and up to date documentation on all cases of safeguarding and child protection and ensure that all records are forwarded to any new school the child may attend;
- to work directly with children in need and their families in the community in order to promote, strengthen and develop the potential of parents/carers and their children in order to prevent children becoming looked after and/or suffering significant harm;
- to support the care of children where their living arrangements are at risk of breakdown (including Local Authority placements);
- to provide support and guidance to carers and provide planned interventions as part of agreed plans for children;
- to act as a source of support, advice and expertise to staff on matters of safety and safeguarding and when deciding whether to make a referral by liaising with relevant agencies.

The role of Designated Teacher for Looked After Children

The role of the Designated Teacher for Looked After Children became statutory in September 2009.
The Designated Teacher is a senior member of teaching staff with responsibility for all the Looked After Children in the school. They are responsible for ensuring the needs of Looked After Children are met and that any issues are dealt with in a timely manner, are the key contact in school for any agencies involved with a particular Looked After Child and are responsible for promoting the educational achievement and well-being of Looked After Children including monitoring their progress and attendance.

The Designated Teacher ensures that the Personal Education Plan (PEP) for each Looked After Child is completed in conjunction with the Social Worker and Virtual School and is of a good standard.

The role of Pastoral Support

Teachers’ and colleagues without teaching responsibility play a central role in supporting the pastoral needs of learners in schools, colleges and academies. There are a variety of roles and responsibilities expected of those with non-teaching pastoral responsibility to support the emotional, behavioural and learning needs of students and understand how to build effective professional relationships with parents and carers, team members and outside agencies, in order to create a whole-school approach to pastoral care.

Some of the main areas of responsibilities include:

- supporting the emotional, behavioural and welfare needs of learners;
- supporting outstanding attendance and punctuality;
- engaging interventions that evidence positive impact;
- building positive and supportive relationships with team members across the school;
- building positive relationships with parents and carers to support the pastoral and learning needs of students;
- support to families as part of Early Help.

Personal development, behaviour and welfare – guidance from Ofsted Common Inspection Framework 2015

Inspectors will make a judgement on the personal development, behaviour and welfare of children and learners by evaluating the extent to which the provision is successfully promoting and supporting children’s and other learners’:

- pride in achievement and commitment to learning, supported by a positive culture across the whole provider;
- self-confidence, self-awareness and understanding of how to be a successful learner;
- choices about the next stage of their education, employment, self-employment or training, where relevant, from impartial careers advice and guidance;
- where relevant, employability skills so that they are well prepared for the next stage of their education, employment, self-employment or training;
- prompt and regular attendance;
- following of any guidelines for behaviour and conduct, including management of their own feelings and behaviour, and how they relate to others;
- understanding of how to keep themselves safe from relevant risks such as abuse, sexual exploitation and extremism, including when using the internet and social media;
- knowledge of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating;
- personal development, so that they are well prepared to respect others and contribute to wider society and life in Britain.
Key roles in Health

**Consultant Paediatricians**

Consultant paediatricians are children’s doctors offering families specialist support and clinics in a range of complex medical conditions. Referrals to a consultant paediatrician will normally be made via a G.P.

Consultant paediatricians lead on different speciality areas for Gloucestershire Hospitals NHS Foundation Trust’s Children’s Services. Consultant led teams offer a range of services including providing diagnostic assessments for a broad range of neurodisability and neurobehavioural childhood conditions as well as providing long term follow up for children with multiple complex health issues (Please see Local Offer, Paediatrics Consultant led Specialist Services).

**Health Visitors**

Health Visitors are highly trained specialist community public health nurses. They work in teams for a particular community and will have extensive knowledge of your geographical area and other services there.

This means that they are skilled to help a child and their family lead as healthy a life as possible, both physically and emotionally. Health Visitors support families with young children aged 0-5 years by listening to any worries or questions a family may have.

The wider Health Visiting team may also include nursery nurses, healthcare assistants and other specialist health professionals. Health visitors also work in close partnership with midwives who have an important role to play before birth and in the first days of life.

Health Visiting teams provide expert advice, support and interventions to all families with children in the first years of life. They are uniquely placed to identify the needs of individual children, parents and families (including safeguarding needs) and refer or direct them to existing local services, thereby promoting early intervention.

Community Nursery Nurses make up part of the Health Visiting team. They have a range of childcare related qualifications which gives them expert knowledge of child health and development.

Health Visiting teams have access to up to date health research and Department of Health guidance to ensure advice is based on latest evidence.

Further information related to local Health Visiting teams and useful resources can be found at: http://www.glos-care.nhs.uk/index.php/our-services/children-young-people/health-visiting

**School Nursing service**

A team of School Nurses provide a public health nursing service for school-aged children and young people in community settings. They work in teams providing support for all children and their families in schools and local communities.

School Nurses are qualified nurses or midwives and come from a wide range of backgrounds and experience in different areas of nursing. School Nurses have a broad range of knowledge, skills and experience in order to help support a child or young person.

Some School Nurses have additional specialist training in public health. This means these school nurses are skilled to help a child or young person and their family lead as healthy a life as possible, both physically and mentally.

The School Nursing service use the model of care provided by the Healthy Child Programme (Department of Health 2009) and their framework is from the Vision and Call to Action for School Nursing (Department of Health 2012).

There is a team of School Nurses in each of the six localities in Gloucestershire: Gloucester, Cheltenham, Forest, Tewkesbury, Stroud and Cotswolds.

There is also a team of School Nurses who cover the special schools across the county.

Further information can be found at: http://www.glos-care.nhs.uk/index.php/our-services/children-young-people/school-nursing

**2gether Children and Young People Service (Formerly known as CAMHS)**

CYPS provide mental health services to children and young people aged 0-18 years and their families/carers that live in Gloucestershire. CYPS work in partnership with schools, GPs, health and social care and other services supporting children and young people. Referrals can be
made by any practitioner working with children, young people and their families/carers.

CYPS work with children and young people who experience a level of emotional wellbeing problems that significantly affect their ability to cope with normal stresses and demands of life. In addition, CYPS also help with other problems such as developmental disorders, eating disorders, bipolar disorders, psychosis, attachment difficulties, infant mental health problems, conduct disorders or when a young person is at risk of harming themselves.

Further information can be found at: http://www.2gether.nhs.uk/cyps

Speech and Language Therapy (Children)
The Speech and Language Therapy service is a countywide specialist service for children and young people aged 0-18 and their families and carers. The service supports difficulties with speech, language, communication, feeding or swallowing.

Speech and Language Therapists are qualified professionals with an in-depth knowledge of difficulties with communication (understand and using spoken language and social communication skills) and eating and drinking disorders.

The service provides assessment, advice and treatment planned around the individual needs of the child and family. Advice, training and support may also be provided to teaching and support staff or other professionals as appropriate, to facilitate the development of communication skills.

Children can be referred to the service by their parents and carers or by another health or educational professional with the parent’s permission.

Further information can be found at: https://www.glos-care.nhs.uk/index.php/our-services/children-young-people/slt

Children’s Physiotherapy
The Gloucestershire Community Children and Young People’s Physiotherapy Service aims to support children & young people with a range of conditions by providing them and their families with support, advice and physical intervention to promote optimum outcome for the child and their family.

Children’s Physiotherapy is a countywide specialist physiotherapy service for children and young people aged 0-16 years (16-19 in full time education), their families and carers, providing physiotherapy in both the hospital and community settings.

The Children and Young People’s Physiotherapy service is provided in a variety of locations and settings. Access to physiotherapy is in the most appropriate setting for their assessment, treatment and ongoing support, enabling them to achieve their outcomes. This may be at a clinic, in a hospital, at a children’s centre, in a mainstream or special school or at home.

Further information can be found at: https://www.glos-care.nhs.uk/index.php/our-services/children-young-people/physio

Children’s Occupational Therapy (OT) Service
The Children’s Occupational Therapy (OT) service is an integrated countywide specialist service working at health, social services and educational sites across Gloucestershire. It aims to address the needs of children/young people who have difficulties managing their activities of daily living and developing functional skills such as bathing, showering, toileting, dressing, eating: these are known as Occupational Performance Issues (OPIs).

The service is for children and their families and carers, providing occupational support in the hospital, community and educational settings.

Further information can be found at: https://www.glos-care.nhs.uk/index.php/our-services/children-young-people/children-s-occupational-therapy
Key roles in Children’s Services

**Early Years SEND**

The Early Years SEND Team provides a range of support for children aged 0-5 years with additional needs (medical/educational) and their families.

The main focus of the Team is securing good outcomes for children through supporting early identification of SEND and adopting an Early Support approach. The team consists of:

**SEND Early Help Advisors**

The Special Educational Needs and Disability Early Help Advisors offer a countywide service to support and advise parents/carers, professionals, practitioners, Early Years providers, and schools in order to promote inclusion, raise aspirations and improve outcomes for children with Special Educational Needs and Disability (SEND).

Before considering support from an Early Help Advisor, please follow the guidance on the Graduated Pathway of Early Help and Support within this booklet.

Further information can be found at: http://www.gloucestershire.gov.uk/extra/article/108860/ Gloucestershire-Portage

**SEND Early Years Practitioners**

We have a team of SEND Early Years Practitioners who provide support within Early Start Groups (Nigel Hunter Nursery) or within an outreach capacity in early years settings.

Early Start Groups are based in Children’s Centres and aim to provide targeted support for children with developmental needs or disabilities. A ‘small steps to learning’ ethos is applied and practitioners provide a range of play activities matched to the needs and interests of the children. These groups not only provide social opportunities for children but also peer support for parents/carers. The SEND Early Years Practitioner will also often become the Lead Professional providing support through Gloucestershire’s SEND Graduated Pathway.

Outreach is offered to settings who feel they would need practical hands on support to implement strategies or change practice when they have a child with additional needs. Practitioners work holistically with professionals supporting the child and parents to ensure that there is a consistent effective approach.

Further information can be found by following: http://www.gloucestershire.gov.uk/extra/article/108770/Early-Years-SEND

**Early Years Sensory Group – Advisory Teaching Service**

The Advisory Teaching Service Hearing Impairment and Visual Impairment Teams run a support group for parents/carers of babies and pre-school children diagnosed with a sensory impairment. This provides a regular opportunity for parents/carers to meet with Advisory Teachers, Deaf Communications Tutor, Audiologists, Speech & Language Therapists and other Specialists as well as each other. Speakers are invited to the group to discuss a range of topics.

Further information can be found at: http://www.gloucestershire.gov.uk/ats

**Families First Plus Teams**

Families First Plus are multi-disciplinary teams based in each locality. As part of Early Help Partnerships, Families First Plus teams work with other practitioners to:

- support the coordination and development of local Early Help Partnerships;
- coordinate all requests for additional support on behalf of the Partnerships;
- provide advice, guidance and support through Community Services.

Further information can be found at: http://www.gloucestershire.gov.uk/ats
Social Workers and Early Help Co-ordinators;
- provide Targeted Support – a range of family support interventions including whole family intensive work, parenting groups, specific interventions linked to an assessment of need.

The teams include the following:

**Community Social Workers** are qualified Social Workers who work with professionals to assist them in managing risk. Community Social Workers can attend and advise with Team Around the Child/Family meetings, attend home visits with the Lead Practitioner, help to build chronologies and employ the Gloucestershire Levels of Intervention to ascertain what level a case sits at. This in turn leads to a greater understanding of how the case measures up to the thresholds for Social Care and supports referrals to be made at the most opportune time.

**Early Help Coordinators** can support practitioners with the Graduated Pathway of Early Help and Support. Early Help Coordinators have good links with their communities and their Lead Practitioners and can help to bring providers together to meet the child, young person or the family’s needs. Early Help Coordinators can support Lead Practitioners through all aspects of Early Help. Early Help Coordinators monitor the Early Help across the county and ensure that standards and timescales are maintained.

**Family Support Workers** can actively support families, children and young people through targeted interventions such as Triple P (Positive Parenting Programme) and working with the whole family to help identify patterns of behaviour that are detrimental and those that are beneficial. The Family Support Worker will then support the family to make the changes that they want to make and to address the changes that they need to make.

Further information can be found at:
http://www.gloucestershire.gov.uk/extra/early-help

### SEN Monitoring and School Support Team

The Gloucestershire County Council’s SEN Monitoring and School Support Team fulfils the Local Authority’s statutory responsibilities in monitoring the provision in place for, and the progress made by, children and young people with SEND. The team monitors and supports schools’ implementation of the SEND Code of Practice and Gloucestershire’s Graduated Pathway. SEN Monitoring and School Support Officers monitor the use and impact of the SEN funding delegated to schools and how schools are identifying children and young people in receipt of SEN Support and how this compares with local and national practice.

In addition to monitoring the arrangements schools have in place for pupils in receipt of SEN Support, they also attend a high number of statutory Annual Reviews of Statements of SEN/ Education, Health, Care Plans (EHCPs) in order to monitor the quality, effectiveness and value for money of SEND provision and challenge schools to set high standards. The SEN Monitoring and School Support Officers work in partnership with schools and other professionals to facilitate sharing of best practice and to be a point of advice and support for Head Teachers and SENCOs. They work closely with the Education Performance and Inclusion team to support school improvement in relation to SEND and enable schools to recognise best practice in SEN Coordination.

Further information can be found at:
http://www.gloucestershire.gov.uk/CHandler.ashx?id=66348&p=0
or email Nathan Roe, Lead SEN Monitoring and School Support Officer – nathan.roe@gloucestershire.gov.uk

### SEND Development and Post-16 Support Team

The Gloucestershire County Council’s SEN Monitoring and Post 16 Support Team fulfils the Local Authority’s statutory responsibilities in monitoring the provision in place for, and the progress made by young people aged 16-25 with SEND. The team monitors and supports schools’ Post 16 Units, colleges’ and training providers’ implementation of the SEND Code of Practice and Gloucestershire’s Graduated Pathway.

The team works closely with the SEN Monitoring and School Support Team. They attend initial college reviews for new students in independent settings and a high number of statutory Annual Reviews of Education Health and Care Plans (EHC Plans)/ Statements of SEN in order to monitor the effectiveness and value for money of the provision and the progress made by young people in preparing for adulthood and employment. The team also work with young people, their families and providers to develop
individual packages of support where necessary to meet their further education and adult needs.

The team is also responsible for the commissioning of sufficient high quality education and training placements to meet the SEND for children and young people aged 0-25.

Further information can be obtained by emailing Megan Toomer Post 16 Casework Liaison Officer – megan.toomer@gloucestershire.gov.uk

**Education Performance and Inclusion Team**

The Education Performance and Inclusion Team are comprised of the following:

**Strategic Leads** are responsible for the strategic coordination of challenge, support, intervention and prevention in schools in order to help ensure the best academic outcomes, reduce exclusions and improve attendance. Each Strategic Lead is responsible for a geographical area.

**Education Advisers** (formerly School Intervention Advisers) act as project leads in schools as well as supporting other school improvement activities. They have a key role in working with Ofsted inspectors, supporting school networks, clusters and partnerships. Each adviser has responsibility for an aspect including areas such as: exclusions, Elective Home Education, Closing the Gap.

**Inclusion Advisers** have particular responsibility for attendance and exclusions and working collaboratively with colleagues across children’s services to support early help for vulnerable children and young people.

**Parent Advisers** are responsible for providing advice and support for parents relating to admissions, attendance and exclusions, particularly those who are hard to reach. They also provide advice on accessing Early Help.

**Advisory Teaching Service**

The Advisory Teaching Service offers specialist support for children requiring support to access educational. Advisory Teachers help children and young people participate and achieve in all aspects of life by developing the skills of the individual and those of their families, schools and settings through collaborative working in which the voice of the child is paramount. There are Advisory Teaching teams based in Gloucester, Cheltenham, Forest of Dean and Stroud. Each area team has a range of specialist Advisory Teachers who support children and young people from birth to 19 years with the following needs:

- communication and interaction;
- physical disabilities;
- sensory (including hearing or visual impairment);
- cognition and learning;
- social, emotional or mental health.

Specialist hearing and alternative communication tutors, mobility and assistive technology tutors for children with visual needs, Speech and Language Therapists, Occupational Therapists are also part of the Advisory Teaching Service.

Further information can be found at: http://www.gloucestershire.gov.uk/ats

**Educational Psychology Service**

Gloucestershire’s Educational Psychology Service offers a comprehensive psychology service for children, young people and their families. The educational psychologists use their knowledge of psychology, child development and social interaction to promote young people’s development, learning and well being (0 - 25 years). All statutory work for the Local Authority is part of the core service delivery offer which also includes support for critical incidents, a consultation service for pre-school children and Children in Care.

There are Educational Psychologists based in area teams in Gloucester, Cheltenham, Forest of Dean and Stroud. They work with educational settings, health and social care partners and other organisations, such as the Advisory Teaching Service or Portage, as part of Gloucestershire’s graduated SEND pathway. All schools have a named Educational Psychologist.

Further information can be found at: http://www.gloucestershire.gov.uk/eps

**The SEND Casework Team**

The SEND Casework Team works with early year’s settings, schools, academies and post-16 education & training providers in identifying, assessing, planning for and reviewing children/young people’s special educational needs and
disabilities (SEND). It delivers all of the local authority’s statutory duties in relation to SEND including maintaining Statements of special educational needs and Education, Health & Care Plans (EHC Plans).

The SEN Casework Team manage all the casework involved in the following:

- identifying, with educational settings, children and young people’s SEND;
- managing the statutory EHC Needs assessment process;
- making and reviewing Statements of special educational needs/EHC plans;
- co-ordinating the educational placements of children and young people who have Statements/EHC plans, including in mainstream and specialist settings;
- chairing and co-ordinating the Multi-Agency SEND Panel;
- ensuring provision of an independent information, advice & support service for children/young people and parents of those with SEND (SENDIASS);
- tribunals (SENDIST).

Education, health & care professionals can request an EHC Needs Assessment from the local authority by completing the standardised request forms found on SENCO Spot. Parents/Carers can request a coordinated assessment directly from the SEND team but parents and carers are strongly encouraged to speak first with the education, health or care professional who already works with them, and consider jointly making the request.

**How and who to make a complaint to:**

Complaints about children and young people’s education, health & care should usually be raised with the child/young person’s education, health or care worker in the first instance such as their teacher, doctor or social worker. Complaints can then usually be escalated to that professionals’ manager, complaints department or regulatory body. Following this process, if the complaint is about the local authority’s management of a statutory SEND process and cannot be resolved, parents/young people can raise complaints with the Local Government Ombudsman:

The Local Government Ombudsman PO Box 4771 Coventry CV4 0EH


Phone: 0300 061 0614

Parents/young people can seek informal disagreement resolution through the Special Educational Needs and Disability and Information, advice and Support Service (SENDIASS).

Web: [www.sendiassglos.org.uk](http://www.sendiassglos.org.uk)

Phone: 01452 389344/5

In some situations, for example, if Gloucestershire County Council decides not to carry-out a Statutory assessment, or declines to issue or change an Education, Health & Care plan, parents/young people can appeal to the First Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with **Additional Needs including Special Educational Needs and Disabilities**
Tier Tribunal. This is a court of law and their address is: HM Courts and Tribunals Service, SEND Tribunal First Floor, Darlington Magistrates Court Parkgate Darlington DL1 1RU.

However prior to lodging any appeal with the First Tier Tribunal, parents/young people must actively consider formal mediation. Gloucestershire County Council contracts this independent service from GLOBAL Mediation. Parents/young people considering appealing a local authority decision about SEND must contact GLOBAL and obtain a certificate to present to the First Tier Tribunal:

Web: www.globalmediation.co.uk
Phone: 0800 064 4488

SEND Team Manager Telephone Number: 01452 427536
Email: sengenin@glocestershire.gov.uk

Social Care

Social workers – are right at the heart of children’s services, holding challenging caseloads, working closely with and engaging children and families in finding permanent solutions and ways forward. Social workers carefully assess situations to make evidence-based decisions and interventions that achieve positive outcomes for children.

Family Support Workers – provide interventions with children and families identified through careful assessment and planning.

Referral and Assessment Teams

There are four Referral and Assessment Teams across the county, providing the initial responses to child protection referrals. They are responsible for Initial Assessments, and work with families up to Initial Child Protection Conferences where this is necessary. Their focus is on delivering good quality assessments which take account of historical information, culture, disability and the experiences of the children.

Further information can be found at: http://www.gccsocialcarejobs.co.uk/roles/

Children and Families Teams

Families needing further social work interventions are transferred through to one of 7 locality based Children and Families teams. The role of these teams is to ensure that every child has a clear assessment of need, with a plan that sets out how help will be delivered, outcomes to be achieved and arrangements for review. A priority for these teams is to ensure that the children’s experiences are reflected in assessments, plans and interventions and that direct work is purposeful and of high quality.

Children supported in these teams are either subject to Child Protection Plans or Children in Need Plans. These teams also make arrangements to look after children where this is needed. If they are not successfully reunified before the second review, unless they are in proceedings, they are transferred to one of two Children in Care teams or to the Young People’s team.

Disabled children and young people who need the support of social care, access services through these teams as well. The services have developed personal budgets to enable individualised commissioning of support based to meet needs and outcomes for the child or young person.

The Disabled Children and Young People’s Service

The Disabled Children and Young People’s Service provides social care assessment and support planning for disabled children, young people and their families, and a range of support to meet assessed needs. Support is intended to enable disabled children to have the same range of opportunities as non-disabled children, and with their families to be able to experience the ‘ordinary’ things of life that others take for granted.

This service is committed to working in partnership with young people and their families in everything we do. Their aim is to support disabled children and young people to be fully participating and included in their families and communities, developing the skills and experiences needed to live as independently as possible.

Further information can be found at: http://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/service.page?id=2-5QWfl8zA8&&newfamilychannel=0

Gloucester Pods

These are a unique model of smaller multi-agency teams called Pods. They work with children and families in smaller geographical areas in and around Gloucester. Work is allocated according to the skills of the workers and priorities. Gloucestershire social workers
collaborate in the Pods with adult substance misuse, adult mental health and domestic violence specialists in order to deliver a more cohesive service with a focus on outstanding practice.

**Children in Care**

Children in care receive support from across a range of social care teams:
- a Children’s Permanence Team, primarily focused on younger children with a plan for adoption;
- an under 16s Children in Care Team;
- over 16s are supported by social workers in one of 3 social work teams based in the Youth Support Service.

About a third of children in care are supported by social workers in one of the 7 locality based Children & Families teams (primarily those new to care and/or in care proceedings).

**Turn Around for Children Service**

The TACS offers an intensive, Health Visitor led programme for new born at risk of severe neglect from parental substance misuse, mental health, co-morbidity domestic abuse and those with experience of generational neglectful parenting.

There are two referral routes into the service, ante-natal through the specialist midwives or through the 16+ team for Children in Care or Care Leaving young parents.

**The Fostering Service**

The Fostering service is comprised of 4 teams:
- Fostering Recruitment Team, focused on recruiting new foster carers to the service;
- Fostering Support Team focused on providing high quality support to existing carers;
- Family Link Team for disabled children;
- Fostering Friends and Family Team, developed in response to the increasing need for focus and specialist in this important and growing area.

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**School Admissions**

As part of the council’s statutory duties to allocate reception places and secondary places, a guidance booklet for parents to assist them in this process has been produced. Please use the following link:

http://www.gloucestershire.gov.uk/CHttpHandler.ashx?id=56737&p=0

**Deferred entry to school**

For children starting school for the first time, the local authority offers all Gloucestershire families the opportunity for their children to start school in the September following their fourth birthday.

Parents of non-compulsory school age children (four year olds) may request a pattern of part-time attendance or deferment, if that best suits the needs of their child. Some parents who have summer born children may feel that their children are too young to start school in September if their child has just turned 4 years old. The school admission code states that parents have the right to ask for a deferral. The local authority will then make a decision on whether to allow the deferral.

There may also be families who wish to delay entry until the child turns 5 years and start in reception year, i.e. taught back a year. This may be because the child has special needs or medical conditions and parents, carers and professionals feel it would be best for the child. Again the local authority will consider the facts of the case and will make a decision about the year group into which the child should start school.

Once a child is in school, the school might identify a reason for a child to repeat a year group. This would be a discussion and decision for the school and parents to make together. They must both agree with the decision. Usually when a child is offset, i.e. repeating a year, the decision is not reversed.

More information on school admissions can be found using the following link:

http://www.gloucestershire.gov.uk/schooladmissions
Attendance concerns

For a pupil with concerning levels of absence, schools should investigate the reasons behind poor attendance, particularly where the change is sudden, dramatic or unexpected. School staff should engage with other members of staff in school e.g. Class Teacher, Form Tutor, Pastoral Lead, Family Support Worker and check if action is already being taken to support the child and whether a My Plan or My Plan+ is in place.

- If a plan is already in place, it is important to identify any specific needs of the pupil that may make them more vulnerable to reduced attendance or poor punctuality. These needs should be considered, with any other support offered, when agreeing a plan. This could be through a Team Around the Child or Family (TAC/F) meeting, making particular reference to ways to promote improved attendance.

- If the pupil does not have an existing plan, the school should contact the parents/carers and arrange for an appropriate plan, within the graduated approach, to be put in place to support the child and family in securing improved attendance.

When a plan is in place, the school should ensure regular review with those involved using a TAC/F approach and ensure that absence patterns are regularly monitored and that action is taken when it becomes concerning.

On the occasions where a school has tried a range of strategies that have not improved attendance sufficiently, advice should be sought from the Education, Performance and Inclusion Team in the Local Authority.

In addition, schools are reminded that they have a statutory duty to inform the Local Authority of any pupil who has 10+ continuous days of unauthorised absence:

attendance@gloucestershire.gov.uk

Also, following Ofsted guidance, there is a requirement on schools to inform the Local Authority of any pupil who is placed on a part-time timetable for a period of time:

PTTimetables@gloucestershire.gov.uk

For further information regarding improving attendance:

School attendance parental responsibility measures: January 2015

Statutory guidance for local authorities, school leaders, school staff, governing bodies and the police.


School attendance: October 2014

Departmental advice for maintained schools, academies, independent schools and local authorities


Gloucestershire Attendance links

http://www.gloucestershire.gov.uk/schoolsnet/attendance

Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities
Information about exclusion

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

There is additional information online:
http://www.education.gov.uk/schools/pupilsupport/behaviour/exclusion/g00210521/statutory-guidance-regs-2012

Gloucestershire Guidance for Pupils at risk of exclusion

For a pupil at risk of being excluded, a school ought to:

- firstly, engage with other members of staff involved with the pupil and check whether a My Plan or My Plan+ is in place. If so, the needs of the pupil regarding their behaviour, which may make them vulnerable to being excluded, can be included together with any other support being offered. This could be done through a Team Around the Child (TAC) meeting;
- secondly, where there isn’t an existing plan, the school should contact the Parents and arrange for an appropriate plan, within the graduated approach, to be put in place;
- thirdly, if needs are identified which require support from external agencies not already involved, the school can contact the Families First Plus team in their locality to discuss involvement from the Early Help Partnership.

When a plan is in place, school should ensure regular review with all those involved using a Team Around the Child approach.

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

When considering exclusion as a result of a specific incident, schools will need to satisfy themselves that the presenting behaviour is not as a result of the pupil’s special educational needs and disabilities. Schools will also need to satisfy themselves that the pupil was being appropriately supported at the time the incident took place and that there were no reasonable adjustments to the school’s policies and practice that might have been made to prevent the incident which led to the exclusion. This would need to be demonstrated in the event of the exclusion being challenged and, if it appeared that a pupil’s needs were not fully being met, the exclusion could be overturned. When considering exclusion it would be unlawful to treat a pupil less favourably when compared to his peers for a reason associated with a special educational need or disability.

It must be remembered that during the period of a Fixed Period Exclusion a pupil is excluded from the school premises and not excluded from education. The requirement for a school to arrange suitable full time education on the sixth day of a pupil’s fixed term exclusion applies in the case of the pupil with special educational needs and disabilities as well as other pupils. In the event of a Permanent Exclusion the Local Authority has a duty to provide education on the sixth day. Arranging suitable full time education for a pupil with an Education Health Care Plan, for example, will pose additional challenges. The school will need to satisfy itself that the interim provision it has arranged meets the needs and provisions set out with the child’s plan and that any additional adult support or equipment that is required is provided.

It is unlawful to exclude (or to increase the length or severity of an exclusion) for a non-disciplinary reason. For example, it would be unlawful to exclude a pupil on the grounds that the school felt unable to meet the pupil’s needs. It would also be unlawful to exclude a pupil for failure to make expected academic progress or for working at an academic level which requires the school to substantially modify the curriculum and support...
arrangements usually in place. Pupils who repeatedly disobey their teachers’ academic instructions could, however, be subject to exclusion.

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

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

Annual Reviews

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

Managed Moves

A Managed Move is defined as a formal agreement between two schools, a pupil and their parents which allows a pupil at risk of permanent exclusion to transfer to another school. The move requires the agreement of the child’s parent, the Head Teacher of the pupil’s school, the Head Teacher of the proposed school, and the Strategic Lead on behalf of the Local Authority. For pupils with Education Health and Care Plans it will be necessary for the Local Authority’s SEN Casework Team to formally consult with the receiving school and amend the details of the school named in the Education Health and Care Plan.

Reviewing the Head Teacher’s decision to exclude – Governing Bodies and Impendent Appeal Bodies

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

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

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

This guidance is available on: http://www.gloucestershire.gov.uk/schoolsnet/exclusions
Pupil Premium – funding for mainstream schools, special schools, alternative provision settings and early years settings

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

**Funding**

Pupil Premium funding is available to both mainstream and non-mainstream schools, such as special schools and pupil referral units. In the 2016-17 financial year, schools will receive the following funding for each child registered as eligible for free school meals at any point in the last 6 years:

- £1,320 for pupils in reception year to year 6;
- £935 for pupils in year 7 to year 11.

Schools will also receive £1,900 for each pupil who has left local authority care because of one of the following:

- adoption;
- a special guardianship order;
- a child arrangements order;
- a residence order.

The DfE use eligibility for free school meals as the main measure of deprivation at pupil level. A list showing schools how many of their pupils have been eligible for free school meals at any point in the last 6 years can be viewed on the Keys to Success website. This data will allow you to identify the pupils who have previously attracted Pupil Premium funding so you can target support accurately. The data can also help you estimate how much Pupil Premium funding you will be allocated for budget planning purposes.

You should work with the Head Teacher of the Virtual School to identify your pupils in care.

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

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

More recently, an early years premium has been introduced for disadvantaged three and four year olds receiving free pre-school education. It will complement the government-funded early education entitlement by providing nurseries, schools, and other providers with up to an additional £300 a year for each eligible child.

**Using the Pupil Premium effectively**

It is for schools to decide how best to spend the Pupil Premium allocated to them taking into account their pupils’ needs. However, to help schools choose between different approaches The Education Endowment Foundation provides a toolkit which summarises the educational research about the effectiveness and value for money of a range of approaches. The ‘Families of Schools’ toolkit helps teachers learn about effective practice from similar schools.

The DfE present Pupil Premium Awards to schools whose use of the Pupil Premium has significantly improved the attainment of their disadvantaged pupils. There are prizes for primary, secondary and special schools in England. You can find information on winners on the Pupil Premium Awards website.

The DfE also publish a list of schools with excellent results for disadvantaged pupils at key stage 2 and key stage 4.

**Accountability**

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

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

**Online reporting**

Education settings must publish details of how they spend their Pupil Premium funding and the effect this has had on the achievement of the pupils who attract the funding. You must include:

- how much Pupil Premium funding received for this academic year;
- details of how funding was used, including reasons and evidence;
- details of how Pupil Premium funding was spent during the last academic year;
- how it made a difference to the achievement of disadvantaged pupils.

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

As settings won’t know how much funding they will receive for the latter part of the academic year (from April to July), they should report on the funding up to the end of the financial year. Information can be updated later in the year when settings have all the figures.

**Ofsted inspections**

Ofsted school inspections report on the attainment and progress of disadvantaged pupils who attract the Pupil Premium. Inspectors will take particular account of the progress made by disadvantaged pupils by the end of the key stage compared with that made nationally by other pupils with similar starting points and the extent to which any gaps in this progress, and consequently in attainment, are closing.

**Pupil Premium reviews**

Ofsted will recommend that a school commissions a Pupil Premium review if they identify issues with the setting’s provision for disadvantaged pupils.

Other bodies may also recommend a setting commissions a pupil premium review, including:

- the local authority;
- your academy trust;
- your regional schools commissioner;
- the Department for Education.

Guidance on how to commission a Pupil Premium review is available – https://www.gov.uk/guidance/pupil-premium-reviews.

**Further information**

Further information, and links to the websites referenced above, can be found on the Department for Education website - https://www.gov.uk/guidance/pupil-premium-information-for-schools-and-alternative-provision-settings

**Local support**

The Pupil Premium summit in July 2015 found that “while the impact (of pupil premium funding) has been significant in individual schools, progress remains slow at a national level.”

This is mirrored in Gloucestershire. The gap between the achievement of disadvantaged pupils (i.e. those eligible for Pupil Premium funding) and other pupils in Gloucestershire is not closing as rapidly as we would like; however, we know that individual schools are showing significant impact of the pupil premium funding and there are pockets of effective practice across the county.

The Pupil Premium summit also reported “Finding ways to achieve impact on a larger scale is one of the obstacles we face in the drive to raise standards. While there is no one-size-fits-all solution, we do need better systems in place for sharing and collaborating.”

With this in mind the local authority has developed a “Pupil Premium Toolkit” to bring together and share effective national and local practice. The toolkit can be found at http://www.gloucestershire.gov.uk/schoolsnet/article/120155/Pupil-Premium-Toolkit and includes the following information and resources:

- data analysis tools;
- reviewing, monitoring and evaluating tools;
- planning tools;
- effective practice;
- online reporting;
- key publications;
- key websites;
- pupil premium reviews;
- CPD events;
- CtG Newsletters.
Management of health care needs and medication

There are many students in our varied contexts who have a wide range of medical needs that may demand intense personal care or careful management of medicine. This includes pupils with physical health and mental health needs. On September 1st 2014 new legislation came into force for governing bodies to make arrangements to support pupils at school with medical conditions.

- It is a statutory requirement that every school has a ‘supporting pupils with medical needs’ policy. (Statutory policies for School DfE September 2014).
- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

The most recent statutory guidance for governing bodies is contained within the document, “Supporting pupils at school with medical needs” (DfE December 2015).

In essence contexts must ensure that children and young people with medical needs are supported and fully included. Governing bodies should ensure that schools develop policies for supporting pupils with medical conditions that are reviewed regularly and readily accessible to parents and school staff. Governing bodies should ensure that policies include details on how the school policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

The Role of Individual Healthcare Plans

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

Managing Medicines on School Premises

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

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

The Role of Gloucestershire Hospital Education Service (GHES)

Gloucestershire Hospital Education Service (GHES) has a schoolroom at the Gloucestershire Royal Hospital allowing paediatric inpatients to access education whilst in hospital. Referrals are also made to the GHES Outpatients Team, by medical professionals, if a child or young person is unable to attend school for a period of time due to medical needs (e.g. a period of recovery following surgery). Education is then provided in the home. Pupils referred to Gloucestershire Hospital Education Service remain the responsibility of their registered school. In exceptional circumstances, such as when there is no registered school, a pupil may be sole registered with GHES. For pupils with SEND, the school must ensure to share all information and documentation with GHES including a My Plan, My Assessment, My Plan+ or EHCP as applicable. Close liaison between the registered school and GHES is essential within the SEND review process.

For further information about GHES please go to the GHES pages on the Gloucestershire County Council website: www.gloucestershire.gov.uk/ghes

Children and Young People in Care – The Virtual School, Personal Education Plans (ePEP) and Pupil Premium Plus

Virtual School

Education matters to all children, it is crucial to their well-being and improves their life chances. For children in the care of Gloucestershire who have previously faced challenging situations it is even more essential to do all possible to support them.

Gloucestershire Council has corporate parenting responsibility for children in care and, like all parents, valuing and supporting children’s education is one of the most important contributions the Council can make to their lives. The Virtual School for Children in Care, therefore, has high aspirations for these children to help them maximise their access to education and have the chance to achieve their full potential.

The Virtual School is not a teaching tool or online learning environment. It does not replace the school or educational provision for children in care but provides a statutory service to support and challenge all those involved in the education of children in care. The Virtual School works primarily with school-age children and uses the Personal Educational Plan as a vehicle for raising standards. Gloucestershire’s Virtual School also supports Post-16 learning and Early Years and have specialist staff leading these areas.

Who are The Virtual School?

The Virtual School is a team of teachers and dedicated education professionals who work to support the education of Gloucestershire Children in Care and care leavers, although their children also remain the responsibility of the school at which they are enrolled.

The team is a small multi-disciplinary team working to raise the educational attainment and school attendance of children and young people. They work in close collaboration with colleagues across the authority, but also in partnership with other areas. The Team track educational progress and implement and monitor interventions to help young people in care to achieve their full potential. They also make a strong contribution towards supporting schools, social workers and foster carers with education training.

What Do They Do?

As a ‘Corporate Parent’ for Children in Care, Gloucestershire’s
Virtual School’s role is to champion the educational needs of these young people. This involves monitoring progress and attendance, supporting young people and professionals around them, quality assuring Personal Education Plans, planning targeted interventions and celebrating achievements. To do this the Team works together with schools, carers, social workers, health professionals and education professionals, to help children achieve their full potential.

The Virtual School aims to offer practical support for children, young people and their carers throughout their education. They are also there to support at specific times such as the transfer to primary or secondary, moving schools, exclusions and gaining appropriate support for any special educational needs.

During the academic year, two Personal Education Plan (PEP) meetings are held to make sure that everything is in place for the young person to achieve their full potential as their education progresses. These meetings, usually held at the school, involve the young person, the social worker, a representative from the school, the carer and usually the Virtual School learning mentor.

The Virtual School will challenge and offer support to young people and professionals to ensure that the best possible progress is made by the young person, in the best possible educational placement.

In addition to the direct educational supports offered, the Virtual School also values wider achievements and learning. It offers a host of additional opportunities including Children in Care Council, targeted summer activities, study skills support conference and horse riding academy. The Virtual School is developing ASDAN to accredit skills and is working closely with other partners and promote activities in children and young peoples localities such as the summer reading scheme through the libraries, work experience opportunities on the “Work it out Project”, the National Citizenship service (NCS), Princes Trust programme and the Duke of Edinburgh’s Award Scheme.

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

What is an electronic Personal Education Plan (ePEP)?

- All Children in Care have a Care Plan. The online electronic PEP is a statutory part of this care plan.
- All Children in Care in Gloucestershire aged between 3yrs and 16yrs have an ePEP.
- A Personal Education Plan is also completed on a paper form as part of your Pathway Plan when young people are over 16yrs and attend a School 6th Form, College or Training Provider.

Why do Children in Care need an ePEP

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

When do PEP meetings take place?

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

Who attends a PEP meeting?

- Social Worker – Must attend the meeting.
- School – Must attend the meeting. This is the Designated Teacher for Children in Care, but sometimes it is another teacher who knows the young person well.
- Young Person – It is important they attend, but they do not...
have to – their views can be put across by completing the ePEP Young Person’s Views section before the meeting.

- **Foster Carers** – Need to attend so they are able to support education for children in their care.

**At the Personal Education Plan meeting:**

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

**Social Worker**
- Sends out electronic invitations to the ePEP meeting in discussion with school and carers.

**Young Person**
- Completes child or young persons views on school and learning.

**Everyone**
- Has the chance to make a contribution about target setting and also how the Pupil Premium money should be spent.

**After the meeting the Virtual School Learning Mentor will:**
- Check the ePEP to make sure that everything has been completed properly and also that the Pupil Premium Plus money is being used effectively.

**Using the Pupil Premium Plus:**
- Pupil Premium Plus is money that the government is investing in the education of Children in Care.
- From 1st of April 2014 it is £1900 and Gloucestershire will release £900 when a child comes into care. The rest will be allocated based on learning needs identified in the ePEP.
- At the ePEP meeting, targets are set and how to invest this money in each young person’s education is agreed.
- Some of the most popular and useful ways young people ask to spend Pupil Premium Plus includes:
  - 1-2-1 tuition;
  - resources – books, software, Kindles, Laptops, equipment for work experience;
  - classroom support – to help out in difficult lessons or subjects;
  - 1-2-1 counselling – to help deal with difficult issues;
  - extended learning – activities and clubs outside of school;
  - education visits and trips – to make sure young people do not miss out on once in a lifetime opportunities;
  - training – to help school staff understand the individual needs of a young person.

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

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

Further information and support is available from:
- Rachel Evans – PEP and Pupil Premium Officer
  Email: rachel.evans@gloucestershire.gov.uk
  Tel: 01452 328373

Additional information is available on the Virtual School website: [http://www.gloucestershire.gov.uk/vschool](http://www.gloucestershire.gov.uk/vschool)
Short breaks for disabled children and young people

Short breaks were in the past delivered solely through a limited range of specialist services – residential units, Family Link, or Personal Assistants. Since 2008 working in partnership with parents and young people, short breaks have been transformed in Gloucestershire. We have focused on enabling as many disabled children and young people as possible to have a short break by going to a sports, arts or leisure activity alongside non disabled young people.

The majority of children and young people now access short breaks through arts, sports and leisure activities, with or without support. The majority do not need an assessment to have these breaks – they can go straight to the activity provider. To support the providers of these activities, the council provides inclusion training, support from networks in their sector, enablement grants and capital grants. As a result there is now a much wider range of short breaks in Gloucestershire, including:

- arts and leisure activities (e.g. music, drama, horticulture, cooking, camping);
- sports and physical activities (e.g. football, sailing, swimming, wheelchair basketball, boccia, cycling, archery, horse riding);
- resourcing of Personal Assistants to facilitate participation in activities and other short breaks at home or in the community;
- holiday activity schemes for children and young people in school holidays;
- the Of Course We Can Programme of challenging and adventurous activities developed in partnership with young people and parents;
- family based short breaks (Family Link and Shared Lives).

Some children and young people who have very complex needs are not able to take part in activity breaks in the community, even with a lot of support. So the council continues to commission specialist services. These short breaks include:

- Children’s Home for those with very complex needs;
- individually commissioned residential short breaks from independent providers;
- nursing staffed short breaks, residential, day and outreach provided by Gloucestershire Care Services NHS Trust and voluntary & community sector organisations.

For further information please visit Carers Gloucestershire website: http://carersgloucestershire.org.uk/ or email: mail@carersgloucestershire.org.uk

Family Link Plus – support for disabled children

What is Family Link Plus?

Family Link Plus are a support team covering the whole of Gloucestershire, providing tailored support packages, in and out of the family home, to families with disabled children 0-18 years.

There are many families in Gloucestershire caring full time for their disabled child, these families are in real need of a short break, this time allows them to relax,
spend time with other members of their family or just complete necessary tasks like the weekly shop; tasks that can be really challenging as a full-time carer.

The children also benefit hugely from the support offered, it offers them the chance to make friendships and participate in new activities with people outside their family, activities that most non-disabled children take for granted.

**What kind of care is offered by Family Link Plus?**

- Day-time care for disabled children in the carer’s home, which can include short sessions such as tea times after school.
- Overnight care for disabled children in a carers family home, this could take the form of a regular weekend break, and breaks from the family home during school holidays.

**Additional Services offered by Family Support Workers as part of Family Link Plus include:**

- day-time care for disabled children in both their own homes and elsewhere, including befriending, travel support, support at mealtimes and bed times and sibling support;
- support to enable disabled children to participate in educational and recreational activities in the community.

**Who are the children?**

The service is available to children and young people up to the age of 18 years of age who have a range of disabilities.

Family Link Plus is open to children with:

- physical disabilities;
- severe learning disabilities;
- autistic spectrum disorders;
- complex medical needs;
- those with special educational needs including children who present with a range of challenging behaviours, for example: disrupted sleep, self-harming, continence needs, aggressive behaviours.

The children placed are generally aged between 0 and 18 years old.

Contact the Family Link Plus Team at: Gloucestershire County Council
Tel: 01452 426850
Email: familylink@gloucestershire.gov.uk
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This section of guidance reflects the way the seven principles of the Building Better Lives policy shape our disability services and the work of practitioners across services, (see page 6 which introduces the Building Better Lives Policy in Section 1).

The principles of Early Help, shared responsibility and personalisation through choice and control inform the work of The Enablement Service and support planning with its emphasis on building on people’s strengths and abilities so that they have less need for services at later stages. The principles of inclusion, independence and contribution lie at the heart of housing provision and employment services for disabled young people.

Many people in a young person’s life, professional practitioners as well as members of someone’s personal support network, have a role to play in developing a young person’s skills for adulthood.

To bring the work of diverse professionals from a range of agencies together most effectively, it is important that everyone is fully focused on the needs that have been identified for that individual, the outcomes to be achieved and most importantly, the role they, as practitioners in their specialist field, have to play in contributing to outcomes. This information is captured in a young person’s support plan.

The Graduated Pathway sets out what these different plans are and how they link together (please see Sections 1 & 2 of this guidance).

- Where a young person has an Education, Health and Care Plan (EHC Plan), the outcomes for preparation for adulthood should be clearly stated. These are the longer term outcomes the young person wants to achieve by the end of a key stage or phase of education (e.g. a College course). This Plan should be shared with all agencies involved with supporting the young person to achieve his/her outcomes so they can plan the delivery of their support.

- Sometimes a My Plan or My Plan+ may be used to set out the shorter term milestones towards achieving the longer term outcomes set out in an EHC Plan. The My Plan or My Plan+ should clearly show the need that has been identified and outcome for the young person along with the action required from the supporting agency. (This is especially important if, for any reason, there isn’t an EHC Plan available).

Services working in a multi-agency way cannot work effectively with a young person if they do not understand where and how they all fit together. A support plan such as My Plan, My Plan+ or an EHC Plan enables the full picture of support to be understood. It reduces wasteful duplication and enables young people to remain at the centre of their support planning.
Preparation for adulthood, the Mental Capacity Act 2005 – helping young people to make decisions that are right for them

(With thanks to Preparing for Adulthood for allowing us to use excerpts of the PfA Factsheet: The Mental Capacity Act 2005 and Supported Decision Making, 2014)

Young People with SEND
From September 2014, under Part 3 of the Children and Families Act 2014, the right to make requests for an Education, Health & Care Plan and related decisions apply directly to disabled young people and those with SEN over compulsory school age, (the end of the academic year in which they turn 16), rather than to their parents.

These decisions include the right to:
- request an assessment for an EHC Plan;
- make representations about the content of their EHC Plan;
- request that a particular institution is named in their EHC Plan.
- request a personal budget for elements of their EHC Plan;
- appeal to the first-tier tribunal (SEND and Disability) about decisions concerning the EHC Plan.

Helping all young people prepare for adulthood
The rights of young people to make decisions for themselves do not just apply to Education, Health and Care Plans. Every young person aged over 16 years has the right to make decisions related to different aspects of their lives such as relationships, training, employment, housing and their health.

Local authorities, schools, colleges, health services and other agencies should support young people to communicate their needs and aspirations and to make decisions which are most likely to lead to good outcomes for them, involving their family where the young person is happy for this to happen.

Practitioners working directly with young people should support young people by working in partnership with them, enabling them to participate fully in the decisions about the outcomes they wish to achieve. This should form the ‘preparing for adulthood’ approach from Year 9 or when the child is 13 years old and focus on enabling young people to achieve their preparing for adulthood outcomes: employment; independent living; good health; friends, relationships and community participation.

The Mental Capacity Act 2005
Under the Mental Capacity Act, the issue of capacity is decision-specific; this means that the test of someone’s capacity can only be made in relation to a particular decision that needs to be made at a particular time. This is an important safeguard against blanket assessments of someone’s ability to make decisions based on their disability or conditions. It also recognises the fact that someone may be able to make some decisions but not others.

The Mental Capacity Act sets out 5 key principles which must underlie all action in determining whether someone has capacity to make a decision or not:
1. It should be assumed that everyone can make their own decisions unless it is proved otherwise.
2. People should not be treated as incapable of making a decision unless all practical steps have been tried to help them.
3. A person should not be treated as lacking capacity just because they make an unwise decision.
4. Actions or decisions carried out...
on behalf of someone who lacks capacity must be in their best interests.

5. Actions or decisions carried out on behalf of someone who lacks capacity should **limit their rights to freedom of action as little as possible.**

The right of young people to make a decision is subject to their capacity to do so as set out in the Mental Capacity Act 2005. This means that where there is disagreement about a young person’s capacity to make these decisions between practitioners, parents or the young person themselves, or where there is a concern that a young person lacks capacity, a mental capacity assessment should be carried out. In the case of decisions relating to an EHC Plan, this process will normally be led by the local authority, however to do this the LA will need advice from a range of people involved in a young person’s life.

Assessing capacity

There is a two-stage test of capacity in order to assess whether an individual has the capacity to make a particular decision. This involves asking:

1. Is there an impairment of, or disturbance in the functioning of a person’s mind or brain (such as a learning disability or a mental health problem)?

2. If so, is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

If the first stage of the test of capacity is met, the second test requires the individual assessing capacity to show that the impairment or disturbance of the brain or mind prevents the young person from being **able to make the decision in question at that time.**

This is a functional text focusing on how the decision is made, rather than the outcome or consequence of the decision.

When considering the decision-making process it is important to consider whether the young person is able to:

- understand the information relevant to the decision;
- retain that information;
- weigh that information as a part of the process of making a decision, and
- communicate his/her decision (whether by talking, using sign language or any other means).

Making decisions in someone’s best interests

If someone is assessed as being unable to make a decision themselves, another person may make the decision or act in their ‘best interests’. In these situations the person who must lead the ‘best interest’ process is the person who requires the decision to be made; for example, a doctor who requires consent before carrying out treatment. As far as possible the person must be involved in the process and those with an interest in the person’s welfare should be consulted so that all the factors relevant to the decision can be weighed up, including the known wishes and feelings of the person, and any beliefs or values they have that might influence the decision. The decision-maker should be clear about their decisions and the reasons for arriving at it and in the case of more serious decisions the process should be recorded in writing.

The Mental Capacity Act 2005 Code of Practice (5.13) sets out a “Best Interest” checklist to support this process, which can be found using the following link: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

When considering a young person’s ‘best interests’, it is important to keep in mind the preparing for adulthood outcomes: employment; independent living; good health; friends, relationships and community participation.

Useful websites and resources

Preparing for Adulthood

http://preparingforadulthood.org.uk/

HFT Family Carer Support Service has produced Mental Capacity Act resource for family carers comprising films and written information on different aspects of mental capacity, including one about transitions.

Building Better Lives

The Council’s 10 year Building Better Lives policy describes a whole life approach to enabling disabled people have independence, choice and control in their lives. In conjunction with the SEND reforms, Building Better Lives is helping families and people working with children, young people and young adults with SEND to raise their aspirations and expectations about what disabled people can and want to achieve. This in turn is helping children and young people to aspire to and prepare for an adulthood of choice, independence and control through both employment opportunities and participating as fully as possible within their communities.

Building Better Lives Policy is underpinned by the ‘seven principles’ from Gloucestershire County Council Building Better Lives ten year strategy.

1. Early help
Providing support to people before circumstances deteriorate is a preventative approach that provides better outcomes and saves downstream costs.

2. Inclusion
That all people with a disability should be able to be fully included in all aspects of community living without exception.

3. Independence
That people should be able to live in their community as freely as others, maximising their individual capacities to maintain their own lifestyle choices to the best of their ability.

4. Contribution
People with a disability should have the same right to make their individual contribution to society as others do.

5. Shared responsibility
That people with disabilities should be linked into informal networks of support within the community.

6. Personalisation through choice and control
Individually commissioned services need to respond to the expected outcomes for each individual and ensure that planning is personalised in every aspect.

7. Coordination of a whole life approach
The plan for a person’s life needs to have a perspective that transcends boundaries put in place by organisations and recognises that each individual can expect and should receive their own personal plan.
Gloucestershire County Council have developed a Customer Journey for people with learning disabilities. A commitment to quality, an outcome-based focus and the delivery of the seven principles of the Building Better Lives policy are at its heart.

There are three central components to the journey: Enablement, Assessment and Support Planning. A majority of people will not require these latter two stages as their needs will be met through the Enablement Team and through accessing employment opportunities.

Enablement
Enablement provide the first step to help people with a learning disability develop greater independence and inclusion by working on areas such as personal safety (home and community), developing inclusive relationships, healthy lifestyles, understanding of risk, problem solving skills, road safety, transport training and use of leisure time.

Assessment
The next step of the journey – if required – is for the individual to have an assessment of their needs. This is done through the assessment team (a dedicated team of social workers and assessors). A member of the team will complete a FACE assessment to determine whether the person is eligible for social care support and to establish what their eligible needs are. The assessment will be strengths-based and grounded in the seven principles of the Building Better Lives policy. The FACE assessment finishes with a series of outcomes which are coproduced with the individual. When the assessment is finished it is usually passed to the Support Planning Team.

Support Planning
A Support Planner will work with the individual and their family to put together a Support Plan to meet the outcomes identified from the FACE assessment. This often involves working closely with the Brokerage Team to identify the choices available from providers. Often outcomes will be able to be met through zero-cost community opportunities. Some Support Plans result in the person having an Individual Budget, whilst others are done through signposting the person to inclusive community-based activities. Support Planners can help with things like arranging housing options, setting up a Direct Payment or negotiating the cost of support with a provider.
The Enablement Service

The Enablement service can support children and young people to:

- develop greater independence and inclusion by working on the following areas; personal safety (home & community), developing inclusive relationships, healthy lifestyles, understanding risk, problem solving skills, road safety, transport training, use of leisure time;
- support children, young people and their families to find and access inclusive leisure, childcare and out of school activities in mainstream settings;
- support providers of universal childcare and leisure services to safely welcome and include disabled children into their services;
- introduce the concept of work and provide support to access employment (dependent on age of child); internships, apprenticeships, traineeships, work experience, voluntary work, paid work, Forwards work clubs and Y.E.S. (youth employment Saturday club) and accessing 30/30 challenge, (please see page 70 for further details).

Eligibility and Access

Any disabled child/young person aged 0-25 years, who meets the ‘Disabled Children and Young People’s Service’ criteria, living in Gloucestershire, is eligible to access the enablement service.

How the Enablement Service operates

Once a referral has been made via an Enablement Referral Form a member of the team will contact the family to discuss the child or young person’s needs and interests. The worker will complete a My Profile/All About Me document with the child or young person and their family which will support with the development of a My Plan identifying the work to be undertaken. A risk assessment and care safety needs plan will also be completed if deemed appropriate.

Work will commence with the child or young person with one or more workers from the enablement team over a designated period of time with regular reviews. If it is identified that the child or young person needs to access an inclusive leisure, childcare or out of school activity the worker will work with the child or young person to identify the most suitable inclusive setting. The worker will attend initial visits to support the child or young person in the setting and work with the staff involved delivering the activity. The worker can also support with identifying any reasonable adjustments that could be made to enable the child or young person to access the session.

If identified additional support is required to enable the child or young person to continue to access the placement safely then the enablement worker will apply to the enablement fund which can provide additional advice, support, training, equipment or additional resources which could include a worker to attend the placement with the child or young person.

The aim of the Enablement Fund is:

- to provide safe access to out of school and college activities for disabled children and young people;
- to promote social inclusion and enable disabled children and young people to access and enjoy the same range of activities and opportunities as their non disabled peers;
- to be creative and encourage the development of new opportunities and activities for children and young people with disabilities that will promote their independence and social inclusion.

The fund will be monitored and reviewed on a regular basis by the enablement team.

There is an expectation that parents and carers will meet the basic cost of the activities and any transport needed wherever possible.

Referrals for enablement support can be made by anyone involved with a child or young person with additional needs, special educational needs and disabilities.

Eligibility and Access to the Enablement Fund

Any disabled child/young person aged 0-25 years, who meet the ‘Disabled Children and Young People’s Service’ criteria, living in Gloucestershire, is eligible to access the fund through the enablement service if:
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- the child or young person has a permanent and substantial disability or condition; a severe learning disability, a severe physical disability, a severe sensory impairment, autism and or complex health needs;
- the child or young person’s needs can be met through supported access to inclusive leisure, childcare or out of school activities.

Providers must have looked at making reasonable adjustments within their setting prior to applying for the fund. (An Enablement worker can support the provider with this).

The fund will only be provided to enable access to activities and resources that all young people attending would access. For example; transport can only be requested if an organisation normally offers this as part of the provision but the child or young person needs alternative methods or additional support during transport.

The fund cannot be used for childcare to enable parents to work.

Referral process
To access the Enablement Service please complete an ‘Enablement Referral Form’ and return to either:

- By post – Enablement Team, Block 6, Shire Hall, Gloucester, GL1 2TR
- By email – Enablement.service@gloucestershire.gov.uk

For more information please contact Dena Boucher (Manager) Enablement/Employment Services (01452 328400)

Employment for disabled young people

Forwards
There is a range of support available through Forwards which is funded by Gloucestershire County Council and Gloucestershire Clinical Commissioning Group. This support is to help young people with disabilities and their families and carers understand more about what is available to help people find sustainable employment once they have left education.

Education Link Adviser
An Education Link Adviser (ELA) works with schools and young people to help raise aspirations and expectations for employment in the future. By providing a link between education and employment services, an ELA can help education providers to develop employment related initiatives within the curriculum and to provide advice and support during Annual Reviews and planning for the future. The ELA will also work with some students to help them look for part time work or Saturday jobs and to ease their transition on leaving education.

For more information please contact dan.furmage@gloucestershire.gov.uk

30/30 Challenge
This initiative provides young people with SEND with the opportunity of a work awareness session with a local employer. It is administered by Forwards who prepare a list of available opportunities and is booked through the education provider.

For more information please contact david.honeybill@gloucestershire.gov.uk

Supported Internships
A Supported Internship is a young person’s first step onto the job ladder by providing an opportunity to gain practical working experience and improve prospects of being offered paid employment. Young people are fully supported in the workplace to gain the skills required to succeed in the workplace.

The overall aims of a Supported Internship are for young people to achieve:

- 9 months valuable experience in the workplace;
- improved personal confidence, communication skills and life experience;
- the prospect of paid employment in the near future.

How it all works
A Supported Internship allows young people to continue education and development through work based learning. As an Intern a young person will spend three days a week with an employer, receiving on the job training and support from a job coach. The young person will also continue to attend one day a week at college to develop English and
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Maths skills, employability training and workplace training, until they have completed the Internship. A Supported Internship will last for 1 academic year and throughout this time the young person will be fully supported by a college Tutor, Employer and an experienced Job Coach.

Eligibility
To be eligible to apply, a young person must:
- be aged 16 – 24 years;
- have a Special Educational Need and be working at Entry Level 2/3;
- already have an EHC Plan, or be in the process of an EHC Plan Transfer.

Outside of these criteria, young people who wish to apply for a Supported Internship should:
- have a desire to gain experience in a real working environment;
- like to continue to receive training and support through college and a Job Coach;
- have “securing paid employment” as their final goal.

Forwards Employment Service
This service provides one to one support for people who are about to leave or who have left education. This is a personalised service and will provide young people with access to the help they need linking with Department for Work and Pension (DWP) programmes and services, for example Access to Work, as well as local providers including Adult Education and Voluntary and Community Sector organisations. For more information please contact tom.windsor@gloucestershire.gov.uk

Supported Businesses
These provide work placements and paid work opportunities including Saturday jobs and part time work for people from a range of backgrounds including those with disabilities. Working closely with ‘Forwards’, they provide the help young people need to develop their employability skills in a supportive environment before moving into other jobs.

For more information please contact david.honeybill@gloucestershire.gov.uk

If you have any queries or would like more information about employment support available for young people with disabilities please check the Local Offer or contact:

Vikki Walters, Disability Employment Commissioner
Email: vikki.walters@gloucestershire.gov.uk
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Housing considerations for disabled young people and adults

Planning in advance
It is helpful to start considering housing options at an early stage in planning for the future of a young disabled person because it can take some time to find or develop housing that meets an individual's specific needs.

Staying in the family home
For some disabled young people, continuing to live with their families into young adulthood may be a preferred option. There are a number of ways the Council can help to make staying at home sustainable through meeting needs via short breaks and activities, employment advice, home adaptations or additional support hours, for example.

Assessment and support planning can include housing needs
People’s needs are assessed by Council assessors. Those needs which are ‘eligible’ for Council funded support will be met through an individualised support plan which is developed by Support Planners in partnership with disabled people and their families. Assessed needs may include housing provision if someone needs to move or needs support to stay in their family home.

The following are some of the main alternative options for housing (other than the family home):
- supported living in a shared property in the community (usually rented);
- extra care housing – 24 hour care on site; individual apartments;
- private rented housing;
- private sector leasing (Home owners agree to lease their property it to a registered social landlord who in turn will rent it to a service user);
- home ownership/shared ownership. There are agencies to help you do this called Help to Buy and My Safe home;
- residential care. (This is only rarely applicable currently but depends on the type of residential care offered and individual needs).
Supported living

‘Supported living’ is where a group of disabled people live together in a property and receive some care and support. The amount of support received will depend on the abilities and preferences of individuals. The aim of supported living is to promote individual choice and independence.

Some care agencies have their own properties or they may work with landlords to look for a property to rent. It’s also possible for a disabled person or their family to find their own property and there is a Council ‘housing broker’ who is available to help with this. This can give more choice and control over where someone lives and the type of house they live in.

Support planners will work with the Council’s Brokerage team to link with both care providers and housing providers in most cases to meet an individual’s needs.

A support planner can also help those exploring this housing option to visit available property and meet the people there to understand whether it’s a good fit. They can direct people to specialist advice on finance and benefits where this is relevant.

Gloucestershire is made up of six District Councils. Each will have a housing options team able to offer advice.

- Gloucester – 01452 396396
- Forest of Dean – 01594 810000
- Stroud – 01453 754078
- Cotswold – 01285 623300
- Tewkesbury – 01684 272212
- Cheltenham – 01242 775168

Each District Council also uses a central website called ‘Homeseekers’ www.gloshomeseeker.co.uk to allocate property. Homeseekers allows people to register and bid on properties. Individuals are placed in a priority banding depending on their housing need. This could mean if someone is trying to leave home that when they already have a home they might be a low priority banding even if they want to move. This can be a lengthy process and there is limited property available.

Further information

A Support Planner will be able to link in with our Housing Broker and Care Brokers to offer more advice on all options and the Council and its partners are working towards creating an increasingly diverse range of housing choices with clearly mapped pathways set out for individuals and families to make informed and affordable decisions.

The following websites maybe useful for further information:
- Shelter has a vast amount of information about tenancies, landlord and tenant responsibilities, repairs, deposits and where to go for advice. http://england.shelter.org.uk/home

For financial and information and advice email on:
enquires@thecareadviceline.org

Care and Quality commission
http://www.cqc.org.uk

Making a decision to move out or move on can be a difficult one and an independent advocate could also help with exploring options and helping a young person express their views.
Transition for young people into adult services should be a planned, gradual process that gives the young person, and everyone involved in their care, time to prepare for the move into adulthood. It should empower the young person to be able to manage their condition and lifestyle options and to be confident to make informed choices about options available. This includes deciding which services are most appropriate and where they will be delivered. Transition is about working with the young person to make plans with them – and not for them. In some cases, care of a person with a long term condition will pass to the GP.

For some people, moving away from a team of doctors, nurses and therapists that have been with them for many years can be scary. However, by getting them involved in the transition process, they should feel more confident and happier about the move.

To support children and young people through transition, the University Hospital of Southampton have developed the **Ready Steady Go** and **Hello** structured transition programme which we are adopting across the three main trusts in Gloucestershire: Gloucestershire Care Services NHS Trust, Gloucestershire Hospitals NHS Foundation Trust and 2gether NHS Foundation Trust.

**Ready Steady Go**

Who is it for?
- Children from 11 years old upwards (depending on the condition) with a long-term physical, or mental health condition.

What is it?
- A structured programme to help children and young people get ready for and feel confident to move to adult services at around 18 years of age – at their own pace.
- The process is slightly different for everyone, but typically health care professionals will talk to young people and their families about what care they will need as an adult and where this might happen. They will also make sure that people are fully aware of how their condition may impact upon their life as they get older, where they can access additional support and what to do in case of an emergency.
- The programme is a series of questionnaires designed to guide appropriate discussions between the clinicians, the young people and their carers. The aim is to empower young people and adults to manage their healthcare by equipping them with the skills, knowledge and confidence to manage their condition from children’s services through to adult...
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services. Parents and carers are also supported through the programme. This helps identify any issues young people and adults may have in managing their condition, and allowing these to be addressed. This is especially important for people with learning disabilities and those attending Children and Young People’s Service (CYPS).

Why?

- Talking about transition early ensures there is plenty of time for discussions and questions, and that young people are fully prepared when the time comes to make the move to adult services.
- Taking ownership of their condition improves young people’s health in the long term.
- Planning for the future increases a young person’s educational and job opportunities.

And Hello

The Hello programme has been developed to support patients who are new to adult services.

Who is it for?

- People from 16 years upwards (depending on the condition) with a long-term health condition.

What is it?

- A programme designed to help young people going into adulthood confidently manage their long-term condition.
- The questionnaires follow the same format as Ready, Steady, Go, ensuring a consistent approach across children’s and adult services.

Why?

- People have the skills, knowledge and confidence to manage their condition resulting in improved outcomes in the long term.

For more information about Ready Steady Go in Gloucestershire Care Services NHS Trust, please use the following link:
Parents are the most important people in their children’s lives. Children begin to learn about the world and their place in it through their experiences, activities and routines with parents and families.

Parents can also be an important support to children’s learning in their educational settings. By working together parents and practitioners can make a significant and positive impact on children’s learning and development. Approaching parents as equal partners and without judgment are the first steps towards developing a rewarding partnership that children can benefit from.

Most parents experience difficulties at some time or another. For example, the loss of a loved one, relationship breakdown, money problems, or ill health can have a negative impact on family life. At times such as these, parents can feel overwhelmed and unable to support their children’s learning and development as well as they might. Other factors such as working patterns, poverty, previous negative experiences, language and/or literacy difficulties or different disabilities may also act as barriers to parents being as fully involved as they would otherwise be.

Practitioners and establishments should be aware that parents may be experiencing difficulties or pressures in their lives and these could be having an impact on their children’s learning and development. Being open, approachable and recognising the important role parents play in their child’s life, their knowledge and their expertise will help parents to feel more able to communicate and work together to support their children.

Quotes from parents...

“Thank you for all the help and support that you have given to myself and my daughter, it has made a big difference in our lives. Also thank you for getting my daughter’s work experience placement, she is really grateful for this.”

“My worker has been wonderful, I don’t know where we would have been without her. She has understood our needs and I cannot thank her enough.”

“Our worker has really listened to us and involved us in everything.”
Family Information Service

The Family Information Service is a free impartial information, advice and support service for all families with children and young people aged 0 – 19 years (up to 25 years for those with Special Educational Needs and Disabilities) and professionals working with families.

The Family Information Service hosts an online, responsive directory detailing a wide range of information including family support and advice, education, childcare, things to do and the Local Offer (www.glosfamiliesdirectory.org.uk).

A new feature of the directory will provide a centralised point of reference for professionals. The ‘Information for Practitioners’ section has been designed to support work with families to ensure they have access to the most up to date information and resources.

The team also offer a brokerage service for those parents and professionals who have complex enquiries. Advisers will research the options available and discuss the family’s needs with providers ensuring the information given to the enquirer is comprehensive, enabling them to make an informed choice.

Telephone: 01452 427362
Email: familyinfo@gloucestershire.gov.uk
www.glosfamiliesdirectory.org.uk

Gloucestershire’s Local Offer (SEND)

Under the Children and Families Act 2014, every Local Authority must publish a Local Offer for Special Educational Needs & Disabilities (SEND). In Gloucestershire this can be found on www.gloucestershire.gov.uk/localoffer

What is the Local Offer?
The Local Offer provides information about provision across education, health, social care, private, voluntary and community sectors for children and young people who have SEND. It also provides advice and guidance about local approaches to supporting children and families through the graduated pathway.

Two main purposes of the Local Offer:
- to provide clear, comprehensive, accessible and up-to-date information about available services and how to access them;
- to make provision more responsive to local needs and aspirations by directly involving children and young people with SEND, their parents and service providers in its development and review.

What does developing a local offer mean?
Development of the Local Offer is a two way process. Services develop their own local offer detailing how they enable children and young people with SEND to access and use their service.

In addition, users of services for children and young people with SEND can provide feedback to enhance the local offer i.e. how to make provision more responsive to needs and broaden access to more children and young people.

What is my role in developing the Local Offer?
Providers of services can continually develop and update their local offer and the most effective way for them to do this is by registering on the Glosfamilies Directory – www.glosfamiliesdirectory.org.uk or by contacting the Family Information Service.
Advice and Support for Parents and Carers

Service on 0800 542 02 02.

Practitioners can use the Local Offer to find services that support a child, young person with SEND. Practitioners can also promote use of the Local Offer as a valuable resource to find services in their area and know what to expect in terms of access and provision.

If a practitioner or family find a service or activity that is not on the Local Offer but could benefit children and young people with SEND and their families, details can be emailed to sendlocaloffer@gloucestershire.gov.uk

Schools and colleges

Schools and colleges are required to contribute to Gloucestershire’s local offer by providing details about how they will meet the needs of children and young people with special educational needs and disabilities.

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

To assist schools and colleges in meeting their obligations, Gloucestershire’s Local Offer work stream (including parents, a Head Teacher and College Director) have produced a template for schools and colleges. The template is also in response to a request from parents to make it as easy as possible for them to find information and consider options across different settings/providers.

The Local Offer information is updated and reviewed annually.

What GCC will do includes:

- deliver Gloucestershire’s Local Offer through the Family Information Service directory (www.glosfamiliesdirectory.org.uk);
- provide a voluntary Disabled Children and Young People’s Register (The Key) for children and young people from birth to 25 years. This is supported by the Family Information Service who provide impartial advice, information and support (0800 542 02 02);
- provide a Local Offer template for schools and colleges available on the Glosfamilies Directory;
- Gloucestershire’s Local Offer will enable feedback from parents and young people on the accessibility of the Local Offer and services available, including schools and colleges;
- annually publish comments received concerning the Local Offer together with the responses provided.

The template, circulated to schools and colleges, is intended as a guide to help them display their SEN Information Reports. The template is available on the Glosfamilies Directory – www.glosfamiliesdirectory.org.uk/localoffer.

Advice and guidance on developing a school’s SEN Information Report and contribution to Gloucestershire’s Local Offer is available from the SEN Monitoring and School Support Team, (see page 50).

Schools and colleges can use their own forms if they wish or are invited to complete the template and can then:

- publish it on their own website as a pdf document;
- change the design and use the headings and publish it in their own style online as a pdf (Adobe) document;
- put it into HTML format (web page format) and publish it on their own website.

Please email sendlocaloffer@gloucestershire.gov.uk when your school or college SEN Information Report is available.
Ensuring the participation of parent carers is an underpinning principle of the Children and Families Bill. This has two distinctive aspects:

1. The individual participation of children, young people and their parent carers in their own assessments, plans and support and subsequent reviews of these.

2. The strategic participation of children, young people and parent carers in local (and national) service design, delivery and evaluation.

In most local authority areas there is a parent carer forum whose membership (network) is made up of parents of children with a range of disabilities and conditions. Unlike other support groups, the primary aims of parent carer forums are to work in partnership with service providers and commissioners to improve the services their children access across health, education and social care.

In Gloucestershire the parent carer network elects a steering committee: The Parent Carer Council, to ensure the parent carer voice is heard and represented.

Parent Carers in Gloucestershire have already had a huge impact on the development of services and built strong relationships with practitioners and service providers across the county. They do this to:

- identify issues and concerns frequently experienced by service users;
- promote good practice amongst service providers.

Many parents do not see themselves as carers, particularly parents of a child with mental health difficulties. Parents do not always identify with their child being ‘disabled’. Anyone with parental responsibility for a child with additional needs/disability providing regular unpaid help is a parent carer and can become a member of the parent carer network. Joining the parent carer network gives families the opportunity to share experiences and keep up to date with every changing polices.

Find out more at http://glosparentcarers.org.uk or call Carers Glos 01452 386283 or email parents@carersgloucestershire.org.uk

FB Gloucestershire Parent Carers

“I find it really helpful to be included in the planning processes of important decisions that are being made on our behalf. I feel more in control of my disabled son’s fate.”

“When I was asked to be part of the Parent Carer Council it gave me back some level of control over my future as a parent carer of a child with complex needs. It has had a very positive impact.”

“My best experiences with Practitioners have been when there is mutual respect and when my suggestions are treated seriously, not dismissed or belittled.”

Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities
Advice and Support for Parents and Carers

Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) Gloucestershire

SENDIASS Gloucestershire provides information, advice and support on matters relating to children and young people with special educational needs and disabilities (SEND). The service is free, confidential and impartial and offered to parents and carers of children and young people aged between 0 and 25 years old.

SENDIASS Gloucestershire Advisers can:
- provide information and advice on the telephone;
- meet parents/carers in person to discuss any concerns;
- help parents/carers to prepare for meetings, appeals and tribunals;
- support parents/carers to attend meetings;
- help parents/carers to prepare for transport, exclusion and admissions appeals;
- support parents/carers to attend transport, exclusion and admission appeal hearings;
- help to explain reports written by professionals;
- explain the Education, Health and Care Needs Assessment process;
- provide a range of written literature;
- provide advice on matters such as SEN support, starting or changing schools, attendance, bullying, home to school transport, exclusions;
- help parents/carers to prepare for Special Educational Needs and Disability (SEND) Tribunals;
- with parents’/carers’ permission liaise with schools and other agencies;
- signpost to other sources of help.

SENDIASS Gloucestershire has a freephone telephone helpline 0800 158 3603 which is available Monday to Friday 9.00 am – 5.00 pm all year round. Callers who are using a mobile phone can dial 01452 389345 as an alternative.

The service operates a ‘self-referral’ process. However, on occasions it may be considered appropriate for a professional to make contact with the service on behalf of the parents/carers. The service will act upon such requests only on the full understanding that consent has been given.

Main Office: Special Educational Needs and Disability Information Advice and Support Service (SENDIASS) Gloucestershire, 2nd Floor Messenger House, 35 St. Michael’s Square, Gloucester, GL1 1HX
Freephone: 0800 158 3603
Direct Line: 01452 389344/5
Email: sendiass@carersgloucestershire.org.uk
Website: www.sendiassglos.org.uk
Facebook: Sendiass Gloucestershire
Independent Support Gloucestershire

Independent Support (IS) is a Government funded programme to provide additional support to young people and parents during the implementation of the SEND reforms. Independent Support is free, impartial and confidential.

We can help parents if:
- a child/young person has a Statement of Special Educational Needs and it is being transformed into an Education, Health and Care Plan (EHC Plan);
- a child/young person has educational needs that are not able to be met without support within a nursery, Pre-School, school or college and a parent would like to know more about Education, Health and Care Needs Assessments.

We can help young people if:
- they have a Statement of Educational Needs or a Learning Disability Assessment (LDA) which will be transformed into an Education, Health and Care Plan.

The service operates a ‘self-referral’ process. However, on occasions it may be considered appropriate for a professional to make contact with the service on behalf of the parents/carers or young person. The service will act upon such requests only on the full understanding that consent has been given.

Independent Support Gloucestershire can:
- help parents/carers and young people to understand the EHC Plan process including Annual Review;
- support parents/carers and young people to have their views heard and to ensure the aspirations of the child or young person are at the core of the Plan;
- ensure parent/carers, children and young people are engaged in decisions from the outset;
- support parents/carers to complete forms/paperwork – particularly if this is difficult because of literacy difficulties, a disability or if English is an additional language.

Independent Support Gloucestershire has a freephone telephone helpline 0800 158 3603 which is available Monday to Friday 9.00 am – 5.00 pm all year round. Callers who are using a mobile phone can dial 01452 872247 as an alternative.
These drawings, kindly shared by a young person, provide a self-description and rating of how she felt before and after receiving help and support.
The following section provides a variety of scenarios describing how a graduated early help approach can be used to make positive and meaningful differences to children, young people and family lives.

They are presented as examples of how a graduated early help approach might be applied, the agencies that might be involved and work together to achieve the desired outcomes.

Quotes from parents and carers regarding services they have received:

“The (TAC) meeting went well and we felt that we were listened to. Also our child’s voice has been heard.”

“Very approachable, helpful and honest.”

“Never felt judged by anybody (and that counts).”

“The EHCP (Education, Health and Care Plan) has been a very positive experience. It has let our son really have a say and has included his goals and aspirations.”

“Great understanding and efforts have been made for our daughter. We appreciate the care and attention given to our concerns and the hard work that has gone into her plan.”

“I have always felt that if I needed help I could call on [name of worker] for advice and help. I can’t thank her enough for all the help and support that she has given [name of child] as well as myself.”

“Really happy with all the help and support that I’ve had from [our support worker]. I now feel I can cope and more importantly enjoy my family.”

“Never once have we felt patronised or belittled for the negative way that our family had become.”

Quotes from children and young people regarding services they have received:

“You made things better by listening to me.”

“Things are a lot better, I have better coping strategies [and] know where to go for help.”

“I feel everyone was very understanding and very supportive of the situation. I think people got to know our family and wanted us to do well.”

“Some people have sorted stuff out for me [and] helped with behaviour problems.”

“As I have been getting older, workers have taken into consideration my views more and more.”

“Considered my feelings well and listened well.”
Scenario 1 - Molly 15 months old

**Brief outline of the scenario...**

Molly is 15 months old. She was born at 33 weeks gestation and due to her prematurity suffered a small brain bleed just after birth. Molly was discharged from hospital when she was 5 months old. Due to having a poor sucking reflex and an unsafe swallow she had a Nasal Gastric tube. Molly has had several chest infections which have resulted in hospital admissions. Molly also has some partial hearing loss and a squint. She is now able to sit unsupported for about 5 minutes and has recently begun to pull herself up to a standing position on the sofa at home.

Molly’s mum feels isolated. Molly’s dad is in the army and can be away for long periods of time. There is a huge team around Molly and she has many appointments. Molly’s mum feels that she isn’t able to take her to the local stay and play due to the risk of infection and other mums asking how old Molly is and why she has a tube.

**Who could be involved...**

Health Visitor
Paediatrician
Physiotherapist
Occupational Therapist
Speech and Language Therapist
Audiologist
Advisory Teaching Service – Hearing Impairment Team
Ophthalmologist
Children’s Community Nursing Team
Carers Gloucestershire
Scenarios of Early Help and Support

**What may happen...**

Health Visitor follows the Health early notification process and writes a **My Plan**.

Health Visitor may also contact the SEND Early Years Team for advice about next steps for Molly and this may result in a referral.

The Children’s Community Nursing Team may be involved to undertake an assessment in relation to safe discharge from hospital and provision of service; this would be agreed at the joint funding panel.

An Initial visit to the family home from SEND Early Years Team could identify what support this family needs (e.g. Portage, Early Start Group, child development centre).

The Health Visitor could arrange a Team Around the Child (TAC) Meeting inviting all professionals involved with Molly and this meeting could update the **My Plan** and determine which professional would take on the role of Lead Professional. It may be decided at this meeting that completing a **My Assessment** would help to bring all of Molly’s assessed needs together into one document.

The Lead professional could coordinate completion of a **My Assessment** and **My Plan+** to ensure holistic assessment of all her and her family’s needs.

**What outcome might be expected...**

Molly would have a holistic assessment of her needs and planned outcomes to be achieved by the Team Around the Child.

Molly might attend an Early Start Group where her learning could be supported within a targeted stay and play group. This would give Molly’s mum opportunity to meet other parents in a similar situation. This may help Molly’s mum feel less isolated.

Molly’s parents would have clear information about other support services such as Carers Gloucestershire and The James Hopkins Trust.

**Expected review arrangements...**

The **My Plan+** would be reviewed at 6/8 weeks.
Scenario 2 - Luke attending Early Years setting

Brief outline of the scenario...

Luke is 2 years old; he has recently begun attending his local nursery which is funded through Achieving 2 Year Old funding (A2YO). Luke lives at home with his Mum, Dad and 4 siblings. At nursery Luke is a very busy little boy who likes to explore everything, staff have observed that he is still at the ‘cause and effect’ stage of play and although likes being with his peers isn’t yet able to play alongside them.

Luke is quite clumsy and frequently falls or trips over, staff have noticed that his attention is limited and he flits around the playroom and outside play area. Luke uses very little language and communicates through ‘uh’ sounds, eye contact and gesture.

A recent Early Years Foundation Stage (EYFS) summative assessment highlights that Luke’s development is significantly delayed (8-20mths) in all areas.

Luke’s key person has shared observations and assessments with the setting’s SENCO and Luke’s mum. As part of the integrated review the EYFS has also been shared with Luke’s Health Visitor who will be shortly completing an Ages and Stages Questionnaire (ASQ). Luke’s Health Visitor also shared that the family can be very chaotic and that previous attempts of trying to support with routine and boundaries with the Community Nursery Nurse have not been successful and appointments with other health professionals have been missed.

Who could be involved...

Continued support from the key person and SENCO at the nursery
Health Visitor
Referral to a SEND Early Help Advisor
Referral to Advisory Teaching Service
Referral to Speech and Language therapist
Referral to local children’s centre for family support
Community Social Worker – support the Lead Professional to speak with the family about support required in the home and regarding missed appointment and to.
Parent/carer groups
What may happen...

SEND Early Help Advisor may support the setting with the Graduated Pathway and to arrange a Team Around the Child (TAC) meeting for parents, current and referred professionals. During this meeting, the Lead Practitioner could be identified. Discussion at the meeting may also include talking to Luke’s parents about missing health appointments and the impact on Luke’s wellbeing and development. It may be agreed that a **My Assessment** is needed to fully understand Luke and his family’s strengths and needs.

A **My Assessment** would be coordinated by the Lead Practitioner with input from everyone involved. This would include findings from the Ages and Stages Questionnaire (ASQ), completed by the Health Visitor. This process may identify further health professionals that may need to be referred to.

A referral to the Advisory Teaching Service may also be necessary as may support from an Educational Psychologist. These referrals should take place after at least one review of progress.

What outcome might be expected...

If Luke’s education/development needs continue to evolve and outcomes are not met with current support in the setting, the SEND Early Help Advisor may suggest a referral to the Multi Agency Planning (MAP) group requesting for inclusion funding. This group would check for the active involvement of the Advisory Teaching Service and Educational Psychologist. MAP funding could be used to employ a member of staff that can provide a higher level of support to enable Luke to achieve his outcomes or other support and/or interventions agreed to be appropriate to address needs.

**My Assessment** and **My Plan** would enable everyone involved in supporting Luke to understand his needs holistically. This would help family and practitioners to ensure the right agencies are involved to meet his needs. It may also show that Luke’s family has needs that could be supported via the wider Early Help Partnership.

Request for support could be made to the local Early Help Partnership to identify any additional resources that may be required to support parents within the home.

**Expected review arrangements...**

This would be reviewed every 6-8 weeks in the first instance.
Scenario 3 – Rex attending Early Years setting

Brief outline of the scenario...

Rex is 3 years old. He is not currently meeting his developmental milestones and is regularly reviewed by a Paediatrician, who feels that Rex fits the profile for an autism diagnosis but due to his young age would like further assessments completed. The Paediatrician has recommended that Rex should access his full 15 hours of nursery education grant and if possible, more.

Rex began attending his local nursery but the nursery manager has become concerned about his attendance which has been minimal since Rex’s parents have separated. The nursery manager reports that due to Rex’s lack of attendance they are considering offering his nursery place to another child.

Practitioners have become increasingly concerned about Mum’s lack of engagement. They are concerned that she presents with false compliance and also that she seems to have diagnosed Rex with lactose and gluten intolerance when no tests have ever been performed.

Mum presents as being anxious in the meetings and whenever the Health Visitor has visited unannounced she has never been dressed and Rex has been observed to be playing on his tablet and eating unhealthy food for breakfast. Mum says that she doesn’t send Rex to Nursery only when he is unwell or if he appears unwell. Mum says she has no contact with Rex’s dad but her own dad and sister live nearby. They have offered to help out with Rex but she worries they won’t know how to look after him properly. Rex is not toilet trained yet and shows no signs of being ready. Nursery feel that when Rex goes to school next year he will need an Education Health Care Plan but are not able to progress this matter further as he does not attend their setting frequently enough.

Who could be involved...

Community Social Worker
SEND Early Help Advisor
Early Help Coordinator
Health Visitor
Community Nursery Nurse
GP
Paediatrician
Nursery Setting
Advisory Teaching Service
Educational Psychology Service
Speech and Language Therapist

What may happen...

The Early Help Coordinator or SEND Early Help Advisor to arrange and chair a multi-agency Team Around the Child meeting in order to make sure that the Rex’s needs are known and that the professionals involved are not working in isolation - this would follow the graduated pathway approach with the completion of a My Plan.

If Rex’s Mum does not give consent to this or does not engage with the Health Visitor to discuss concerns, a Community Social Worker could arrange a joint visit to discuss these concerns with her and explain what everyone is trying to do to help Rex. Mum could be offered a parenting course or some short term family support to help her put routines in place.
What outcome might be expected...

Rex would have a holistic assessment and plan that clearly identifies his needs and highlights the actions that should be in place to support him at home and within his early years setting. This may result in Rex’s development beginning to progress.

When the My Plan+ is reviewed, the TAC will be able to identify whether Rex is achieving the identified outcomes. If he is not, further resources may be requested through the ‘Multi-Agency Planning’ group (MAP). The nursery may be offered some funding to support Rex on a 1:1 basis for an agreed period of time.

Rex could be regularly attending nursery when his Mum understands his needs and feels more confident in following routines, providing healthy meals and working as part of the Team Around the Child to support Rex develop his skills in readiness for school. Rex would have a Lead Professional to coordinate support and liaise with professionals and Rex’s mum. Rex’s Mum would have one point of contact via the Lead Professional and know what is happening and who to contact if she has any questions or concerns.

The assessment would identify any risks and the support provided to Mum to minimise these risks.

A parenting course or Early Bird Plus training would help Mum and the wider family to better understand Rex’s needs and how to support him in and out of the home. This may encourage Mum to involve Rex’s grandad and aunt more in his daily life.

Rex would have a smooth transition into school with the appropriate support in place. This might include an Education Health and Care Plan setting out Rex’s special educational needs and the additional resources needed to support his learning and development.

Expected review arrangements...

Initially the plan may be reviewed every 6-8 weeks but sooner if further safeguarding concerns or risks arose.
Scenario 4 – Emily attending special school

Brief outline of the scenario...

Emily is 6 years old who attends a special school for children with complex needs. Emily has been diagnosed with a rare condition which is a life limiting condition. Emily has an Education, Health and Care Plan (EHC Plan) in place which identifies the support she needs to achieve her educational, health, social and emotional outcomes.

Emily has experienced deterioration in her mobility and vision as well as an increase in seizure activity all of which impact significantly on her, her family and education. Parents have reported to school, that they feel unable to continue to care at home, as their caring role and responsibilities have increased as Emily has got older and her condition has deteriorated. This is having an impact on their relationship and the family dynamics.

School have concerns that the family is at risk of breakdown and the parents’ relationship is suffering as a result of extensive caring roles and responsibilities. Whilst the deterioration in Emily’s condition has been expected, the school is finding it increasingly challenging to meet her needs. Emily has developed complex epilepsy and severe seizures, along with difficulties swallowing leading to a high risk of choking and the school considers that she requires a higher level of support than usually available because of her high health care needs.

Who could be involved...

School
School Nursing Service
Disabled Children and Young People’s Team
Advisory Teaching Service
Educational Psychology Service
Occupational Therapy
Community Paediatrician
Carers Gloucestershire
GP
Support Groups for Parents
Community Organisations offering activities for children with complex needs
What may happen...

In order to consider support to the parents, the school could contact the Children and Families helpdesk. If deemed a safeguarding concern, this would be passed to the Referral and Assessment team to assess any areas of risk to the child. If the need is longer term support, the case may be transferred to the Disabled Children and Young People’s team to work with the family and other professionals involved to identify the needs and outcomes and plan how best to support Emily and her parents which would work alongside the EHC Plan.

The Disabled Children and Young People’s service could support the family by: finding short break opportunities for Emily; discussing if there are other family members who could support with the care of Emily; accessing support groups for the parents; encouraging either/both parents to access their G.P. if it was felt that their physical or mental health was being affected by their caring responsibilities; making a referral to Carers Gloucestershire for additional support for the parents and acting as the Lead Professional to co-ordinate the package of support.

The School Nursing Service could refer/discuss the concerns with Occupational Therapy, Physiotherapy, Ophthalmology, Speech and Language Therapy, Paediatric Epilepsy Nurse and the Community Paediatrician to get advice and support in relation to the specific health needs outlined. The school nurse would support school and parents through the process and could act as a link between health, education and home.

A Team Around the Child meeting could be arranged to ensure everyone is working together to meet the identified needs. At this meeting other agencies might be identified that haven’t already been involved.

What outcome might be expected...

A joint approach to carrying out a review of the Education, Health and Care Plan would help the family feel listened to and help to ensure that all needs have been identified and understood.

Support from the Disabled Children and Young People’s Service could provide access to short breaks and other support to help the situation at home.

Medical and therapeutic support should help the school feel more able to meet Emily’s learning and developmental needs at school.

Accessing support for Emily’s parents could help them feel more able to sustain their caring role and prevent the breakdown of the family unit.

Expected review arrangements...

As the EHC Plan is a statutory document and is usually only reviewed annually, a Team Around the Child meeting could be called after 3 months to ensure the correct support is now in place. The EHC Plan would then be formally reviewed once a year as per statutory regulations. In exceptional circumstances an emergency or interim review of the EHC Plan could be called by the parents, the setting or by the local authority.
**Scenario 5 - Sally attending primary school**

**Brief outline of the scenario...**

Sally is 7 years old and attends her local primary school. She lives with her Mum and is an only child. She doesn’t see Dad on a regular basis.

Sally was born prematurely and Mum says the birth was traumatic. Sally spent her first year in the care of her maternal grandmother as Mum found it very hard to take care of Sally while also getting over a traumatic split from Sally’s Dad. Sally didn’t attend pre-school as Mum felt she needed to keep her at home and make up for her first year without her.

Starting school was difficult and Sally found it hard to leave her mum. Sally would cry and get very upset with other children and staff within the classroom. Attendance at school averaged 76% in Year 1 and so far this year, her attendance is 72%. Reasons given for missing school are due to ill-health; coughs, flu, colds, stomach bugs etc. Sally has also had a high number of ear infections. Sally’s Mum says that there are times when she finds it hard to get Sally to come to school so she lets her stay at home instead.

Sally finds the routine of school life difficult at times. In class, Sally can become quite disruptive e.g. calling out, distracting other children and sometimes pinching, hitting or calling other children names.

Sally has communication and interaction difficulties. Sally doesn’t have a wide vocabulary and finds it hard to communicate how she is feeling and what is on her mind.

Sally struggles with most of her lessons and finds writing particularly difficult. Sally’s progress is behind that of her peers in numeracy, reading and writing.

Sally’s Class Teacher thinks that Sally’s hearing may have been affected by the number of ear infections she gets. Sometimes, Sally doesn’t always respond when someone is talking to her and she has also noticed that Sally can get very upset when there is lots of activity and noise around her.

Mum has said that she notices that Sally puts the sound up on the T.V. and doesn’t always respond to her when asked to do something at home.

At playtime, Sally struggles with maintaining friendships and is often found on her own. Sally is most at ease, happy and productive when she is drawing, colouring or making something.

**Who could be involved...**

Class teacher
SENCO
Pastoral/Family Support Worker within the school setting
Advisory Teaching Service
Educational Psychologist
Speech and Language Therapy Service
School Nurse
G.P.
Hospital Audiology Dept.
What may happen...

School could arrange a Team Around the Child (TAC) meeting to discuss the difficulties that Sally is experiencing. From this TAC it may be decided that a **My Plan** could be written to meet Sally’s needs and work on her areas of strength.

The **My Plan** could identify that the school ask for support from the Advisory Teaching Service or the Educational Psychology service to help identify strategies to support Sally’s learning.

The Family Support Worker in school could support Sally to develop her social skills and help her to make and maintain friendships.

The School Nursing service could provide advice and support around Sally’s physical well-being as well as encouraging Sally’s Mum to take Sally to her G.P. with respect to her ear infections and apparent hearing difficulties. This could result in a referral to the Audiology Department in her local hospital.

Discussion with Sally’s Mum could result in an offer of parenting support from the Family Support Worker within school or through a parenting course to offer her strategies to help her when Sally doesn’t want to come to school etc.

Speech and Language Therapy could provide a programme to help Sally develop her communication skills with activities suggested for both home and school.

What outcome might be expected...

The **My Plan** would set out all the needs and outcomes for Sally and her Mum and ensure that there is a co-ordinated package of support in place for them.

Review of the plan would show whether progress on the outcomes agreed are being met and that everything that was agreed is happening. Progress in this way should help Sally to move on to achieving her next set of outcomes.

If there is no progress in some or all areas of the **My Plan**, it might be because Sally’s needs are more severe and are not fully understood. This may result in the need for a **My Assessment and My Plan+** to be completed to ensure professionals understand all of the issues for the family and ensure the correct support is being offered.

Expected review arrangements...

**My Plan** to be reviewed every 6 weeks as part of a Team Around the Child. Practitioners unable to attend may provide updates via email or phone to the lead practitioner in advance of the meeting.
Scenario 6 - George attending primary school and sister Elsie

Brief outline of the scenario...

George is 8 years old. He lives at home with his mum and younger sister, Elsie (3). George’s Dad left the family home when George was 4 years old and George does not have any contact with him.

Mum has some mental ill health issues, mainly around social anxiety and rarely comes out of the home. As a result, George is often late for school as he has to get himself up and also walk to school. George does not get to play with his friends outside of school time and he doesn’t belong to any clubs or do any activities. George says he spends a lot of time at home looking after his mum (when she has her bad days) and his younger sister. Mum explained that George does not sleep well and that he does tend to go to bed when she does (approx. 11pm). School say that George is tired in class and does not interact well with his peers. He has started to fall behind with his school work.

George has a My Plan in place which is held by the Family Support worker at school. The My Plan is focussed on supporting George with his punctuality, emotional well-being and learning. The Family Support Worker is providing 1:1 sessions to help George make friendships and talk about his role as a young carer at home. The SENCO and Class Teacher have included two learning outcomes regarding writing and numeracy into the My Plan which George is working towards.

The Family Support Worker has a positive relationship with George and his mum and is the Lead Practitioner. George has been offered a place in the breakfast club. With consent from Mum, the Family Support worker has contacted an Early Help Coordinator to see if there is further support available.

Who could be involved...

Extended family
Family Information Service (FIS) – access 3 year old funding
Family Support Worker (FSW) in school
Early Help Coordinator within Families First Plus
Health Visitor
GP
Community Psychiatric Nurse
School
Children’s Centre
Mum
Young Carers
Community Social Worker based within Families First Plus Team
Community resources – volunteers through the local Church
What may happen...

The Family Support Worker as the Lead Practitioner on the My Plan could coordinate a Team Around the Child meeting to review progress and gain more information about the family. The Early Help Coordinator could help to do this, should it be needed. During this meeting, Mum could share that she is struggling with routines at home and that she would like Elsie (3 years) to go to nursery as she is currently not attending any pre-school setting and not accessing the 3 year old funding that she is entitled to.

As a result of this meeting the My Plan may continue with Elsie and Mum’s needs being added to it to make it a family My Plan. This would involve contacting Elsie’s Health Visitor to include any outcomes for Elsie within the plan.

Should additional support be required to meet identified needs after the Team Around the Family (TAF) then a Request for Support could be sent to the Early Help Partnership. Following an allocations meeting there could be a number of avenues to pursue to ensure the family receive the support they need.

What outcome might be expected...

During this process, family and friends could be identified to support mum in her care of George and Elsie and assist her in accessing support for herself. Community resources may also be identified that could help.

Family Information Service (FIS) would be able to identify activities that George could attend. FIS could also support with finding a suitable placement for Elsie so that she can access her pre-school education.

The Lead Practitioner could contact Young Carers about the support they could offer George.

The Health Visitor could make regular visits to see Elsie and monitor her progress. The Health Visitor could discuss help and support for Mum’s social anxiety to enable her to feel able to take the children to school and do more with the children out of school. A visit to her G.P. may help her to access support from the Community Psychiatric Team if further support with this was needed.

The Family Support Worker could work with Mum to put routines in place at home that help her and the children to sleep better so they get to school and pre-school on time.

School would continue to provide any additional support in class to ensure George is making his expected progress. School could encourage Mum to enable George to join into after school activities that he is interested in. This would help him to make friends with shared interests.

Young Carers could support George to join into activities out of school where he could meet other young carers.

Following review of the Family My Plan, should it be felt that the outcomes are not being achieved, consideration may be given to undertaking a My Assessment for the family in order to understand more fully the strengths and difficulties of the family. The Early Help Co-ordinator could support with this if necessary.

Expected review arrangements...

Review meeting to take place every three months at least. Held at the best place for family to meet – could be home, school, meeting room in council building, etc.

Each person has responsibility for their piece of work and by the review would have achieved or be working towards the actions that they agreed to.
Imran is 9 years old. He lives at home with his Mum, older sister, Fatima and his younger brother, Jamal. Imran and his siblings have witnessed years of domestic abuse in their household. Imran’s father left the family home 9 months ago after Imran witnessed a very serious incident where his Mum was injured. Imran and his siblings are deemed to be Children in Need under Section 17 of the Children Act 1989 following this incident. At a review of the Child in Need Plan it has been decided that the family’s ongoing needs can be supported within the community with a Lead Professional to coordinate the ongoing support.

Fatima, Imran and Jamal can now only see their father in a supervised contact centre once a week, however their father rarely shows up. Imran in particular finds this very difficult and is often angry afterwards especially when his father has not attended. Imran has begun to hit his siblings and his Mum. Fatima and Jamal have become withdrawn and anxious due to Imran’s aggressive behaviour and their Mum is struggling to manage the children at home.

Imran can also be aggressive towards his peers at school and school have noticed an increase in the amount of incidents that are happening. School are concerned about the impact of Imran’s behaviour on Jamal as Jamal has become withdrawn within the classroom.

Imran and his family are living in poor housing conditions and are now struggling with rent arrears. Imran’s Mum would like to find employment.

Who could be involved...

- Gloucester Domestic Abuse Support Service – advice and support regarding domestic abuse
- Local Housing Support e.g. Green Square – support with debts and housing
- School – Pastoral Support or SENCO along with Advisory Teacher or Educational Psychologist – to support progress in school and build emotional resilience
- Early Help Coordinator within Families First Plus – to support Lead Professional if needed
- Employment Advisors within Families First Plus – to support with path to employment
- Community Social Worker within Families First Plus – to support Lead Professional with any concerns around low level risk management
What may happen...

The Social Worker has called a Child in Need review meeting for this family and will work with the relevant agencies involved and the family to identify who would be best placed to take on the Lead Professional role. If required, an Early Help Coordinator could also be engaged from the local Families First Plus Team to assist with the identification of a Lead Professional and provide support to them with the graduated pathway if needed.

The Social Worker would notify the Early Help Partnership (via the Families First Plus Team) of the identified Lead Professional and closure to Social Care.

The Lead Professional would continue to coordinate the Child in Need Plan and Single Assessment until the next review. At the Team around the Family meeting any ongoing or additional needs identified would be transferred to the My Plan+ with the My Assessment being updated using the Single Assessment completed by Social Care if required.

If additional needs are identified that cannot be met through the Team Around the Family/community resources, a request for service form may be completed and sent to the local Early Help Partnership for consideration at their fortnightly allocation meeting.

If any short term educational needs are identified that cannot be met through the school’s resources then a request to Gloucestershire's Individual Pupil Resource Allocation (GIPRA) panel for additional funding to support the children’s needs in school could be considered.

What outcome might be expected...

The Lead Professional would work with the Team around the Family to continue to support the family with the needs identified in the Child in Need Plan so that the family and professionals involved would have a clear understanding of who is supporting the family with each identified need.

GDASS could support Imran, his siblings and his Mum to all come to terms with what they have experienced/witnessed and work with them to move forward from this. ISIS Women’s Centre could also support Imran’s Mum with building back up trusted networks.

As Imran and his family are in poor housing conditions with rent arrears, Green Square could become involved to support them to find more suitable accommodation and set up payment plan.

A desired outcome would be that the children all fully understand why their Father has moved out of the property and have come to terms with what they have experienced/witnessed. This could result in Imran becoming less aggressive and anxious in his home and at school, and his sibling feeling safe and emotionally well.

Imran’s Mum, with the correct support, could become more confident and financially stable; this could be achieved by working with an employment advisor to successfully enter into employment.

The children progress in school, enjoy being there and settle down. A parenting course could be offered with an outcome here.

Expected review arrangements...

The Plan could be reviewed in 6 weeks following closure to Social Care to ensure that the support put in place through the Child in Need Plan is progressing and the family are actively engaging with the plan.

The Plan or assessment could then be reviewed 3 monthly through a multi-agency response. Review to be held in an environment in which the family feel safe and confident.

The school reviews progress on a regular basis through TAC meetings.
Scenario 8 - Adar attending special school

Brief outline of the scenario...
Adar (10) is a young person with Autism and associated learning difficulties and severe anxieties. He attends a special school and has an Education, Health and Care plan to support his identified outcomes.

Adar’s behaviour is challenging at home and his sleep is limited, he is doubly incontinent and non-verbal. Family find it difficult to support Adar out of school, during weekends, holidays and in community activities due to the support he needs outside of the family home.

School are able to manage Adar’s behaviour that can challenge with consistent routines, boundaries and engaging activities. School report that Adar is tactile, defensive and becomes easily overstimulated by his environment such that his sensory needs could be contributing to his challenging behaviour.

Adar’s parents have told school that they don’t know what to do at home, sleep is limited and they are exhausted and need some support.

What may happen...
School could provide advice and guidance to parents and use the Local Offer, The Family Information Service or The Key, which can provide advice and guidance on services and resources that may meet Adar’s needs and their needs as parent carers.

School could discuss the strategies in place at school with Adar’s parents to see if these could be used helpfully at home. These could be set out within Adar’s My Plan, which is used alongside his EHC Plan to monitor the shorter term milestones towards meeting the outcomes in his EHC Plan.

Support could be offered by the School Nurse and the option of onwards referrals to continence services and Children and Young People’s Learning Disability Service and Occupational Therapy for a sensory assessment. Adar’s G.P. could discuss options that could improve Adar’s sleep pattern.

School could also contact the Families First Plus team, in the child’s local area for advice and support. Families First Plus (FFP) could work with the school to carry out a My Assessment to identify the needs of the child and family.

Who could be involved...
Advisory Teaching Service
School
School Nursing Service
Occupational Therapist
Families First Plus
Disabled Children and Young People’s Service
Family Information Service & The Key
G.P.
What may happen... (continued)

Families First Plus (FFP) would work with the local Early Help Partnership to meet the needs of the child through community based support and possible onwards referrals to other professionals. This would be set out in Adar’s My Plan+.

Adar would meet the criteria for the Disabled Children and Young People’s service and this service would look for Adar’s needs to be met within his own local community and through the Local Offer.

Adar may also access short breaks. Short breaks provide disabled children and young people with an opportunity to spend time away from their parents or primary carers, relax, have fun with their friends and experience the same range of activities and environments as non-disabled peers.

Adar’s parents would be offered a carers assessment.

What outcome might be expected...

Adar would experience more consistent approaches to support his needs and challenging behaviour in all environments. This would enable him to access more opportunities within his local community which he is unable to do at present.

A sensory assessment might provide important strategies and interventions to help Adar to cope better in different environments. The longer term benefit of all of this would be to enhance Adar’s independence and provide him with greater choice and control over his life.

Adar’s parents would feel more supported and better able to support him out of school and during holidays.

Expected review arrangements...

The My Plan+ would be reviewed initially 6 weekly, then annually, or sooner if needs changed significantly. It may also include regular (6 weekly) Team Around the Child meetings to pull all agencies together to ensure the best possible outcomes for the child. These reviews would work alongside Adar’s Education, Health and Care Plan by helping to inform Adar’s annual review and ensure he is on track to meet his outcomes.
Brief outline of the scenario...

Chantelle is 14 years old and lives with her Uncle Chris following the death of her Mum two years ago. Since Chantelle lost her Mum she has been very angry and struggles to regulate her emotions. Chantelle has had 6 sessions of counselling but she felt that this was not beneficial at the time and so stopped attending the sessions. Chantelle has a good relationship with her uncle; however he is finding it difficult to manage her behaviours.

Chantelle has begun to socialise with other young people who are 2-3 years older than her. Chris is very unhappy about these friendships, however the more he challenges this, the less she tells him. Chantelle has been committing low level crimes; e.g. smoking cannabis and petty theft. Chantelle has received a police warning but has not been charged with any offences.

Chantelle’s attendance at school is currently 88%. School staff are concerned about what Chantelle is doing when she is not at school and would like to support Chantelle with her emotional well-being and increase her attendance but Chantelle is not currently wishing to engage with school staff.

Who could be involved...

- Any other identified family/friends
- Winston’s Wish
- Aston Project/Great Expectations
- School
- Parenting Support for Uncle
- Police Community Support Officer (PCSO)
- Youth Support Team
What may happen...

A Team Around the Child meeting should be held as multiple needs are presented. This meeting would work together with the family to complete a **My Plan** and identify a Lead Professional to coordinate the support Chantelle and her Uncle.

Through this process, it could be identified that Chantelle could benefit from some support around her Mum’s death (Winston’s Wish) as this appears to be having an impact on her behaviour and vulnerability.

Chantelle may benefit from some support to tackle her low level criminal activity and help her to understand what is right and wrong; this need could possibly be met through the Aston Project (Gloucester/ Cheltenham). In other areas where the Aston Project is not available, the local PCSO or someone from the Youth Support Team could support with this.

It may be appropriate for a Child Sexual Exploitation screening tool to be completed for Chantelle as she is socialising with older young people and has low school attendance.

It may be identified that Uncle Chris could benefit from some parenting support – possibly a parenting course.

What outcome might be expected...

As a result of Chantelle working with someone to understand her emotions around her Mum’s death; her behaviour might improve and she could become less vulnerable.

The Aston Project or similar youth project would provide opportunities to get involved with activities to build self esteem. It would be hoped that this involvement would result in Chantelle feeling more positive about herself and her future.

The PCSO or the Youth Support Team could offer support to Chantelle and Uncle Chris by monitoring Chantelle’s behaviour and working with the family on strategies to help Chantelle to stay safe.

A parenting course could result in Uncle Chris having a better understanding of age appropriate boundaries and routines to put in place for Chantelle. This could result in Chantelle feeling safer and more secure in her home.

With improved understanding of Chantelle’s situation and interventions to address her needs, she may engage better at school and her attendance improve.

Expected review arrangements...

**My Plan** to be reviewed 3 monthly through a multi-agency response. Review to be held in an environment in which the family feel safe and confident. If outcomes are not being met, a **My Assessment** could be completed.
**Scenario 10 – Louise attending an alternative provision setting**

**Brief outline of the scenario...**

Louise aged 14 years has a history of low moods, risky behaviours and anger problems. Louise lives with her Mum, step father, brother and step brother. Louise has a good relationship with her step father and describes him as supportive and someone she can always go to. Louise has a difficult relationship with her Mum and they argue frequently with neither prepared to give in during an argument. Louise has no contact with her birth father; she describes him as a violent alcoholic of whom she is afraid.

Louise was very close to her grandmother who died recently; Louise will not talk about this and becomes visibly upset and/or angry when her grandmother is mentioned. Louise is in good health and has no ongoing physical concerns.

Louise's parents worry about the amount of time she spends out of the home and the levels of anger she displays. Louise's parents would like her to come home from school each day before going out and to come home by an agreed time each evening but this is not currently happening and Louise will often arrive home later than expected.

Louise has been permanently excluded from school and currently attends an Alternative Provision Setting (APS) due to sustained aggressive behaviours towards pupils and staff. After Louise was excluded, she was enrolled on a pre-16 course at the local college but was excluded after a few months due to disruptive behaviour in lessons and a generally poor attitude towards her teachers. Louise spent a short time out of education before commencing at APS and her attendance is of concern at present.

Louise feels that she is treated differently to her brother, whom she feels her Mum always gives in to or sides with. Louise's Mum says this is not true and that Louise just erupts into anger at the slightest provocation whereas her brother will accept if he has done something wrong. Louise also argues frequently with her brother who she says winds her up and blames her for everything. She gets on better with her step brother although they tend not to have much to do with each other.

Louise has low self-esteem and finds it very difficult to talk about herself in a positive way; she struggles with any compliment and will often disagree or laugh it off.

Louise currently attends a pre-school setting two days a week as part of a work placement and her career plan is to work with young children. She would like to go to college to study Child Care. Louise is not confident that she will get the grades she needs at GCSE because she has missed so much time at school and she says she finds learning difficult.

The family live in a 2-bedroomed flat which is rented through a Housing Association. Lack of bedrooms means that Louise has a bedroom created by curtaining off the dining room. The family has historic debts which mean they cannot bid for bigger properties until the debt is cleared. Neither parent works; Mum is a full time student and step father is unable to work and claiming DLA. The family have used the Food Bank recently.

**Who could be involved...**

- Alternative Provision Setting
- Family Support Worker within the Families First Plus Team
- Advisory Teaching Service
- Education Performance and Inclusion Team
- Educational Psychology Service
- Housing and debt management support e.g. Green Square, Citizen’s Advice Bureau
- Counselling Service
- Winston’s Wish
What may happen...

A **My Assessment** may be completed with Louise and her family so that all areas of her life can be explored and understood. During the completion of this it may be identified that there are emerging needs for other members of the family which would then be added into the assessment making it a family focussed assessment and plan.

The Lead Professional could arrange a Team Around the Family meeting, where all identified needs and desired outcomes could be agreed and actions and resources identified to meet them.

The **My Plan+** could include identifying a designated member of staff within the APS team to meet with Louise regularly and support her both emotionally and with her educational needs. The Advisory Teaching Service or Educational Psychology Service may be involved to provide support for Louise to access her education and build her emotional resilience. There could also be support from the Education Performance and Inclusion Team to support with finding a mainstream school placement.

Support requested via the Early Help Partnership could result in a number of options such as: a voluntary organisation providing a mentor for Louise to help her understand her anger and to find strategies to cope with it; a Family Support Worker could be allocated to provide whole family support which may include working with parents on their aspirations and accessing support to get back into work; routines and boundaries; some counselling sessions when Louise felt ready to access them. The Educational Psychologist may provide therapeutic support through solution focused group or individual sessions. The Advisory Teacher and Educational Psychologist may help with the transition into a mainstream school.

Citizens Advice Bureau and Housing advice could help Louise’s Mum and step father address the debts issue so that the family can look for more appropriate accommodation.

What outcome might be expected...

Louise may feel listened to and that her situation and experiences are understood. Having a mentor in the community or someone at the APS or a FSW who she can meet with regularly to keep her on track with her educational outcomes could boost her self esteem and provide her with the motivation she needs to achieve and make the positive differences she wants in her life.

Louise may achieve well and improve her attendance at the APS. She may report interest and engagement with learning activities.

Louise may feel motived and able to manage a transition into a mainstream school.

Opportunity to talk safely with someone she doesn’t know about her grandmother and the impact of her death would help Louise to get these feelings out and allow her to go through her grieving process.

Wider support to Louise’s family and living situation would further help Louise to feel that people care about her and what happens to her.

Expected review arrangements...

**My Plan+** to be reviewed every 6 weeks as part of a Team Around the Child/Family meeting. Practitioners unable to attend may provide updates via email or phone to the Lead Professional in advance of the meeting.
Scenario 11 – Milo attending special school

Brief outline of the scenario...

Milo (age 14) is a Child in Care and attends a special school for children with social, emotional and behavioural difficulties and has an Education, Health and Care Plan with a primary area of need identified as social, emotional and mental health (SEMH).

His educational needs are being well met and the school feel well placed to meet his challenging behaviour. However, the school has become increasingly concerned about the pupil.

Concerns have arisen about Milo’s behaviour and his foster parents are struggling to manage. Milo is increasingly out late at night and his attendance at school is reducing from previously 95% to around 45%.

As a consequence academic progress is beginning to slow. He often refuses to get out of bed in the morning. When he is in school they have limited success supporting him to engage with learning and to reflect on his behaviour.

Who could be involved...

Designated Teacher for Children in Care
Social Worker
The Virtual School
Independent Reviewing Team
Education Performance and Inclusion Team
Educational Psychologist
SEND 0-25 years Service
Early Help Partnership

As a first step, the Designated Teacher, Social Worker and Independent Reviewing Officer arrange a Team Around the Child meeting/review.
What may happen...

Prior to the meeting, someone with a good working relationship with Milo (perhaps a Learning Mentor from the Virtual School, the Social Worker, a Tutor from the school or an Advocate) could meet with Milo to discuss what is going on for him, explore the reasons for staying out late and not going to school and check what he wants to be able to do in the future. A Child Sexual Exploitation assessment could be used to assess if Milo is at risk.

The Team Around the Child meeting would discuss the needs that have emerged and with Milo, agree the outcomes that he wants to achieve. This would update the current Personal Education Plan (PEP). If there is progress within the educational placement, the EHC Plan would not need to be updated. If there are difficulties with the placement and the outcomes within the EHC Plan need to be changed, an interim annual review could be arranged by the SEND 0-25 Years Service.

Regular meetings with a Learning Mentor could happen to help Milo improve his attendance get back into his learning. Activities to help Milo divert from staying out late could be put in place.

The Early Help Partnership, Local Offer and Family Information Service could be used to meet identified needs.

What outcome might be expected...

Responding quickly to the change in Milo’s behaviour and having a review of his PEP within the Team Around the Child approach should help to intervene early and help improve his attendance at school.

Working with Milo to understand why he is staying out late may identify different ways that he can be diverted by more positive activities. This might also identify any problems Milo may be experiencing at school or in the community, which could be addressed.

An early response involving the agencies involved would hopefully address the difficulties being experienced in school and at home so that Milo can return to a more stable and safe routine.

Expected review arrangements...

Personal Education Plans and Education, Health & Care Plans have statutory review timescales but a review can be called at any time when a need arises. This flexibility allows for any changes in circumstances to be addressed promptly and effectively by the Team Around the Child.

This case should be reviewed regularly in between the EHC Plan reviews to ensure everyone is doing what they need to help Milo achieve his outcomes.
Scenario 12 – Ayla attending secondary school and siblings

Brief outline of the scenario...

The family comprises three children; Ayla aged 15, Coby aged 12 and Kai aged 10 who live with their Dad, who is currently unemployed. The children’s Mum has had mental health issues throughout their lives and they have intermittent contact with her.

Ayla is an A* student with high aspirations for the future, however at present her attendance is very low and her Dad is at risk of receiving a penalty notice. She complains of constant tiredness, anxiety and low mood. Ayla is not involved in any activities and has no social life outside of school due to lack of energy. Ayla’s health issues are having a negative impact on her education, and her attendance is currently 82%.

At present there are no identified needs for Kai, as he is progressing well at school and has a good group of friends he spends time with.

Coby is currently receiving support from the SENCO at school to help improve his reading comprehension and written work. Coby is positively engaged with school life and has a close group of friends who he spends time with.

School are considering a My Plan for Coby and Ayla so that they can support the family as a whole and address the individual needs of each child.

Who could be involved...

- School Pastoral support worker and SENCO
- GP
- Children & Young People’s Service (CYPS) Professional Advice Line
- Inclusion Adviser
- School Nurse
- Counselling service
- Family Information Service (FIS)
- Advisory Teaching Service
- Educational Psychologist
- Early Help Co-ordinator based in Families First Plus Team
- Community Social Worker based in the Families First Plus Team
- Employment Advisor based in the Families First Plus Team
What may happen...

G.P. may make further investigations and referrals in regards to any underlying health condition that may be causing Ayla’s tiredness.

School to arrange a Team around the Family (TAF) meeting to include all relevant family members and professionals. Early Help Coordinator to support TAF process and professionals if required.

CYPS may attend TAF in an advisory role.

Seek support from the Advisory Teaching Service for Coby’s learning needs and the Educational Psychologist for Ayla’s possible emotional needs or mental health needs.

School may provide a Pastoral Support mentor to meet regularly with Ayla.

An Inclusion Adviser may be approached to offer advice and guidance around attendance issues so that Ayla’s attendance improves.

If any safeguarding concerns are raised, advice can be sought through a Community Social Worker in the Families First Plus Team.

If additional needs are identified that require a wider multi-agency response, a request for support from the Early Help Partnership may be considered.

Employment Advisor may be contacted should the children’s father want support to return to work.

What outcome might be expected...

It may be that following the TAF meeting, a My Plan is completed for Ayla and Coby if it is felt that the needs are clear. If at this stage needs are highlighted for Kai then these could also be included in the family focussed My Plan. If following the TAF needs are not clear then it may be that this family need a My Assessment in order to write an appropriate My Plan+ to address their needs.

Upon advice from the G.P., CYPS or Educational Psychologist further exploration would be needed as to whether the issues Ayla is facing are due to an organic condition or mental health or a combination of both.

School may offer a reduced or modified timetable with additional support to enable Ayla to keep on top of school and homework.

Educational Psychologist may provide therapeutic support or coaching for Ayla for an agreed period of time.

The long term outcome would hopefully be that the Ayla’s attendance improves, that she attains the qualifications that she is capable of achieving, and that she engages with social activities and has a friendship network around her. For Coby the long term outcomes would be around his educational needs and supporting him to achieve the best he can as well as helping him maintain his social relationships.

Dad may feel able to access employment.

Expected review arrangements...

Regular 3 monthly reviews to feedback on progress made and to ensure that outcomes are being met for the family. The review could be brought forward if at any time there are concerns about outcomes being met or engagement with the plan.
Scenarios of Early Help and Support

Scenario 13 – Lola attending college and thinking about doing a Supported Internship

Brief outline of the scenario...

Lola is 18 years and moving towards the end of her College course.

Prior to this, Lola has been in a local authority special school for young people with moderate learning difficulties and has had some history of periods of challenging behaviour.

Lola transitioned to a post-16 college with an EHC Plan.

Lola joined a Foundation Level learning cohort and was progressing educationally although there were still some periods of challenging behaviour that increased in frequency.

Her Mum has never felt very confident at putting down boundaries and consequences at home and Lola’s behaviour at home can be very challenging.

Lola has said that she is bored and has nothing to do.

As Lola approaches the end of her college course, there is a meeting to review her EHC Plan and look at Lola’s options moving forward.

During this meeting, Lola says she wants a job and to earn money.
College discuss the option of a supported internship.

Who could be involved...

College
SEND Casework Team
Adult Services
The Enablement Services
Behaviour Support
Forwards Gloucestershire
What may happen...

College may offer Lola the option of starting a Supported Internship. A supported internship would enable Lola to gain work experience in an employment setting, whilst also receiving the support of trained Job Coach who will ensure that she receives the training she requires to be successful in her role. Alongside her three days with an employer, Lola would also continue to attend college for one day a week where she would continue to work with her peer group, and develop her English and Maths skills.

If this option was of interest to Lola, College and the SEND Casework Team would put her forward as a candidate for the Supported Internship. Lola would then be considered by the Quality Assurance panel who would make the decision as to whether Lola is suited to the course. If so, she would be offered a place on an internship through her college.

A request for service could be made to the Enablement Service to help Lola build her independence skills.

The Enablement Service might suggest that some specialist behavioural work is done with Lola in order to help her manage her behaviour at home and to work with Lola’s mum to help establish boundaries at home.

The specific work that Enablement might help with could be travel training the bus journey from home to the town centre, helping her make links with peer groups and social activities, and developing her money management skills on the bus and buying food in town. This could enable Lola to feel less frustrated and more able to join into community activities.

What outcome might be expected...

If she was successful in being accepted onto a Supported Internship, Lola would complete nine months in a supported employment setting, gaining valuable work experience and developing her skills. Towards the end of the internship, Lola’s job coach would help her to apply for paid roles, either within the company she’s been working in, or in a similar position elsewhere. By the end of the summer Lola would ideally have paid employment in a role she is confident in.

Building Lola’s independence skills would help to make Lola feel more in control of her life and also support her in gaining paid employment.

Expected review arrangements...

EHCP is reviewed annually. Ad hoc reviews of a young person / young adult’s support plan (My Plan) can happen at any time in order to review progress and ensure appropriate support is in place.
Scenario 14 – Emma attending Post-16 college

Brief outline of the scenario...

Emma is a 19 year old young woman in her final year of a Skills for Work programme. She enjoys learning and being with people. She would like to work in the hotel or restaurant industry. Emma has Down’s syndrome and accesses college with the support of a learning support assistant who she has a good relationship with. This is funded through an EHC Plan. Emma lives with her mum and older sister who is 20 years and living away at university. Emma is very close to her sister, Jane, and misses her terribly.

Emma is doing well at college and is expected to achieve her level 1 in Food Preparation and Food Hygiene, however her attendance has dropped over the last term and college are concerned. Emma’s Mum has told college that Emma has been diagnosed with depression by her G.P. Emma’s Mum is struggling to cope with her behaviour at home. Mum says that Emma will shout at her until she is left alone to do what she wants, which is to stay in bed. Mum is worried that she is putting on weight which affects her mobility.

At college, Emma has made some friends with whom she spends time during the college day. Transport home at the end of the day limits her ability to get more involved with college life and developing her social life.

Emma likes swimming, singing and drama but she hasn’t had a lot of opportunity to do these activities recently due to her depression.

Emma’s Mum would like Emma to have opportunities to slowly prepare towards more independent/supported living as she worries about how Emma will manage to be more independent in the future.

Who could be involved...

- G.P. and Practice Nurse (monitor weight and exercise programme)
- FE College and Learning Support Assistant – support in college
- SEN Casework Team
- Enablement Team
- Community Learning Disability Team – support with emotional wellbeing and behaviour
- Advisory Teaching Service
- Community and Voluntary groups offering social activities and opportunities
What may happen...

College could arrange a meeting with Emma to discuss her attendance and any support needs she may have. Emma could be supported to lead this meeting and decide who should attend it. As Emma has an Education, Health and Care Plan (EHC Plan), this could be reviewed to include the new needs, or a My Plan could be coordinated to set out the needs and outcomes to be achieved in the shorter term which could be fed into her next EHC Plan annual review.

Emma may receive support from her G.P. and from a practitioner from the Community Learning Disability team. This support could help Emma to get back to a regular routine and provide support to Emma’s Mum to be able to deal with difficult behaviours in positive ways.

The G.P.’s Practice Nurse could meet with Emma to agree a healthy diet and exercise schedule. The School Nursing Service may be able to help also.

College and the Enablement Team could help Emma to become an independent traveller which would allow Emma more freedom to do things outside college time.

Mum could help Emma be more independent at home as part of preparation towards living more independently in the future.

Advisory Teaching Service can help with general advice with regard to learning and signposting to social community groups. The Key and FIS may be suggested as sources of information.

What outcome might be expected...

Emma may start to feel more in control of what happens and this would help her to feel more positive about her life as everyone is working together to help her meet her outcomes in her EHC Plan or My Plan.

Attendance at college might return to previous good levels and Emma would be on track again to gain her qualification.

Emma might be catching a bus from home and able to travel to college and town independently. She might be joining into more activities outside of college and have more friends to spend time with which would make her happy.

Emma may have found a short term work placement at a local restaurant or café which might help her to get a paid job when she finishes college.

Emma and her Mum might be getting along much better and feel that they have moved into a more adult relationship.

Expected review arrangements...

My Plan should be reviewed every 3 months as part of a Team Around the Child meeting. Practitioners unable to attend may provide updates via email or phone to the lead practitioner in advance of the meeting.

Annual review of EHC Plan as arranged by the College.
## Glossary

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>ASD</td>
<td>Autistic Spectrum Disorder</td>
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<td>AAC</td>
<td>Alternative and augmentative communication strategies</td>
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<td>AT</td>
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<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>OFSTED</td>
<td>Office of Standards in Education</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>SALT</td>
<td>Speech and Language Therapist</td>
</tr>
<tr>
<td>SEAL</td>
<td>Social and Emotional Aspects of Learning</td>
</tr>
<tr>
<td>SEND</td>
<td>Special Educational Needs and Disability</td>
</tr>
<tr>
<td>TA</td>
<td>Teaching Assistant</td>
</tr>
<tr>
<td>TOD</td>
<td>Teacher of the Deaf</td>
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<tr>
<td>TVI</td>
<td>Advisory Teacher for Student with Visual Impairment</td>
</tr>
<tr>
<td>SENCO</td>
<td>Special Educational Needs Coordinator</td>
</tr>
<tr>
<td>SMART targets</td>
<td>Targets which are Specific, Measurable, Agreed, Realistic and Time limited</td>
</tr>
</tbody>
</table>
Introduction

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

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

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

This guidance was compiled and reviewed by a working group consisting of parent representatives, representatives from mainstream primary, secondary and special schools, Early Years staff, Post-16 providers and Local Authority officers. It was agreed that this new guidance should:

- be accessible to parents and children*, children and young people;
- promote the involvement of children and parents in all aspects of provision planning and decision making;
- be clear and easy to use for professionals;
- reflect the national guidance set out in the Code of Practice for Special Educational Needs;
- be focused on outcomes and preparing children and young people for adulthood.

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

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

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

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

There is a recognition, however, that some children will require longer term specialist interventions through the support of an Education Health and Care Plan.

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1 Throughout the guidance, for ease of reference, ‘parents’ is used to refer to parents and carers. Children and young people are referred to as ‘children’.
The Code of Practice describes four areas of special educational needs and provision:

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

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

- assessment and planning;
- intervention and support;
- evaluating progress and reviewing.

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

For some children a co-ordinated, holistic multi agency plan will be required. This may involve practitioners from the Advisory Teaching Service, Educational Psychology Service, Social Care, Early Help and practitioners from Health, including Health Visitors, Speech Therapists, Occupational Therapists, Physiotherapists, Paediatricians and the Children and Young People’s Service (CYPS). This will lead to a My Plan or My Plan+ (following My Assessment). Interventions should be well-founded and evidence based. A cycle of intervention should always last a minimum of 6 weeks and more frequently, 12 weeks.

In these cases, it will be appropriate for settings to consider all relevant areas of the interventions guidance.

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

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

The Gloucestershire Intervention Guidance for Special Educational Needs and Disability in Educational Settings is also available electronically through SENCOSPOT and will be updated regularly.
**Early Years Settings**

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

Early Years settings include:
- Child minders
- Private, voluntary and independent settings
- Children’s Centres

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

Additional guidance for children with visual or hearing impairment is also available.

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

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children require:</td>
<td>In addition to universal assessment and planning approaches, some children will require:</td>
<td>In addition to universal and targeted assessment and planning approaches a few children will also require:</td>
</tr>
<tr>
<td>◦ Systems to be in place for staff to routinely seek children’s views about their strengths and difficulties and adults’ concerns.</td>
<td>◦ The setting to have strategies in place to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Plans (see section on My Plan)).</td>
<td>◦ External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan.</td>
</tr>
<tr>
<td>◦ Systems to be in place for staff to regularly seek the views of parents about their child’s needs and outcomes.</td>
<td>◦ The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Plan).</td>
<td>◦ Regular and on-going involvement from external support services (e.g. Advisory Teacher, Educational Psychologist, Pre-school Worker, Portage) who assist in assessment and planning.</td>
</tr>
<tr>
<td>◦ Appropriate arrangements to be in place for assessment and planning of the environment to ensure access for all children.</td>
<td>◦ Close home-setting links, so setting is aware of changes in home circumstances that may impact on progress.</td>
<td>◦ Very close home-setting liaison, so setting are aware of changes in home circumstances (e.g. Health Visitors).</td>
</tr>
<tr>
<td>◦ Early Years Practitioners who take account of access strategies and teaching styles when planning.</td>
<td>◦ The SENCO contacts other professionals working with child outside setting (with parental permission) as part of the assessment. It would be helpful to also contact your local or link health visiting team.</td>
<td>◦ Measures to be made of the impact of the child’s difficulties on their ability to access the learning environment and Early Years Foundation Stage curriculum.</td>
</tr>
<tr>
<td>◦ Appropriate policies for supporting children with physical and medical needs.</td>
<td>◦ Liaison and consultation with external professionals where appropriate such as Health Visitor, Paediatrician, Portage, Speech and Language Therapist, Advisory Teacher, Occupational Therapist and Educational Psychologist.</td>
<td>◦ Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan+.</td>
</tr>
<tr>
<td>◦ Health and safety and risk assessments policies to be in place.</td>
<td>◦ Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan.</td>
<td>◦ For some children a co-ordinated multi-agency plan i.e. ‘My Plan+’ will be essential.</td>
</tr>
<tr>
<td>◦ Effective internal communication and liaison arrangements between staff.</td>
<td>◦ The ‘Team around the Child’ need to measure the impact of the child’s difficulties on their ability to access the learning environment.</td>
<td>◦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</td>
</tr>
<tr>
<td>◦ ‘My Profile’ (see section on My Profile) for each child reflecting a personalised approach.</td>
<td></td>
<td>◦ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</td>
</tr>
<tr>
<td>◦ Progress shown by a ‘Learning Journey’.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Universal – all children
- Agree how progress towards outcomes will be measured.
- A range of assessments may be used as a baseline from which progress can be measured.
- Consideration of their development in comparison to their peers and their response to previous interventions.
- Clear plans for the use of support to achieve agreed outcomes in My Plan.
- A set date for review of My Plan/My Plan+

### Targeted – some children
- For some children a co-ordinated, holistic multi-agency plan will be required. This may involve Social Workers, Family Support Workers, and Health professionals including Health Visitors, Speech Therapists, Occupational Therapists, Physiotherapists, Paediatricians and staff from Children and Young People’s Service (CYPS) and other support groups. This will lead to a ‘My Plan’ or ‘My Plan+’.
- Interventions should be well-founded evidence based interventions.
- A cycle of intervention should always last a minimum of one new term and more frequently two.
- For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.

### Specialist – few children
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*Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities*
### Communication and Language

#### Universal – all children

As part of the Health Visiting Family Offer, all children have their communication assessed routinely at 9-12 months and 2 years using the Ages and Stages Questionnaire. All children need to have opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations.

All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children’s linguistic competence supports their learning as well as their communication skills.

Many children have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly.

This may mean they need some short term support, but it should not be assumed that they have special educational needs.

These children will require a ‘My Profile’ written in consultation with parents.

Staff may need to access training provided by the Advisory Teaching Service, Educational Psychology and other agencies.

Setting may also be supported by Early Years Advisors.

Health Visitors have been trained in Infant Mental Health, and some Health Visitors have completed the Newborn Observation training.

Setting can also use EYEASI pack or ‘Let’s Communicate’.

Setting may refer to Inclusion Development Programme: Speech, language and communication.

Parents can access GP and Speech and Language Therapist.

#### Targeted – some children

Health Visitors would refer to other agencies if a need was identified, such as Speech and Language Therapy or Audiology, and potentially, with parental permission, place the child on the Autism Social and Communication Pathway.

Health Visitors can provide activity sheets to accompany the Ages and Stages Questionnaire assessment, which focus on specific areas of development.

Some children’s communication and language difficulties cannot be met by universal approaches over a sustained period of time.

Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional health, social interactions and behaviour.

Children with these difficulties may have a medical diagnosis such as Autism or Asperger’s Syndrome.

These children will require:

- A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review ensuring interventions match needs.

- These children will require a ‘My Plan’. For some children the multi-agency plan may indentify the need to request the Inclusion Grant for 1:1 support.

#### Specialist – few children

A few children’s difficulties are severe and longstanding and have not responded to focussed and well founded interventions over a period of time.

The severity of their difficulties may have a considerable impact on their ability to access the curriculum.

In these cases the child’s difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.

These children will require:

- A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

- Clear plans for the use of support to achieve agreed outcomes in My Plan/ My Plan+.

- For some children a co-ordinated multi-agency i.e. ‘My Plan+’ will be essential.

- For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.

- Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

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### Intervention and Support

#### Universal – all children

At the routine 9-12 month development assessment, Health Visitors would refer families to the Library to collect their free Bookstart pack.

All children will require access to the following Intervention and Support approaches:

- Curriculum differentiated appropriately to

#### Targeted – some children

The Community Nursery Nurses who work as part of the health visiting team can offer further support around play to encourage communication and language in the home.

Health Visitors can signpost eligible parents towards ‘New for Twos’ funding (a government funded educational place).

#### Specialist – few children

In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.

- Functional language is modelled and taught such as ‘hello’, ‘please’, ‘toilet’, ‘give me’. 

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Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities
<table>
<thead>
<tr>
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<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>take account of individual needs.</td>
<td>Some children may require the following additional intervention and support approaches:</td>
<td>Child may need a personalised communication system.</td>
</tr>
<tr>
<td>Specific resources including use of appropriate ICT programmes to support language and communication.</td>
<td>Some adult modelling/support to promote communication and language with peers.</td>
<td>Consistent use of signs and symbols.</td>
</tr>
<tr>
<td>Staff set personalised learning targets for all children.</td>
<td>Close home/setting liaison to ensure reinforcement of strategies and the generalisation of skills.</td>
<td>Adult understands and responds to the child using alternative means of communication such as symbols.</td>
</tr>
<tr>
<td>Teaching and Learning environment takes account of communication and language needs.</td>
<td>Approaches to develop peer support e.g. key group work.</td>
<td>Objects of reference (that is real objects) used to represent activities and times of the day.</td>
</tr>
<tr>
<td>Structure to the day is given through visual timetable, visual agenda, Now and Then boards.</td>
<td>Specific vocabulary and concepts, including topic vocabulary may be taught.</td>
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<tr>
<td>Verbal explanations supported by pictures and objects.</td>
<td>A structured language intervention which may be devised in consultation with external professionals (e.g. Advisory Teachers, Speech and Language Therapists) with support to generalise skills taught.</td>
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</tr>
<tr>
<td>Flexible use of staffing and resources to support access to learning and teaching.</td>
<td>Clear, simple and positive instructions with visual support if necessary e.g. visual timetable.</td>
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<tr>
<td>Positive self esteem maintained through developing areas of strength.</td>
<td>Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning.</td>
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<tr>
<td>Staff appropriately prepare children for routine changes (e.g. change in activity, change in staff).</td>
<td>Language is given priority in planning activities. School staff use augmentative and/or alternative means of communication, e.g. use of symbols and visual prompts.</td>
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<tr>
<td>Additional adult support is used to support group work in the setting.</td>
<td>Small group work to address specific language, communication and listening targets as appropriate.</td>
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<tr>
<td>Use of a structured approach for tasks and activities with a clear beginning middle and end.</td>
<td>Visual approaches to develop social understanding e.g. picture and photo Social Stories.</td>
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</tr>
<tr>
<td>Whole staff awareness of the implications of communication and language difficulties. Appropriate differentiation of spoken and written language, activities and materials.</td>
<td>Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum.</td>
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<tr>
<td>Communication Friendly environment:</td>
<td>Some individual work to address specific targets, if appropriate.</td>
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<tr>
<td>– Using photographs or pictures to show the routine of the setting</td>
<td>Targeted small group work within class group to support specific aspects of the curriculum.</td>
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<tr>
<td>– Equipment labelled with photographs or pictures</td>
<td>Interventions should be well-founded evidence based interventions.</td>
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<tr>
<td>– Equipment accessible to all children</td>
<td>A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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<tr>
<td>– Use of gesture and signs.</td>
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<tr>
<td>Opportunities for small group and 1:1 activities.</td>
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<tr>
<td>Adult uses child’s name to gain attention.</td>
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<tr>
<td>Adult is physically at child’s level.</td>
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<tr>
<td>Simplify instructions e.g. Keep It Short and Simple (KISS).</td>
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<tr>
<td>Give child time to respond.</td>
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<tr>
<td>Staff use consistent language for equipment and routines e.g. all staff use the term ‘apron’ rather than some using ‘overall’.</td>
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<tr>
<td>Opportunities to listen to stories or activities within a quieter environment or small group.</td>
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<tr>
<td>Awareness of individual sensory sensitivities e.g. not liking noise, awareness of smells.</td>
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</table>
Personal, Social and Emotional Development

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>As part of the Health Visiting Family Offer, all children have their communication assessed routinely at 9-12 months and 2 years using the Ages and Stages Questionnaire. All children need: to develop a positive sense of themselves and others; to form positive social relationships and develop respect for others; to develop social skills and learn how to manage their feelings; to understand appropriate behaviour in groups; and to have confidence in their own abilities. All children need to have a positive sense of themselves, learn how to manage their own feelings and behaviour and form positive social relationships. Some children may have difficulty with social interaction. They may have difficulties with attention and listening, social understanding and lack flexibility in thought and behaviour. Children may periodically display emotional and social difficulties and some children may have a short term mental health difficulty. These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement. This may mean they need some short term support but it should not be assumed that they have special educational needs. These children will require a ‘My Profile’ written in consultation with parents. Staff will access training provided by the Advisory Teaching Service, Educational Psychology and other agencies. Setting is supported by Early Years Advisors. Health Visitors have been trained in Infant Mental Health, and some Health Visitors have completed the Newborn Observation training.</td>
<td>Health visitors can provide activity sheets to accompany the Ages and Stages Questionnaire assessment, which focus on specific areas of development. Health visitors and community nursery nurses have been trained in the Solihull Approach to Parenting, and can refer parents for the Solihull Parenting Course at the children’s centres. Health Visitors can refer families to Secure Start, an infant mental health team supporting the relationship between parents and their children under 2 years. Some children’s emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time. These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours. The behaviour may be disrupting the child’s progress with learning or the learning of other children. These children will require: A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. For some children a co-ordinated, holistic multi-agency plan will be required. This may involve Social Workers, Family Support Workers, and Health professionals including Health Visitors, Speech Therapists, Occupational Therapists, Physiotherapists, Paediatricians and staff from Children and Young People’s Service (CYPS) and other support groups. This will lead to a ‘My Plan’ or My Plan+. For some children the multi-agency plan may indentify the need to request the Inclusion Grant for 1:1 support.</td>
<td>Relatively few children’s difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown. They may over a sustained period of time: Display extremely withdrawn, dis-engaged, self-harming or anxious behaviours. Present a serious threat to their own or others safety. Display particularly challenging, uncooperative, destructive and disruptive behaviours. Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour. Have difficulty engaging with activities set by adults. These children will require: A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. For some children a co-ordinated multi-agency ‘My Plan+’ will be essential. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</td>
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**Intervention and Support**

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</thead>
<tbody>
<tr>
<td>All children will require access to the following Intervention and Support approaches: Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all children.</td>
<td>Some children may require the following additional intervention and support approaches: Further modifications to the setting and environment to take account of individual needs. Attention paid to seating arrangements</td>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these children may require: Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions. A highly modified learning environment to...</td>
</tr>
</tbody>
</table>
### Universal – all children

- Environment planned to take account of individual needs.
- Consistent behaviour management by all staff including regular reinforcement of positive behaviours.
- Positive behaviour policy within the setting.
- Appropriate differentiation of the curriculum to ensure that children are motivated to learn and to minimise emotional, social and behavioural difficulties.
- Class wide approaches to develop social and emotional well being e.g. use of Circle Time, use of SEAL resources, small group setting.

which facilitate appropriate social contact, access to materials etc.
Support through flexible grouping strategies.
Additional adult support may be required at an individual or within a small group.
Support to develop social skills and emotional awareness may include:
- Some 1:1 or small group work at times of need.
- Structured activities to develop specific social skills in a small group such as PALS.
- Home-School behaviour communication system in place.
- Consistent approaches in place to manage behaviour by all staff.
Support to develop emotional security and sense of belonging:
- Placement in a nurture group.
- Small group support activities, small key group.
- A weekly small group support programme to develop social skills including skills in recognising and managing emotions such as PALS.
- These children will require a My Plan or My Plan+. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. Interventions should be well-founded evidence based interventions.
- A cycle of intervention should always last a minimum of one new term and more frequently two.

### Targeted – some children

### Specialist – few children

meet the needs of the individual child.
A high level of adult support may be required to provide:
- A highly structured Individual Behaviour Plan.
- A high level of care and supervision.
- Individual programmes used to develop social and emotional skills throughout the day.
- Staff trained and skilled in supporting children with exceptionally challenging behaviour.
- A secure, structured and safe learning environment.
- Clear plans for the use of support to achieve agreed outcomes in My Plan/My Plan+.
- For some children a co-ordinated multi-agency ‘My Plan+’ will be essential.
- For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.
- Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.
### Physical Development

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<tbody>
<tr>
<td>As part of the Health Visitor Family Offer, all children have their gross motor and fine motor skills assessed routinely at 9-12 months and 2 years using the Ages and Stages Questionnaire. Health Visitors discuss the importance of healthy nutrition and physical activity with parents as part of the Healthy Child Programme, and signpost parents to additional resources such as ‘Born to Move’. All children are weighed routinely by health visitors at 6 weeks and 9-12 months of age. The universal immunisation programme is discussed with and offered to all families as part of the Healthy Child Programme. Newborn bloodspot screening is offered to all children under 1 year, including those who have moved from abroad. All children need to be active and to develop their co-ordination, control and movement. Children must also be helped to understand the importance of physical activity and to make healthy choices in relation to food. Some children who experience physical and medical difficulties have no problems in accessing the curriculum and in learning effectively. There is a wide range of physical and medical disabilities and children cover the whole ability range. Some children are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may mean they need some short term support, but it should not be assumed that they have special educational needs. These children will require a ‘My Profile’ written in consultation with parents. Access to GP and Health Visitor. Staff will access training provided by the Advisory Teaching Service, Educational Psychology and other agencies. Setting is supported by Early Years Advisors. Health Visitors have been trained in Infant Mental Health, and some Health Visitors have completed the Newborn Observation training. Health Visitors can provide activity sheets to accompany the Ages and Stages Questionnaire assessment, which focus on specific areas of development. If concerns around healthy nutrition and physical activity/weight are identified, health visitors can signpost families to HENRY (Healthy Eating and Nutrition for the Really Young) courses at the children’s centres. If the child’s physical/medical needs cannot be met by universal approaches over a sustained period of time a more targeted support may need to be used. Physical difficulties or impairment may arise from: physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, or spina bifida. severe trauma, perhaps as a result of an accident, amputation or serious illness. degenerative conditions like muscular dystrophy e.g. Duchenne. moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorders. moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes. Physical difficulties may result in: difficulties in safely accessing the physical environment, facilities and equipment, difficulty in achieving independent self-care skills. difficulties in communicating through speech and other forms of language. emotional stress and physical fatigue. These children will require: A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These children will require a My Plan or My Plan+. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. Health Visitors offer annual thyroid function testing to infants with Down’s Syndrome. A few children’s needs cannot be met by universal or targeted interventions and support approaches alone. These children have the most severe and complex physical needs. The majority of these children are identified at an early age often prior to full-time education by medical practitioners. These children will require: ♦ A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. ♦ Clear plans for the use of support to achieve agreed outcomes in My Plan/My Plan+. ♦ For some children a co-ordinated multi-agency ‘My Plan+’ will be essential. ♦ For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support. ♦ Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</td>
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### Intervention and Support

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
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</thead>
<tbody>
<tr>
<td>All children will require access to the following Intervention and Support approaches:</td>
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<tr>
<td>- Curriculum differentiated appropriately to take account of individual needs.</td>
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<tr>
<td>- Staff set personalised learning targets for all children.</td>
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<tr>
<td>- Environment planned to promote accessibility to the Early Years curriculum and the entire premises for every child.</td>
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<td>- Risk assessments in place as appropriate and necessary.</td>
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<tr>
<td>- Staff work in partnership with parents.</td>
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<tr>
<td>- Use of ‘Let’s Move’.</td>
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<tr>
<td>Some children may require the following additional intervention and support approaches:</td>
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<tr>
<td>- Grouping strategies which are used flexibly</td>
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<td>- Appropriate support to ensure equal access to the curriculum.</td>
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<tr>
<td>- Appropriate support agencies (e.g. Occupational Therapist, Advisory Teaching Service) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. Health Visitors can refer children to physiotherapy, or signpost parents to self-refer to Physio Direct.</td>
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<td>- The nature and extent of additional help required will be determined by the child’s needs.</td>
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<td>- Planned strategies to combat fatigue (e.g. rest breaks).</td>
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<td>- A fine or gross motor skills programme (e.g. Fizzy programme).</td>
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<td>- Appropriate physical exercise following appropriate medical guidance.</td>
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<td>- An appropriate programme of support to develop self-help skills such as toileting and dressing.</td>
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<td>- Measures which allow the child to negotiate the environment safely and as independently as possible.</td>
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<td>- Structured support to develop social relationships.</td>
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<tr>
<td>- An appropriate level of adult support to meet personal care needs.</td>
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<tr>
<td>- Appropriate use of alternative equipment to meet physical and medical needs e.g. specialist scissors.</td>
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<td>- Support for some activities e.g. cutting activities, practical activities.</td>
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<tr>
<td>- Support to attend educational trips and school visits.</td>
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<tr>
<td>Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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<tr>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these children may require a highly modified learning environment to meet the needs of the individual child. The child may require a support to:</td>
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<tr>
<td>- Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum.</td>
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<tr>
<td>- Aid safe curriculum access and response.</td>
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<tr>
<td>- Meet primary care needs including feeding/continence management.</td>
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<tr>
<td>- Provide manual handling (this may involve two people).</td>
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<tr>
<td>- Ensure safe access to school life.</td>
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<tr>
<td>- Enable advice from Health professionals to be implemented (e.g. individual physiotherapy/mobility/OT programmes).</td>
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<tr>
<td>- Support the use of specialised equipment and/or a structured personalised curriculum.</td>
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<tr>
<td>- Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management).</td>
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<tr>
<td>- Manage complex and critical health care needs on a daily basis.</td>
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<tr>
<td>- Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties.</td>
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<td>- External support services advice on curriculum access and/or individual programmes.</td>
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<tr>
<td>- A specialist Teacher (e.g., from the ATS), the SENCO, a Teaching Assistant (TA) (under specialist guidance) or other specialist provides small group or individual tuition.</td>
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</tbody>
</table>
# Hearing Impairment

## Universal – all children
Health Visitors explore risk factors for hearing impairment at the new birth visit, and offer newborn hearing screening to all children, referring for further hearing screening if there is no clear response. As part of the Health Visiting Family Offer, all children have their hearing assessed routinely at 6 weeks, 9-12 months and 2 years using the Ages and Stages Questionnaire. The GPs also review hearing at 6 weeks or if a need is identified.

Many children have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. It may affect one (unilateral) or both ears (bilateral).

Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short term support, but it should not be assumed that they have special educational needs. These children will require a ‘My Profile’ written in consultation with parents. Staff will access training provided by the Advisory Teaching Service, Educational Staff will access training provided by the Early Years agencies.

Setting is supported by Early Years Advisors.

## Targeted – some children
Health visitors would refer to Audiology if a hearing concern was identified. Some children’s hearing needs cannot be met by universal approaches over a sustained period of time. Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional health, social interactions and behaviour. They may show themselves in the following ways:
- Persistently appearing to ignore and/or misunderstand instructions.
- Difficulties in understanding or responding to verbal cues.
- Difficulties in communicating through spoken language/interactions with peers and adults.
- Difficulties with language-related topics and in understanding new/complex concepts.
- Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.
- Tendency to rely on peers, observing behaviour and activities to cue into expected responses.
- Tendency to withdraw from social situations and an increasing passivity and absence of initiative.
- Increasingly using additional strategies to facilitate communication.

These children will require:
- A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.

## Specialist – few children
A few children’s needs cannot be met by universal or targeted interventions and support approaches alone. In these cases the child’s hearing difficulties may:
- Significantly affect their understanding and processing of spoken language.
- Significantly impact on their social communication and interaction with their peers.
- Significantly impact on the development of their expressive language skills.
- Significantly impact on their ability to access the curriculum.
- Significantly impact on their ability to take part in play and teaching, learning and social activities.
- Significantly impact on their social, emotional and mental health.

The child may:
- Have a diagnosed permanent severe or profound hearing loss or a progressive degenerative hearing condition.
- Have become deaf after birth (trauma; illness e.g. meningitis) and the resultant emotional and social difficulties may be disrupting the child’s learning and access to the curriculum.
- Need to develop a range of approaches to communicate including natural aural speech and/or sign language.
- Require language enrichment to compensate for reduced linguistic experience as a result of their deafness.
- Require specialist equipment, e.g. radio aids/ Soundfield systems.
- Use hearing aids and/or have cochlear implants.
- Require modifications of curriculum delivery and access to play, teaching methods and material at a level of support beyond that of universal and targeted levels.
- Have significant difficulties in maintaining concentration leading to difficulties in completing tasks and making progress.
- Have difficulties in sustaining peer relationships.
- May be unable to follow routines and maintain attention to task without a high level of structure and adult support.

These children will require:
- A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- Clear plans for the use of support to achieve agreed outcomes in My Plan/My Plan+.
- For some children a co-ordinated multi-agency ‘My Plan+’ will be essential.
- For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.
- Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.
## Intervention and Support

<table>
<thead>
<tr>
<th>Universal – all children</th>
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<tbody>
<tr>
<td>All children will require access to the following Intervention and Support approaches:</td>
<td>Some children may require the following additional intervention and support approaches:</td>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</td>
</tr>
<tr>
<td>- Involvement of a Teacher of the Deaf for advice/training/specialist equipment.</td>
<td>- Involvement of a Teacher of the Deaf for advice/training/specialist equipment at a regular or frequent level.</td>
<td>A high level of adult support may be required to provide:</td>
</tr>
<tr>
<td>- A secure, structured and safe learning environment.</td>
<td>- Training for key worker(s) in the management of additional equipment may be required.</td>
<td>- A high level of care and supervision.</td>
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<tr>
<td>- Curriculum differentiated appropriately to take account of individual needs.</td>
<td>- Opportunities for the hearing impaired child to develop communication skills.</td>
<td>- Individual programmes used to support learning throughout the school day.</td>
</tr>
<tr>
<td>- Staff set personalised learning targets for all children.</td>
<td>- Help to develop communication and language skills through appropriate differentiation of oral language, activities and materials.</td>
<td>- Emphasis on language development, communication skills and on-going auditory training if appropriate.</td>
</tr>
<tr>
<td>- Appropriate classroom and whole school listening environment established (e.g., good room acoustics and lighting, all children seated so that they can see and hear the adult).</td>
<td>- Access to additional targeted intervention in small groups or individually.</td>
<td>They will require access to appropriate well-founded evidence based interventions.</td>
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<tr>
<td>- All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place.</td>
<td>- Opportunities to improve social skills, interaction, communication skills and self esteem as appropriate.</td>
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<tr>
<td>- General support for self-esteem, confidence and promoting independence.</td>
<td>- Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures).</td>
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<tr>
<td>- Training for key workers in the management of additional equipment and deaf awareness.</td>
<td>- Repetition of answers in group time.</td>
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<td></td>
<td>- Additional time for hearing impaired child to process questions/information.</td>
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<td>- Help in acquiring, comprehending and using speech and language in structured and unstructured situations.</td>
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<td>- Specific pre-teaching of subject based concepts and vocabulary.</td>
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<td></td>
<td>- Careful monitoring of communication and language programme implemented with advice from Teacher of the Deaf; a Speech and Language Therapist may also be involved.</td>
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<td></td>
<td>- Access to specialist amplification systems such as radio aids.</td>
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<td></td>
<td>- Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.</td>
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<td></td>
<td>- Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment.</td>
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<td>- There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</td>
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<td></td>
<td>- Adjustments to ensure the listening environment takes account of individual needs.</td>
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<td></td>
<td>- Specialist equipment to improve listening skills (e.g. radio aid, Soundfield systems).</td>
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<td></td>
<td>- For some children a co-ordinated multi agency plan will be required. This may involve, Social Workers, Family Support Workers, Health Professionals and other support groups.</td>
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<td>- These children will require a My Plan or My Plan+. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</td>
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<td></td>
<td>- Interventions should be well-founded evidence based interventions.</td>
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<td></td>
<td>- A cycle of intervention should last a minimum of one new term and more frequently two.</td>
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Visual Impairment

**Universal – all children**

As part of the Health Visiting Family Offer, all children have their vision assessed routinely at 6 weeks, 9-12 months and 2 years using the Ages and Stages Questionnaire. The GPs also review vision at 6 weeks or if a need is identified.

Some children may have visual impairment (identified by medical practitioners). Most children’s visual needs will be met by universal approaches. Their visual impairments may range from relatively minor visual conditions to sight impaired. Their visual impairment may mean that they have:

- reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- Other diagnosed eye conditions.

This may mean that children need some short term support, but it should not be assumed that they have special educational needs. These children will require a ‘My Profile’ written in consultation with parents.

Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.

Setting is supported by Early Years Advisors.

**Targeted – some children**

Health visitors would refer to Ophthalmology if a visual concern was identified.

Some children’s visual needs cannot be met by universal approaches over a sustained period of time. Their visual impairments may range from relatively minor conditions. They will be registered sight impaired.

Their visual impairment may mean that they have:

- Significantly reduced visual acuity (6/36 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- A deteriorating eye condition.
- Other diagnosed eye conditions. These children may have difficulty:
  - Accessing the environment.
  - Accessing the Foundation Stage curriculum.
  - Sharing text books and worksheets.
  - Accessing computer software.
  - Participating socially with other children.
  - Participating in large play activities and games as well as other aspects of mobility.

These children will require:

- A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- These children will require a My Plan or My Plan+.

In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.

**Specialist – few children**

A few children's needs cannot be met by universal or targeted interventions and support approaches alone. Their visual impairments may range from relatively minor conditions to total blindness. They will be registered severely sight impaired.

Their visual impairment may mean that they have:

- Significantly reduced visual acuity (3/60 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- A deteriorating eye condition.
- Other diagnosed eye conditions.

These children will require a graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

Clear plans for the use of support to achieve agreed outcomes in My Plan/My Plan+.

For some children a co-ordinated multi-agency ‘My Plan+’ will be essential.

For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.

Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

**Intervention and Support**

**Universal – all children**

All children will require access to the following Intervention and Support approaches:

- Training for key workers in the management of individual equipment and good practice in relation to sight impairment.
- A secure, structured and safe learning environment.
- Staff set personalised learning targets for all children.

**Targeted – some children**

Some children will require the following additional intervention and support approaches:

- Regular or frequent involvement of an Advisory Teacher for Children with Visual Impairment for advice/training/specialist interventions and approaches.
- Specific teaching strategies and interventions which are appropriate to the needs of a child with visual impairment.
- Use of specialist equipment.

**Specialist – few children**

In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.

A high level of adult support may be required to provide:

- A high level of care and supervision.
- Individual programmes used to support learning and support specific individual targets. This may include:
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<tr>
<td>◆ Appropriate environment established (e.g. good lighting and use of visuals, all children seated so that they can see the adult).</td>
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<td>◆ Access to well organised and placed resources.</td>
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<td>◆ Clear routines within setting.</td>
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<td>◆ Setting uses EYEASI pack.</td>
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<tr>
<td>◆ Use of auditory reinforcement.</td>
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<tr>
<td>◆ Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment.</td>
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<td>◆ Opportunities to develop communication skills.</td>
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<td>◆ Opportunities to improve social skills.</td>
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<tr>
<td>◆ Structured approaches to develop communication skills as well as self esteem.</td>
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<td>◆ Opportunities to provide social interaction communication and self esteem building in both structured and unstructured situations as appropriate.</td>
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<tr>
<td>◆ Carefully monitored access to low visual aids.</td>
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<td>◆ Access to specialist ICT equipment.</td>
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<tr>
<td>◆ Regular and frequent involvement of a Teacher of the Visually Impaired for advice/training/specialist interventions and approaches.</td>
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<tr>
<td>There should be appropriate modifications to the setting and environment. These modifications may include:</td>
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<tr>
<td>◆ Grouping strategies which are used flexibly to promote independent learning.</td>
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<tr>
<td>◆ Setting management which is responsive to the child’s visual impairment.</td>
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<td>◆ Setting management which takes account of social relationships.</td>
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<td>◆ A Teacher of the Visually Impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.</td>
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<td>Interventions should be well-founded evidence based interventions.</td>
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<td>A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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<tr>
<td>Specialist VI services to aid mobility and independence, self help and specialised skills to equip them for their future.</td>
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<tr>
<td>The child may require some of the following:</td>
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<tr>
<td>◆ Access in all areas of the Early Years Foundation Stage curriculum through specialist low vision aids, equipment or adaptations.</td>
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<tr>
<td>◆ Regular access to specialist support and help with developing communication and language skills.</td>
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<tr>
<td>◆ Access to appropriate well-founded evidence based interventions.</td>
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</table>
### Multisensory Impairment/deafblindness

<table>
<thead>
<tr>
<th>Universal – all children</th>
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<tr>
<td>Some children have some degree of combined hearing and vision impairment (identified by medical practitioners). The hearing impairment may be temporary or permanent. Their visual impairments may range from relatively minor visual conditions to sight impaired. It may affect one (unilateral) or both (bilateral) ears and eyes. Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. Their visual impairment may mean that they have:</td>
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<tr>
<td>- Reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.</td>
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<tr>
<td>- A defect in the field of vision e.g. tunnel vision or loss of central vision.</td>
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<tr>
<td>- Other diagnosed eye conditions. This may mean that CYP children need some short term support, but it should not be assumed that they have special educational needs. These children will require a ‘My Profile’ written in consultation with parents. Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies. Setting is supported by Early Years Advisors.</td>
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<tr>
<td>Some children’s multisensory impairment needs cannot be met by universal approaches over a sustained period of time. The child may have a diagnosed mild-moderate combined hearing and vision impairment. Their visual impairments may range from relatively minor conditions. They will be registered sight impaired. Their visual impairment may mean that they have:</td>
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<td>- Significantly reduced visual acuity (6/36 or worse) in both eyes which cannot be corrected by glasses.</td>
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<tr>
<td>- A defect in the fields of vision e.g. tunnel vision or loss of central vision.</td>
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<tr>
<td>- A deteriorating eye condition.</td>
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<tr>
<td>These children may have difficulties:</td>
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<tr>
<td>- Accessing the environment.</td>
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<tr>
<td>- Accessing the Early years Foundation Stage curriculum.</td>
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<tr>
<td>- Sharing text books and worksheets. Accessing computer software.</td>
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<tr>
<td>- Participating socially with other children.</td>
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<tr>
<td>- Participating in large play activities and games as well as other aspects of mobility.</td>
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<tr>
<td>- Persistently appearing to ignore and/or misunderstand instructions.</td>
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<tr>
<td>- Difficulties in understanding or responding to verbal cues.</td>
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<tr>
<td>- Difficulties in communicating through spoken language/interactions with peers and adults.</td>
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<tr>
<td>- Difficulties with language-related topics and in understanding new/complex concepts.</td>
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<tr>
<td>- Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.</td>
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<tr>
<td>- Tendency to rely on peers, observing behaviour and activities to cue into expected responses.</td>
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<tr>
<td>- Tendency to withdraw from social situations and an increasing passivity and absence of initiative.</td>
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<tr>
<td>- Increasingly using additional strategies to facilitate communication. These children will require:</td>
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<tr>
<td>- A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
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<tr>
<td>For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</td>
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</tr>
<tr>
<td>Some children's needs cannot be met by Universal or Targeted interventions and support approaches alone. In these cases the child's multisensory impairment/deafblindness may significantly affect their access to learning, expressive and receptive communication development, access to their environment and mobility. They may have complex needs including medical, physical, additional sensory and learning needs. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers and this is likely to be a long term and complex difficulty and may require alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties. Their visual impairments may range from relatively minor conditions to total blindness. They may be registered severely sight impaired. Their visual impairment may mean that they have:</td>
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<tr>
<td>- Significantly reduced visual acuity (3/60 or worse) in both eyes which cannot be corrected by glasses.</td>
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<tr>
<td>- A defect in the fields of vision e.g. tunnel vision or loss of central vision.</td>
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<tr>
<td>- A deteriorating eye condition.</td>
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<tr>
<td>Some children may require a statutory Health and Care Plan. For some children the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</td>
<td></td>
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</tr>
<tr>
<td>Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities</td>
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</tr>
</tbody>
</table>
## Intervention and Support

### Universal – all children

- All children will require access to the following Intervention and Support approaches:
  - Involvement of a qualified specialist teacher for Multisensory impairment / a qualified Teacher of the Deaf / a qualified Teacher for Visual Impairment for advice/training/specialist equipment. A secure, structured and safe learning environment.
  - Training for key workers in the management of individual equipment and good practice in relation to multisensory impairment.
  - A secure, structured and safe learning environment.
  - Appropriate environment established (e.g. good lighting and use of visuals, all children seated so that they can see the adult).
  - Access to well organized and placed resources.
  - Curriculum differentiated appropriately to take account of individual needs.
  - Staff set personalised learning outcomes for all children.
  - Appropriate classroom and whole school listening environment established (e.g., good room acoustics and lighting, all children seated so that they can see and hear the adult).
  - All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place. General support for promoting self-esteem, confidence and independence.
  - Training for key workers in the management of additional equipment and deafblind/MSI awareness.

### Targeted – some children

- Some children may require the following additional intervention and support approaches:
  - Involvement of a qualified Teacher for Multisensory Impairment / qualified Teacher of the Deaf / qualified Teacher for Visual Impairment for advice/training/specialist equipment at a regular or frequent level.
  - Training for key worker(s) in the management of additional equipment may be required.
  - Opportunities for the multisensory impaired child to develop communication skills.
  - Help to develop communication and language skills through appropriate differentiation of oral language, activities and materials.
  - Access to additional targeted intervention in small groups or individually.
  - Use of auditory reinforcement.
  - Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment.
  - Carefully monitored access to low visual aids.
  - Access to specialist ICT equipment. Regular and frequent involvement of a Teacher for Multisensory Impairment for advice/training/specialist interventions and approaches.
  - Opportunities to improve social skills, interaction, communication skills and self-esteem as appropriate.
  - Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures).
  - Repetition of answers in group time.
  - Additional time for hearing impaired child to process questions/information.
  - Help in acquiring, comprehending and using speech and language in structured and unstructured situations.
  - Specific pre-teaching of subject based concepts and vocabulary.
  - Careful monitoring of communication and language programme implemented with advice from Teacher for Multisensory Impairment; a Speech and Language Therapist may also be involved.
  - Access to specialist amplification systems such as radio aids.
  - Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.
  - Requires additional systems to support all aspects of communication, for example, BSL, Total Communication, additional audiological equipment.

### Specialist – few children

- In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.
- A high level of adult support may be required to provide:
  - A high level of care and supervision. Individual programmes used to support learning throughout the school day.
  - Individual programmes used to support learning and support specific individual targets. This may include specialist services to aid mobility and independence, self-help and specialised skills to equip them for their future.
  - Specialist support to develop communication strategies appropriate to the needs of the child. This may include on body signing, sign language, deafblind manual.
- The child may require some of the following:
  - Access in all areas of the Early Years Foundation Stage curriculum through specialist low vision aids, equipment or adaptations.
  - Regular access to specialist support and help with developing communication and language skills.
  - Access to appropriate well-founded evidence based interventions.
  - Emphasis on language development, communication skills and on-going auditory training if appropriate.
  - Some children will require access to a differentiated multisensory curriculum within an adapted environment to meet individual needs.
**General Guidance: Evaluating Progress and Reviewing**

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</td>
<td>- Grouping strategies which are used flexibly to promote independent learning.</td>
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<tr>
<td>- Setting management which is responsive to the child's multisensory impairment.</td>
<td>- Setting management which takes account of social relationships.</td>
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</tbody>
</table>

**Universal – all children**

Through regular reviews of children's progress in consultation with child and parents.

In preparing for transition to school all children should have:
- Opportunities to visit primary school and meet teacher and vice versa.
- Opportunities to visit the next developmental stage room.
- Key person introduced to child and parents.
- Partnership working when child attends more than one setting.
- My Profile prepared for transition in consultation with parents.

**Targeted – some children**

Any children with additional needs are handed over individually to the School nursing team from the Health Visiting team.

Reviews of progress should take place at least three times per year.

Reviews should feed into the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced.

Parents should always be involved in the review of the child's progress.

Children's views should always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and made available as needed.

Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the child.

In analysing the progress that has been made the child may:
- No longer need special educational provision and needs will be met from universal approaches.
- Continue to need special educational provision as needs cannot be met from universal approaches.
- Need more intensive special educational provision.

In preparing for transition to school some children will require:
- Transition book prepared with photos of new school and key staff.
- Sharing of strategies used effectively by current setting/key worker.
- Partnership working when child attends more than one setting.

My Plan reviewed with current and receiving setting and parents prior to transition.

**Specialist – few children**

Reviews of progress should take place at least three times per year.

Reviews should feed into the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced.

Parents should always be involved in the review of the child's progress.

Children's views should always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and made available as needed.

Reviews should involve the appropriate external professionals working with the child.

In analysing the progress that has been made the child may:
- No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.
- Continue to need intensive special educational provision as needs cannot be met from targeted approaches.
- Need more intensive special educational provision.

In preparing for transition to school a few children will require:
- Liaison with receiving school such as 'Starting Out conference'.
- Audit of school environment.

My Plan/MyPlan+ reviewed with current and receiving setting and parents prior to transition.
This section of the guidance aims to help schools in Gloucestershire meet the needs of children with special educational needs and disabilities. It should be used as a reference document to guide their practice.

**Communication and Interaction Needs**

<table>
<thead>
<tr>
<th>Universal – all children</th>
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<tbody>
<tr>
<td>All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children’s linguistic competence supports their learning as well as their communication skills. Many children have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly. Children may have difficulty with social interaction. They may have difficulties with attention and listening; social understanding and lack flexibility in thought and behaviour. Difficulties with communication and interaction may mean that children need some short term support but it should not be assumed that they have special educational needs.</td>
<td>Some children’s communication and interaction difficulties cannot be met by universal approaches over a sustained period of time. Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional and mental health. Children with these difficulties may have a medical diagnosis such as Autism or Asperger’s Syndrome. These children will require a graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
<td>A few children's difficulties are severe and longstanding and have not responded to focussed and well founded interventions over a period of time. The severity of their difficulties may have a considerable impact on their ability to access the curriculum. The range of difficulties these children are experiencing may be impacting on their emotional and mental health. These children will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These children may require an Education, Health and Care Plan.</td>
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</table>

**Assessment and Planning**

<table>
<thead>
<tr>
<th>Universal – all children</th>
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</table>
| All children require:  
  - Systems to be in place for staff to routinely seek children’s views about their strengths and difficulties and adults’ concerns (e.g. through the use of My Profile).  
  - Systems to be in place for staff to regularly seek the views of parents about their children’s communication and interaction skills.  
  - Appropriate arrangements to be in place for assessment of the classroom and school environment and the impact on children’s communication and interaction which are reviewed at least annually.  
  - Routine assessment of their progress with speaking and listening skills.  
  - Subject and class teachers who take account of access strategies and teaching styles when planning. | In addition to universal assessment and planning approaches, some children will require:  
  - The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).  
  - The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile).  
  - Liaison and consultation with external professionals and support services where appropriate.  
  - Close home-school links, so school are aware of changes in home circumstances that may impact on progress.  
  - Liaison and consultation with external professionals and support services (e.g. Paediatrician, CYPS, School Nurse, Social Services etc) where appropriate.  
  - The SENCO contacts other professionals working with child outside school (with parental permission) as part of the assessment.  
  - Where appropriate external services (e.g. Advisory Teaching Service, Educational | In addition to Universal and Targeted assessment and planning approaches a few children will also require:  
  - The setting to gather the individual child’s views about the difficulty and support approaches to be put in place.  
  - The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile).  
  - External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan.  
  - Very close home-school liaison, so school are aware of changes in home circumstances that may impact on communication and interaction.  
  - The appropriate non-educational professionals (e.g. Paediatrician, CYPS, School Nurse, Social Services etc) are also involved in assessment and planning.  
  - Involvement from external support services (e.g. Advisory Teacher, Educational Psychologist) who assist in assessment and planning.  
  - Rigorous qualitative and quantitative measures should be used as a baseline |
### Universal – all children

- Psychology Service) contribute via consultation or specialist assessment, leading to more specifically focussed plan.
- Both qualitative and quantitative measures may be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.
- The class teacher in consultation with the SENCO to establish a clear analysis of the child's needs.
- Consideration of their development in comparison to their peers and their response to previous interventions.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan / My Plan+).
- Assessment suggests that difficulties in child’s communication and interaction mean they require additional and different provision.

### Targeted – some children

- Some children may require the following additional intervention and support approaches:
  - Small group work within class to support appropriate aspects of the differentiated curriculum.
  - Teaching of specific social interaction skills and social use of language with opportunities to generalise the skills used on a daily basis through individual and small group work.
  - Close home - school liaison to ensure reinforcement of strategies and the generalisation of skills.
  - Approaches (e.g. Circle of Friends, buddying systems) to develop peer support.
  - Verbal explanations require simplification with visual and/or experiential and/or concrete support.
  - Reduce anxiety through frequently adapting and structuring the learning and social environment as appropriate.
  - Adaptations are made to include use of key wording and pre-tutoring to introduce, teach and reinforce specific vocabulary and concepts, including specific subject

### Specialist – few children

- In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.
- A high level of adult support may be required to provide:
  - A highly structured and personalised teaching environment.
  - A high level of care and supervision.
  - A consistent approach to multi-sensory communication.
  - Individual programmes used to manage emotional and behavioural needs throughout the school day.
  - Staff trained and skilled in responding to very challenging behaviours.
  - A secure, structured and safe learning environment.
<table>
<thead>
<tr>
<th>Universal – all children</th>
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<tbody>
<tr>
<td>Then boards.</td>
<td>A structured language intervention which may be devised in consultation with external professionals (e.g. Advisory Teachers, Speech and Language Therapists) with support to generalise skills taught.</td>
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<tr>
<td>Flexible use of staffing and resources to support access to learning and teaching.</td>
<td>Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning.</td>
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<tr>
<td>Positive self esteem maintained through developing areas of strength.</td>
<td>Significant differentiation of spoken and written language, activities and materials in class including use of ICT.</td>
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<tr>
<td>Staff appropriately prepare students for routine changes (e.g. change in lessons, change in activity, change in teaching staff).</td>
<td>Approaches to build understanding of abstract and figurative language.</td>
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<tr>
<td>Out of hours clubs which can provide opportunities to reinforce children’s strengths and for social communication in an informal setting.</td>
<td>Small group work outside the classroom to address specific language, social communication and listening skills targets as appropriate.</td>
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<tr>
<td>Staff model appropriate social behaviour and interaction.</td>
<td>Children may require withdrawal from the classroom to a sanctuary at times of stress.</td>
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<tr>
<td>Clear, simple and positive instructions with visual support if necessary e.g. visual timetable.</td>
<td>Teaching strategies which take into account specific difficulties with social understanding and the generalisation of skills.</td>
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<tr>
<td>Appropriate use of visual prompts, to show what behaviour and actions are expected.</td>
<td>Some additional adult support may be provided at unstructured times (e.g. break-times).</td>
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<tr>
<td>Additional adult support is used to support group work in the classroom.</td>
<td>Modifications to the teaching environment to take account of sensory sensitivities.</td>
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<tr>
<td>Reduce anxiety through adapting and structuring the learning and social environment as appropriate.</td>
<td>Visual approaches to develop social understanding including comic strip conversations and Social Stories.</td>
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<tr>
<td>Teaching strategies take into account difficulties with social understanding and the generalisation of skills.</td>
<td>Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum.</td>
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<tr>
<td>Language is given priority in planning to facilitate effective curriculum access.</td>
<td>Some individual work to address specific targets, if appropriate.</td>
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<tr>
<td>Curriculum delivery modified to accommodate reluctance to accept adult direction.</td>
<td>Targeted small group work within class group to support specific aspects of the curriculum.</td>
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<tr>
<td>School staff use augmentative and/or alternative means of communication, (e.g. use of symbols and visual prompts).</td>
<td>Interventions should be well-founded evidence based interventions.</td>
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<tr>
<td>Use of a structured approach for tasks and activities with a clear beginning middle and end.</td>
<td>A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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<tr>
<td>Whole staff awareness of the implications of communication and interaction difficulties.</td>
<td>Additional adult support may be required at an individual level or within a small group to implement support strategies and approaches.</td>
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</tbody>
</table>
| Appropriate differentiation of spoken and written language, activities and materials in class. | }
Evaluating Progress and Reviewing

<table>
<thead>
<tr>
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| Through regular reviews of children’s progress in consultation with child and parents. | Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the child’s progress. Children’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child. In analysing the progress that has been made the child may:  
* No longer need special educational provision and needs will be met from universal approaches.  
* Continue to need special educational provision as needs cannot be met from universal approaches.  
* Need more intensive special educational provision. | Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the child’s progress. Children’s views should always be sought as part of the review process. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:  
* No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.  
* Continue to need intensive special educational provision as needs cannot be met from targeted approaches.  
* Need more intensive special educational provision. |
### Cognition and Learning Needs

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<tr>
<td>Children may show a slower rate of progress in some areas of their learning than their peers. This may be a short term difficulty that requires brief support but it should not be assumed that they have special educational needs.</td>
<td>Some children’s learning difficulties cannot be met by universal whole school or class approaches over a sustained period of time. These children may have more difficulties than their peers with understanding, thinking, problem solving, retaining information, concepts and skills and communicating. They may have general learning difficulties in acquiring and retaining a broad range of skills and concepts or they may have more specific learning difficulties (e.g. difficulties with maths or with literacy). There may be associated social and emotional difficulties and mental health concerns. These children will require:</td>
<td>A few children’s difficulties may range from what can be seen as moderate through to severe, complex and profound difficulties. These children’s difficulties have not responded to targeted support approaches over a sustained period of time. Their difficulties are likely to impact on all areas of the curriculum. They may also have difficulties in mobility and co-ordination, communication and perception, and the acquisition of self-help skills. Children with severe learning difficulties are likely to need support to be independent. Those with profound and multiple learning difficulties (PMLD) have severe and complex learning difficulties as well as significant other difficulties such as a physical disability or a sensory impairment. These children will require:</td>
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<td></td>
<td>✷ A graduated approach which draws on evidence based interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. Examples of effective approaches and interventions include Numicon programmes; Dancing Bears; Plus One Maths; Power of 2 Maths; use of apps and ICT software including Clicker 7; Lexia Rapid Reading; Writing; Maths; Write from the Start.</td>
<td>✷ A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These children may require an Education, Health and Care Plan.</td>
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### Assessment and Planning

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<tr>
<td>All children require:</td>
<td>In addition to universal assessment and planning approaches, some children will require:</td>
<td>In addition to universal and targeted assessment and planning approaches a few children will also require:</td>
</tr>
<tr>
<td>✷ Systems in place for staff to routinely seek children’s views about their progress with learning (e.g. through the use of My Profile).</td>
<td>✷ The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).</td>
<td>✷ Access to external services (e.g. Educational Psychologist, Advisory Teacher) who contribute via consultation or specialist assessment, which leads to a more specifically focussed plan.</td>
</tr>
<tr>
<td>✷ Systems in place for staff to regularly seek parents’ views about their child’s progress with learning.</td>
<td>✷ The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile).</td>
<td>✷ Very close home-school links, so school are aware of changes in home circumstances that may impact on learning.</td>
</tr>
<tr>
<td>✷ A whole school target setting, tracking and review process.</td>
<td>✷ Both qualitative and quantitative measures used as a baseline from which progress can be judged. Continuous assessment, and curriculum assessment, supplemented by standardised/diagnostic tests where relevant.</td>
<td>Non-educational professionals (e.g. Speech Therapist, Occupational Therapist) are involved in assessment and planning.</td>
</tr>
<tr>
<td>✷ Appropriate arrangements for assessment of the classroom and school environment, which are reviewed at least annually.</td>
<td>✷ Progress and attainment clearly monitored through baseline, interim and summative assessments. These can be supplemented by standardised/diagnostic test where appropriate.</td>
<td>Measures of the impact of the child’s difficulties on their ability to access the curriculum.</td>
</tr>
<tr>
<td>✷ Systems of self-assessment which are used to inform personalised learning targets.</td>
<td>✷ Consideration of their development in comparison to peers and their response to</td>
<td>Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. My Plan / My Plan+).</td>
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<tr>
<td>✷ Encouragement to evaluate their own performance.</td>
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</table>
### Universal – all children

- previous interventions.
- The Class Teacher in consultation with the SENCO to establish a clear analysis of the children's needs to share with professionals (ATS/EPS).
- Liaison and consultation with external professionals and support services, where appropriate, which leads to a more specifically focused intervention plan. Non-educational professionals (e.g. Speech and Language Therapist) may also be involved in assessment and planning.
- The SENCO to contact other professionals working with the child outside school (with parental permission) as part of the assessment.
- Assessment suggests that the child's cognition and learning difficulties mean they require additional and different provision.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan).

### Targeted – some children

- For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People's Service (CYPS), Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.

### Specialist – few children

- For some children a co-ordinated Multi Agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups. These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

### Intervention and Support

#### Universal – all children

- Quality First Teaching or other appropriately differentiated curriculum to take account of individual needs.
- Classroom and whole school environment modified to take account of learning needs.
- Use of peer support systems across the school (e.g. peer mediators and playground buddy systems).
- Classroom groupings and seating arrangements which are used to facilitate learning. This may include planned collaborative/group work.
- Focused small group support for literacy and/or numeracy.
- Out of hours learning opportunities (e.g. homework clubs, lunchtime clubs etc.).
- Special arrangements in place for testing and assessments when required.

#### Targeted – some children

- Some children may require the following additional intervention and support approaches:
  - There should be appropriate modifications to the classroom and whole school environment.
  - Additional adult support may be required at an individual level or within a small group to provide a range of evidence based interventions and support approaches.
  - Individual arrangements made for seating and groupings to meet individual needs.
  - Close home-school links are maintained, so that the school are aware of any changes in home circumstances that may impact on learning.
  - Child and parent involvement in teaching programme clearly defined.
  - Considering carefully the child's learning styles and ensuring that this is reflected in the styles of teaching (e.g. use of multi-sensory teaching strategies).
  - Flexible grouping strategies, including ones

#### Specialist – few children

- In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:
  - A highly structured and individualised learning programme.
  - A high level of care and supervision.
  - Individual programmes used to support learning throughout the school day.
  - A secure, structured and safe learning environment.
<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer and adult support on ad hoc basis, or limited targeted adult support which may include use of HLTAs, TAs and adult volunteers.</td>
<td>where the child can work with more able peers.</td>
<td></td>
</tr>
<tr>
<td>Teaching children thinking skills and helping them to become aware of their own learning processes.</td>
<td>Increasing differentiation of activities and materials (e.g. readability and access to text considered).</td>
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<tr>
<td>Praising the child’s strengths and achievements so that self esteem is maintained and enhanced.</td>
<td>Arrangements made for pre-tutoring new skills and concepts before the lesson including identifying and pre-teaching subject specific vocabulary, supported with visuals as appropriate.</td>
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<tr>
<td>Careful consideration given to the use of language in the classroom and strategies to promote the learning of vocabulary.</td>
<td>Staff trained in working with children with specific needs.</td>
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<tr>
<td>Use of visual resources to support understanding of information and concepts.</td>
<td>Staff skilled in breaking down skills into finely detailed steps.</td>
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<tr>
<td>Use of classroom display and resources, wordbanks/times tables mats/number lines and squares/topic vocabulary.</td>
<td>Delivering instructions in short chunks and checking for understanding, giving the child time to process language and respond.</td>
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<tr>
<td></td>
<td>Where appropriate explicit teaching of study skills, collaborative learning approaches, listening skills, strategies for homework, etc.</td>
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<tr>
<td>Individual and/or small group support to implement highly structured personalised reading and/or spelling programmes on a daily basis e.g. Dancing Bears, Fresh Start, Apples and Pears Spelling, Launch the Lifeboat, Rapid Reading, Wordshark.</td>
<td>Individual and/or small group support to implement highly structured personalised numeracy programmes on a daily basis e.g. Numicon, IGCC Maths, Precision Teaching, Plus One, Power of 2.</td>
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</tr>
<tr>
<td>Use of approaches which involve children in explicit monitoring and feedback about progress e.g. Precision Teaching, Stile trays.</td>
<td>Use of approaches which involve children in explicit monitoring and feedback about progress e.g. Precision Teaching, Stile trays.</td>
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<tr>
<td>Staff who provide strategies to aid organisation.</td>
<td>Staff who provide strategies to aid organisation.</td>
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<tr>
<td>Access to ICT and to specialist equipment and materials as necessary e.g. Clicker 7, Dragon Dictation, apps such as Storymaker.</td>
<td>Access to ICT and to specialist equipment and materials as necessary e.g. Clicker 7, Dragon Dictation, apps such as Storymaker.</td>
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</tr>
<tr>
<td>Opportunities for over-learning and repetition.</td>
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<tr>
<td>Help in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences. Help to connect and generalise concepts e.g. Semantic Links, mindmapping e.g. Simple Minds.</td>
<td>Help in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences. Help to connect and generalise concepts e.g. Semantic Links, mindmapping e.g. Simple Minds.</td>
<td></td>
</tr>
<tr>
<td>Providing for alternative means of access to tasks involving reading and writing e.g. Reading pens, recording devices, scribes, paired working, computer software, coloured overlays, BBC Dance Mat typing, English Type Junior.</td>
<td>Providing for alternative means of access to tasks involving reading and writing e.g. Reading pens, recording devices, scribes, paired working, computer software, coloured overlays, BBC Dance Mat typing, English Type Junior.</td>
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<tr>
<td>Increasingly individualised curriculum linking content of whole class work and learning objectives appropriate to the child.</td>
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<tr>
<td>Interventions should be well-founded evidence based interventions.</td>
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</table>
### Evaluating Progress and Reviewing

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children’s progress needs to be monitored through regular reviews in consultation with themselves and their parents, school reports, termly assessments, such as available data through the school tracking system need to be analysed to inform such reviews.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <strong>always</strong> be involved in the review of the child’s progress. Children’s views should <strong>always</strong> be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child. In analysing the progress that has been made the child may:</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. For some children, very small steps of progress may be identified using resources such as Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <strong>always</strong> be involved in the review of the child’s progress. Children’s views should <strong>always</strong> be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</td>
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<tr>
<td>- A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
<td>- No longer need special educational provision and needs will be met from universal approaches.</td>
<td>- No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.</td>
</tr>
<tr>
<td>- A cycle of intervention will need to be delivered regularly and consistently and should be clearly evidenced through record keeping.</td>
<td>- Continue to need special educational provision as needs cannot be met from universal approaches.</td>
<td>- Continue to need intensive special educational provision as needs cannot be met from targeted approaches.</td>
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<td></td>
<td>- Need more intensive special educational provision.</td>
<td>- Need more intensive special educational provision.</td>
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</table>
### Social, Emotional and Mental Health Needs

**Universal – all children**

Children may periodically display emotional, social and behavioural difficulties and some children may have a short term mental health difficulty. These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement. This may mean they need some short term support but it should not be assumed that they have special educational needs.

**Targeted – some children**

Some children’s emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time. These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours. The behaviour may be disrupting the child’s progress with learning or the learning of other children.

These children will require:
- A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- It is essential that strategies for specific pupils are shared across the whole staff team.

**Specialist – few children**

Relatively few children’s difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown. They may over a sustained period of time:
- Display extremely withdrawn, self-harming or anxious behaviours.
- Present a serious threat to their own or others safety.
- Display particularly challenging, uncooperative, destructive and disruptive behaviours.
- Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour.
- Have difficulty engaging with activities set by adults.
- Have difficulty forming appropriate relationships (and attachments) in school.

These children may require an Education, Health and Care Plan.

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### Assessment and Planning

**Universal – all children**

All children require:
- Systems to be in place for staff to routinely seek information about children’s emotional and social concerns.
- Systems to be in place for staff to regularly seek the views of parents about their children’s social and emotional well-being.
- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually.
- A whole school behaviour policy which sets out the way the school promotes positive behaviour.
- Whole staff awareness of the implications of emotional, social and mental health difficulties.
- Appropriate whole school policies which set out the school’s approach to pastoral support and developing the emotional well being of children, (e.g. Citizenship programmes, anti-bullying approaches).
- A whole school approach to be in place to develop behaviour for learning.

**Targeted – some children**

In addition to universal assessment and planning approaches, some children will require:
- The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).
- The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile).
- Class teacher in consultation with the SENCO has established a clear analysis of the child’s needs, based on adjustments and strategies tried.
- Consideration of individual child’s development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services where appropriate (e.g. Advisory Teacher, Educational Psychologist, CYPS, School Nurse, Social Services, etc) to contribute to assessment and planning.
- Close home-school links, so school are aware of changes in home circumstances that may impact on behaviour.

**Specialist – few children**

In addition to universal and targeted assessment and planning approaches a few children will also require:
- External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan.
- Close home-school links, so school are aware of changes in home circumstances that may impact on behaviour.
- Non-educational professionals (e.g. School Nurse, Paediatrician, CYPS, Social Services etc) may also be involved in assessment and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.

For some children a co-ordinated Multi Agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers,
### Universal – all children
- Health and safety and risk assessment policies to be in place and appropriate risk assessments to be completed.

### Targeted – some children
- aware of changes in home circumstances that may impact on the child’s well-being.
- The SENCO contacts other professionals working with child outside school (with parental permission) as part of the assessment.
- Both qualitative and quantitative measures may be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan).
- Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan.

For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including: Advisory Teacher Service, Children and Young People’s Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.

Assessment suggests that difficulties in child’s emotional and social development or mental health problems mean they require additional and different provision.

### Specialist – few children
- Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups.
- These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.

### Intervention and Support

<table>
<thead>
<tr>
<th>Universal – all children</th>
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<tbody>
<tr>
<td>All children will require access to the following Intervention and Support approaches:</td>
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<tr>
<td>Curriculum differentiated appropriately to take account of individual needs.</td>
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<tr>
<td>Staff set personalised learning targets for all children.</td>
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<tr>
<td>Classroom and whole school environment modified to take account of social and emotional needs.</td>
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<td>Consistent behaviour management by all staff including regular reinforcement of positive behaviours.</td>
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<td>Appropriate differentiation of the curriculum to ensure that children are motivated to learn and to minimise emotional, social and behavioural difficulties.</td>
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<td>Class wide approaches to develop social and emotional well being (e.g. use of Circle Time, use of SEAL resources)</td>
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<tr>
<td>Some children may require the following additional intervention and support approaches:</td>
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<tr>
<td>Further modifications to the classroom and whole school environment to take account of individual needs.</td>
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<td>Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.</td>
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<td>Support through flexible grouping strategies.</td>
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<td>Additional adult support may be required at an individual or within a small group.</td>
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<td>Support to develop social skills and emotional awareness may include:</td>
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<td>Some 1:1 or small group work at times of need.</td>
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<td>Structured activities to develop specific social skills in a small group.</td>
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<tr>
<td>Break and/or lunchtime support to engage in supported activities with peers.</td>
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<tr>
<td>A small group support programme using Cognitive Behavioural principles.</td>
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<tr>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these children may require:</td>
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<tr>
<td>Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions.</td>
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<tr>
<td>A highly modified learning environment to meet the needs of the individual child.</td>
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<tr>
<td>A high level of adult support may be required to provide:</td>
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<tr>
<td>A highly structured Individual Behaviour Plan.</td>
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<tr>
<td>A high level of care and supervision.</td>
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<tr>
<td>Individual programmes used to develop social and emotional skills throughout the school day.</td>
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<tr>
<td>Staff trained and skilled in supporting children with exceptionally challenging behaviour.</td>
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<tr>
<td>A secure, structured and safe learning environment.</td>
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<tr>
<td>Universal – all children</td>
<td>Targeted – some children</td>
<td>Specialist – few children</td>
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</table>
| Use of peer support systems across the school (e.g. peer mediators and playground buddy systems). | Support to develop ability to complete classroom tasks independently and improve focus may include:  
- Reduced level of language.  
- Strategies to reduce anxiety (amber to green).  
- Provision of a distraction free work area on the edge of a group.  
- Activities which are broken into small achievable tasks e.g. Now and Next board.  
- Activity breaks within tasks.  
- Timed activities with the use of visual prompts and reminders e.g. good sitting/listening.  
- Social Stories |  
Support to develop ability to co-operate with school and adult expectations may include:  
- A clear and consistently applied hierarchy of rewards and sanctions.  
- A cumulative reward system, separate from sanctions, should be kept.  
- Out of hours social and learning opportunities (homework clubs, lunchtime clubs etc.) provided where possible.  
- Planned 1:1 or small group work where strategies for managing anger or conflict can be discussed and role played e.g. Volcano in My Tummy, De-escalation techniques, Incredible 5 Point Scale, Emotions thermometer.  
- Child may attend an in-school support centre either full time, during periods of stress, or on the basis of withdrawal from lessons which are particular trouble spots.  
- Home-School behaviour communication system in place.  
- Calm and consistent approaches in place to manage behaviour by all staff.  
- Awareness of pupils’ individual needs, shared across staff team, as appropriate. |  
Other support to develop emotional security and sense of belonging in vulnerable pupils can include:  
- Helping the child feel safe and secure.  
- Enabling the child to share control through child led activities.  
- Asking the child to identify a safe place/space.  
- Providing a calm/fidget box.  
- Placement in a nurture group.  
- Small group support activities such as Circle of Friends.  
- A weekly small group support programme to develop social skills including skills in recognising and managing emotions e.g. PALS, SULP. |  
Interventions should be well-founded evidence based interventions.  
A cycle of intervention should always last a minimum of one new term and more frequently two. |
### Evaluating Progress and Reviewing

<table>
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</table>
| Through regular reviews of children’s progress in consultation with child and parents. | Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should **always** be involved in the review of the child’s progress. Children’s views should **always** be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child. In analysing the progress that has been made the child may:  
  - No longer need special educational provision and needs will be met from universal approaches.  
  - Continue to need special educational provision as needs cannot be met from universal approaches.  
  - Need more intensive special educational provision. | Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should **always** be involved in the review of the child’s progress. Children’s views should **always** be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:  
  - No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.  
  - Continue to need intensive special educational provision as needs cannot be met from targeted approaches.  
  - Need more intensive special educational provision. |
### Physical and Medical Needs

<table>
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<tbody>
<tr>
<td>Some children who experience physical and medical difficulties have no problems in accessing the curriculum and in learning effectively. These difficulties may mean they need some short term support, but it should not be assumed that they have special educational needs.</td>
<td>The child's physical/medical needs cannot be met by universal, whole school or class approaches over a sustained period of time. These difficulties may result in:  - difficulties in safely accessing the physical environment, facilities and equipment, whole school and class activities, including assessments, practical lessons, information and communication technology.  - difficulty in achieving independent self-care skills.  - difficulties in communicating through speech and other forms of language.  - emotional stress and physical fatigue. These children will require:  - A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
<td>A few children's needs cannot be met by Universal and Targeted interventions and support approaches alone. These children have the most severe and complex physical needs. The majority of these children are identified at an early age often prior to full-time education. These children will require:  - A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These children may require an EHC Plan.</td>
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</table>

### Assessment and Planning

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<tr>
<td>All children require:  - Systems to be in place for staff to routinely seek information about children's physical needs/concerns.  - Systems to be in place for staff to regularly seek the views of parents about their children's physical/medical needs.  - Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually.  - Whole staff awareness of the implications.</td>
<td>In addition to universal assessment and planning approaches, some children will require:  - The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).  - The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile).  - Class teacher in consultation with the SENCO has established a clear analysis of</td>
<td>In addition to universal and targeted assessment and planning approaches a few children will also require:  - External services (e.g. ATS) contribute via consultation or specialist assessment, leading to a more specifically focussed plan.  - Close home-school links, so school are aware of changes in circumstances that may impact on the child's physical and medical difficulties.  - Non-educational professionals (e.g.</td>
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</table>
of physical and medical difficulties.
- Appropriate whole school policies for supporting children with physical and medical needs.
- Health and safety and risk assessments policies to be in place.
- Effective internal communication and liaison arrangements between staff.
- Universal through to specialist – School Nurse can be contacted for advice and support. The School Nurse may highlight specialist nurses to offer specific support or offer advice on schools management of the physical and medical needs.
- The School Nursing Service would take steps to ensure that a child could be safely managed in school due to their health needs. This may mean that we give schools contact details for the specialist nurses so that further training can be delivered i.e. emergency medication for epilepsy or suctioning for respiratory problems or the School Nurse will offer advice on how to manage in school. The School Nurse could contact parents to discuss concerns and support in ensuring these are addressed appropriately.

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<td>the child's needs.</td>
<td>Consideration of individual child's development in comparison to peers and their response to previous interventions.</td>
<td>Physiotherapist, Occupational Therapist) may also be involved in assessment, advice and planning.</td>
</tr>
<tr>
<td>- Consideration of individual child's development in comparison to peers and their response to previous interventions.</td>
<td>- Liaison and consultation with external professionals and support services, where appropriate (e.g. Advisory Teaching Service, Educational Psychology Service, Occupational Therapy Service etc.).</td>
<td>- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.</td>
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<tr>
<td>- Effective internal communication and liaison arrangements between staff.</td>
<td>- Close home-school links, so school are aware of changes in circumstances that may impact on the child's physical/medical needs.</td>
<td>- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.</td>
</tr>
<tr>
<td>- Universal through to specialist – School Nurse can be contacted for advice and support.</td>
<td>- Assessment and observation by subject/class teacher or SENCO indicates child's physical difficulties, affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities.</td>
<td>For some children a co-ordinated multi-agency plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other community and charity groups. These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</td>
</tr>
<tr>
<td>- The School Nursing Service would take steps to ensure that a child could be safely managed in school due to their health needs.</td>
<td>- Where there are suspicions of physical or medical difficulties, schools should advise parents to seek medical advice (e.g. G.P., School Nurse).</td>
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<tr>
<td>- Effective internal communication and liaison arrangements between staff.</td>
<td>- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.</td>
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<tr>
<td>- Universal through to specialist – School Nurse can be contacted for advice and support.</td>
<td>- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan).</td>
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<tr>
<td>- The School Nursing Service would take steps to ensure that a child could be safely managed in school due to their health needs.</td>
<td>- For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including: Advisory Teaching Service, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</td>
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## Intervention and Support

### Universal – all children

- All children will require access to the following Intervention and Support approaches:
  - Curriculum differentiated appropriately to take account of individual needs.
  - Staff set personalised learning targets for all children.
  - Appropriate classroom and whole school environment established - schools promote accessibility to the curriculum and the entire school premises, for every child.

### Targeted – some children

- Some children may require the following additional intervention and support approaches.
  - There should be appropriate modifications to the classroom and whole school environment.
  - These modifications may include:
    - Grouping strategies which are used flexibly within the classroom to promote independent learning.
    - Classroom management which responds to the child’s physical and medical needs (e.g. modifications to routines and organisation).
    - Classroom management which takes account of social relationships.
    - Appropriate support to ensure equal opportunities.

### Specialist – few children

- In addition to the Intervention and Support approaches put in place at the targeted level these children may require a highly modified learning environment to meet the needs of the individual child.
- The child may require a high level of adult support to:
  - Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum.
  - Aid safe curriculum access and response.
  - Meet primary care needs including feeding/continence management.
  - Provide manual handling (this may involve two people).
  - Ensure safe access to school life.
  - Enable advice from Health professionals.
<table>
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<tbody>
<tr>
<td>access to the curriculum and out-of-hours learning opportunities (e.g. homework clubs and lunchtime clubs).</td>
<td>Appropriate support agencies (e.g. OT, ATS) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.</td>
<td>Support the use of specialised equipment and/or a structured personalised curriculum.</td>
</tr>
<tr>
<td>The nature and extent of additional help required will be determined by the child’s needs.</td>
<td>Planned strategies to combat fatigue (e.g. rest breaks).</td>
<td>Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management).</td>
</tr>
<tr>
<td>Appropriate physical exercise following appropriate medical guidance.</td>
<td>A fine or gross motor skills programme (e.g. Fizzy programme).</td>
<td>Manage complex and critical health care needs on a daily basis.</td>
</tr>
<tr>
<td>An appropriate programme of support to develop self-help skills such as toileting and dressing.</td>
<td>Measures which allow the child to negotiate the school environment safely and as independently as possible.</td>
<td>Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties.</td>
</tr>
<tr>
<td>Structured support to develop social relationships (e.g. buddying, Circle of Friends).</td>
<td>Support to attend educational trips and school visits.</td>
<td>Enable the child to participate with peers in response to challenges in the school environment.</td>
</tr>
<tr>
<td>An appropriate level of adult support to meet personal care needs.</td>
<td>Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes).</td>
<td>Ensure safe access to out-of-hours learning opportunities and extracurricular activities.</td>
</tr>
<tr>
<td>Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slopes, specialist scissors).</td>
<td>Support to attend educational trips and school visits.</td>
<td>External support services advice on curriculum access and/or individual programmes.</td>
</tr>
<tr>
<td>A specialist Teacher (e.g., from the ATS), the SENCO, a Teaching Assistant (TA) (under specialist guidance) or other specialist provides small group or individual tuition.</td>
<td>Interventions should be well-founded evidence based interventions.</td>
<td>A specialist Teacher (e.g., from the ATS), the SENCO, a Teaching Assistant (TA) (under specialist guidance) or other specialist provides small group or individual tuition.</td>
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Interventions should be well-founded evidence based interventions.
A cycle of intervention should always last a minimum of one new term and more frequently two.
### Evaluating Progress and Reviewing

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<td>Through regular reviews of children’s progress in consultation with child and parents.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <strong>always</strong> be involved in the review of the child’s progress. Children’s views should <strong>always</strong> be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child. In analysing the progress that has been made the child may:  - No longer need special educational provision and needs will be met from universal approaches.  - Continue to need special educational provision as needs cannot be met from universal approaches.  - Need more intensive special educational provision.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <strong>always</strong> be involved in the review of the child’s progress. Children’s views should <strong>always</strong> be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:  - No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.  - Continue to need intensive special educational provision as needs cannot be met from targeted approaches.  - Need more intensive special educational provision.</td>
</tr>
</tbody>
</table>
### Hearing Impairment

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<tbody>
<tr>
<td>Many children have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short term support, but it should not be assumed that they have special educational needs.</td>
<td>Some children’s hearing needs cannot be met by universal approaches over a sustained period of time. Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional health, social interactions and behavior. They may show themselves in the following ways:  - Persistently appearing to ignore and/or misunderstand instructions.  - Difficulties in understanding or responding to verbal cues.  - Difficulties in communicating through spoken language/interactions with peers and adults.  - Difficulties with language-related topics and in understanding new/complex concepts.  - Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.  - Tendency to rely on peers, observing behaviour and activities to cue into expected responses.  - Tendency to withdraw from social situations and an increasing passivity and absence of initiative.  - Increasingly using additional strategies to facilitate communication.</td>
<td>A few children’s needs are severe and cannot be met by universal or targeted interventions and support approaches alone. In these cases the child’s hearing difficulties may:  - significantly affect their understanding and processing of spoken language.  - significantly impact on their social communication and interaction with their peers.  - significantly impact on their expressive language skills.  - significantly impact on their ability to access the curriculum.  - significantly impact on their ability to take part in teaching, learning and social activities.  - significantly impact on their social, emotional and mental health. The child may:  - have a diagnosed permanent severe or profound hearing loss or a progressive degenerative hearing condition.  - have become deaf at a later age (trauma; illness e.g. meningitis) and the resultant emotional and social difficulties may be disrupting the child’s learning and access to the curriculum.  - use a range of approaches to communicate including natural aural speech and/or sign language.  - require language enrichment to compensate for reduced linguistic experience as a result of their deafness.  - require specialist equipment, e.g. radio aids/Soundfield systems.  - use hearing aids and/or have cochlear implants.  - require modifications of curriculum delivery, teaching methods and material at a level of support beyond that of universal and targeted levels.  - have significant difficulties in maintaining concentration leading to difficulties in completing work and making progress.  - have difficulties in sustaining peer relationships.  - be unable to follow classroom routine and maintain attention to task without a high level of structure and adult support. These children may require an Education, Health and Care Plan.</td>
</tr>
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</table>

These children will require:  - A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. |
### Assessment and Planning

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<td>All children require:</td>
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<tr>
<td>- Systems to be in place for staff to routinely seek information about children’s hearing needs and concerns.</td>
<td>- The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).</td>
<td>In addition to universal and targeted assessment and planning approaches, some children will require:</td>
</tr>
<tr>
<td>- Systems to be in place for staff to regularly seek the views of parents about their children’s hearing needs.</td>
<td>- The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile).</td>
<td>- External services contribute via consultation or specialist assessment, leading to a more specifically focused plan.</td>
</tr>
<tr>
<td>- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually – in relation to class noise levels.</td>
<td>- Class teacher in consultation with the SENCO has established a clear analysis of the child’s needs.</td>
<td>- Close home-school links, so school are aware of changes in circumstances that may impact on the child’s hearing.</td>
</tr>
<tr>
<td>- Whole staff awareness of the implications of hearing difficulties and knowledge of strategies that facilitate the inclusion of children with hearing impairment.</td>
<td>- Consideration of individual child’s development in comparison to peers and their response to previous interventions.</td>
<td>- Non-educational professionals (e.g. Physiotherapist, Occupational Therapist) may also be involved in assessment, advice and planning.</td>
</tr>
<tr>
<td>- Appropriate whole school policies for supporting children with hearing difficulties.</td>
<td>- Liaison and consultation with external professionals and support services, where appropriate.</td>
<td>- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.</td>
</tr>
<tr>
<td>- Health and safety and risk assessments policies to be in place.</td>
<td>- Close home-school links, so school are aware of changes in circumstances that may impact on the child’s hearing needs.</td>
<td>- Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.</td>
</tr>
<tr>
<td>- There should be effective internal communication and liaison arrangements between staff.</td>
<td>- Assessment and observation by subject/class teacher or SENCO indicates child’s hearing difficulties, affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities.</td>
<td>- SENCO and teaching staff may need to refer to external support services e.g. Teacher of the Deaf/ENT/Audiology for further specialist assessments and advice.</td>
</tr>
<tr>
<td>- Where there are suspicions of hearing difficulties, schools should advise parents to seek a hearing assessment.</td>
<td>- Where there are suspicions of ongoing hearing difficulties, schools should advise parents to seek any appropriate medical advice.</td>
<td>For some children a co-ordinated Multi Agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups.</td>
</tr>
<tr>
<td>- The School Nursing Service can be contacted to discuss hearing concerns. Referrals for hearing tests can be completed by the School Nurse.</td>
<td>- Teacher of the Deaf or educational audiologist input may be requested for assessment s for additional audiological equipment (e.g. a radio aid).</td>
<td>These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</td>
</tr>
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For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including: Advisory Teaching Service, Children and Young People’s Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.
## Intervention and Support

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<tr>
<td>All children will require access to the following Intervention and Support approaches:</td>
<td>Some children may require the following additional intervention and support approaches:</td>
<td>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</td>
</tr>
<tr>
<td>- Curriculum differentiated appropriately to take account of individual needs.</td>
<td>- Involvement of a teacher of the deaf for one off or occasional advice/training/specialist equipment.</td>
<td>- Access to to more highly focussed specialist programmes of support.</td>
</tr>
<tr>
<td>- Staff set personalised learning targets for all children.</td>
<td>- One-off training for key worker(s) in the management of additional equipment may be required.</td>
<td>- Highly structured and individualised learning programme.</td>
</tr>
<tr>
<td>- Appropriate classroom and whole school listening environment established (e.g. good classroom/hall acoustics and lighting, all children seated so that they can see and hear the teacher).</td>
<td>- Opportunities for the hearing impaired child to develop communication skills.</td>
<td>- A high level of care and supervision.</td>
</tr>
<tr>
<td>- All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place.</td>
<td>- Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials.</td>
<td>Individual programmes used to support learning throughout the school day.</td>
</tr>
<tr>
<td>- Care to be exercised within school grouping and general support for self-esteem, confidence and promoting independence.</td>
<td>- Access to additional targeted teaching in small groups or individually on a daily basis if appropriate.</td>
<td>A secure, structured and safe learning environment.</td>
</tr>
<tr>
<td>- Appropriate seating position in class.</td>
<td>- Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures).</td>
<td>To give a greater emphasis on language development, auditory training and communication skills.</td>
</tr>
<tr>
<td></td>
<td>- Repetition of answers in class/group discussion.</td>
<td>They will require access to appropriate well-founded evidence based interventions.</td>
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SCHOOLS – Hearing Impairment

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<td>Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</td>
<td></td>
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<tr>
<td>Adjustments to ensure the listening environment takes account of individual needs.</td>
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<tr>
<td>Specialist equipment to improve listening skills (e.g. radio aid, Soundfield systems). For some children a co-ordinated Multi Agency Plan will be required. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Health Professionals and other support groups. Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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Evaluating Progress and Reviewing

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<td>No longer need special educational provision and needs will be met from universal approaches.</td>
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<tr>
<td>Continue to need special educational provision as needs cannot be met from universal approaches.</td>
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<td>Need more intensive special educational provision.</td>
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<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the child’s progress. Children’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:</td>
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<td>No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to need intensive special educational provision as needs cannot be met from targeted approaches.</td>
<td></td>
<td></td>
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<tr>
<td>Need more intensive special educational provision.</td>
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</table>
## Visual Impairment

### Universal – all children

Some children may have visual impairment (identified by medical practitioners). Visual impairments take many forms and have widely differing implications for educational provision.

Most children’s visual needs will be met by universal approaches. This may mean that children need some short term support, but it should not be assumed that they have special educational needs.

### Targeted – some children

Some children’s visual needs cannot be met by universal whole school or class approaches over a sustained period of time. These children may have difficulty:

- Accessing the curriculum.
- Reading the board from a distance.
- Reading normal print.
- Sharing text books and worksheets.
- Accessing computer software.
- Participating socially with other children.
- Participating in PE and games as well as other aspects of mobility.
- With independent working and self-help skills.

These children will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

### Specialist – few children

A few children’s needs cannot be met by universal or targeted interventions and support approaches alone.

Their visual impairments may range from relatively minor conditions to total blindness. Their visual impairment may mean they have:

- Significantly reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- A deteriorating eye condition.
- Other diagnosed eye conditions.

These children will require a graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

For children with the most severe and complex needs in relation to their visual impairment, an Education, Health and Care Plan may be required.

### Assessment and Planning

#### Universal – all children

All children require:

- Systems to be in place for staff to routinely seek information about children’s visual needs/concerns.
- Systems to be in place for staff to regularly seek the views of parents about their children’s visual needs.
- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually in relation to school and site being physically accessible to children with a visual impairment.
- Whole staff awareness of the implications of visual difficulties and knowledge of strategies to facilitate the inclusion of children with a visual impairment.
- Appropriate whole school policies to be in place for supporting children with visual difficulties.
- Health and safety and risk assessment policies to be in place and appropriate risk assessments completed.
- There should be effective internal communication and liaison arrangements between staff.
- Where there are suspicions of visual difficulties, schools should advise parents to seek medical advice (e.g. G.P, school nurse).

#### Targeted – some children

In addition to universal assessment and planning approaches, some children will require:

- The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of My Profile).
- Class teacher in consultation with the SENCO has established a clear analysis of the child’s needs.
- Consideration of individual child's development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services, where appropriate.
- Close home-school links, so school are aware of changes in circumstances that may impact on the child’s vision.
- Non-educational professionals may also be involved in assessment, advice and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.
- SENCO and teaching staff may need to refer to external support services (e.g. Teacher of the Visually Impaired, Ophthalmology) for further specialist assessments and advice.

For some children a co-ordinated Multi Agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Children and
### Universal – all children

- Visual difficulties, schools should advise parents to seek any appropriate medical advice.
- Careful monitoring of visual access to the curriculum.
- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan).

For some children a co-ordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including: Advisory Teaching Service, Children and Young People’s Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.

### Targeted – some children

- Young People’s Service (CYPS) and other community and charity groups. These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

### Specialist – few children

- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan).

### Intervention and Support

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<td>In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs.</td>
</tr>
<tr>
<td>- Curriculum differentiated appropriately to take account of individual needs.</td>
<td>- Specific teaching strategies that are appropriate to the needs of a child with visual impairment.</td>
<td>A high level of adult support may be required to provide:</td>
</tr>
<tr>
<td>- Staff set personalised learning targets for all children.</td>
<td>- Use of specialist equipment.</td>
<td>- Access to more highly focussed specialist programmes of support.</td>
</tr>
<tr>
<td>- Appropriate classroom and whole school environment established (e.g. good lighting and use of classroom/hall visuals, all children seated so that they can see the teacher and white board).</td>
<td>- Use of auditory reinforcement.</td>
<td>- Highly structured and individualised learning programme.</td>
</tr>
<tr>
<td>- All adults and children situated in the appropriate place for learning to take place.</td>
<td>- Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment.</td>
<td>- A high level of care and supervision.</td>
</tr>
</tbody>
</table>

- Opportunities to develop communication skills.
- Opportunities to improve social skills.
- Structured approaches to develop communication skills as well as self esteem.
- Opportunities to provide social interaction communication and self esteem building in both structured and unstructured situations as appropriate.
- A programme of support to develop literacy skills.
- Carefully monitored access to low visual aids.
- Access to specialist ICT equipment.
- Access to low vision aids (e.g. CCTV).
- Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print).
- Regular and frequent access to Advisory Teacher for Children with Visual Impairment to provide specialist interventions and approaches.

- Adaptations to school policies and procedures.
- Access to large print or Braille.
- Access in all areas of the curriculum through specialist low vision aids, equipment or adaptations.
- Regular access to specialist support and help with developing literacy and numeracy skills.
- Specialist ICT and Braille technology available to students and to support staff.
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| There should be appropriate modifications to the classroom and whole school environment. These modifications may include:  
- Grouping strategies which are used flexibly to promote independent learning.  
- Classroom management which is responsive to the child’s visual impairment.  
- Classroom management which takes account of social relationships.  
- Equal access to the curriculum and out-of-hours learning opportunities, (e.g. homework clubs and lunchtime clubs).  
- A Teacher of the Visually Impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.  
- Preview and review of lesson content so VI child can access during the lesson.  
- Alternative PE and sports programme to be in place where appropriate. Interventions should be well-founded evidence based interventions.  
A cycle of intervention should always last a minimum of one new term and more frequently two. | to produce specialist materials. Access to appropriate well-founded evidence based interventions. |
## Multisensory Impairment/deafblindness

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| Some children have some degree of combined hearing and vision impairment (identified by medical practitioners). The hearing impairment may be temporary or permanent. Their visual impairments may range from relatively minor visual conditions to sight impaired. It may affect one (unilateral) or both (bilateral) ears and eyes. Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. Their visual impairment may mean that they have:  
- Reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.  
- A defect in the field of vision e.g. tunnel vision or loss of central vision.  
- Other diagnosed eye conditions. Some children’s multisensory needs will be met by universal approaches. This may mean that the child will need support for their hearing and vision needs e.g. hearing aids, enlarged texts, different background colours. These children will require a ‘My Profile’ written in consultation with parents. Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies. | Some children’s multisensory impairment needs cannot be met by universal approaches over a sustained period of time. The child may have a diagnosed mild-moderate combined hearing and vision impairment and they may wear hearing aids. Their visual impairments may range from relatively minor conditions. They will be registered sight impaired. They have multisensory impairment although the impairment may be greater in one sense than in the other. Their difficulties may affect their access to learning, communication and access to their environment, including mobility. They may also impact upon their emotional health, social interactions and behaviour. They may show themselves in the following ways:  
- Persistently appearing to ignore and/or misunderstand instructions.  
- Difficulties in understanding or responding to verbal cues.  
- Difficulties in communicating through spoken language/interactions with peers and adults.  
- Difficulties with language-related topics and in understanding new/complex concepts.  
- Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.  
- Tendency to rely on peers, observing behaviour and activities to cue into expected responses.  
- Tendency to withdraw from social situations and an increasing passivity and absence of initiative.  
- Increasingly using additional strategies to facilitate communication.  
- Accessing the environment.  
- Sharing text books and worksheets.  
- Accessing computer software.  
- Participating socially with other children.  
- Participating in large play activities and games as well as other aspects of mobility. These children will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. | A few children’s needs cannot be met by universal or targeted interventions and support approaches alone. These children have multisensory impairment including combined hearing and vision loss. They may have a severe or profound impairment in hearing and/or vision. Other senses such as vestibular function (balance), proprioception, touch, taste and smell may also be affected. They may have a diagnosed medical condition or syndrome. Some CYP children with MSI have complex conditions such as CHARGE syndrome that affect all of the senses including taste, smell, touch, balance and proprioception in addition to hearing and vision. They may have a progressive condition including Usher Syndrome. They may have additional needs including significant learning difficulties. The child’s multisensory impairment may significantly affect their:  
- Understanding and processing of spoken language causing a delay in their receptive and expressive language. Their ability to communicate may severely limit participation in classroom activities and social communication and interaction with peers and this is likely to be a long term and complex difficulty requiring alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.  
- Access to the environment and mobility - they are unable to follow classroom routine and maintain attention to task without a high level of structure and adult support.  
- Access to learning requiring differentiated approaches and specialist resources and technology with adult support. These children will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These children may require an Education, Health and Care Plan. |
**Assessment and Planning**

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All children require:</td>
<td>In addition to universal assessment and planning approaches, some children will require:</td>
<td>Some children’s multisensory needs are severe and cannot be met by universal or targeted interventions and support approaches alone. In addition to universal and targeted assessment and planning approaches a few children will also require:</td>
</tr>
<tr>
<td>Systems to be in place for staff to routinely seek information about a child’s hearing and vision needs and concerns.</td>
<td>The setting to gather the child’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile)</td>
<td>External services contribute via consultation or specialist assessment, leading to a more specific focused plan.</td>
</tr>
<tr>
<td>Systems to be in place for staff to regularly seek the views of parents about their children’s hearing and vision needs.</td>
<td>The setting to raise and discuss concerns with the child’s parents and involve them in planning support approaches (e.g. through the use of My Profile)</td>
<td>Close home-school links, so school are aware of changes in circumstances that may impact on the child’s vision and hearing.</td>
</tr>
<tr>
<td>Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually – in relation to class noise levels, school and site being physically accessible to children with a visual impairment, lighting etc.</td>
<td>Class teacher in consultation with the SENCO has established a clear analysis of the child’s needs.</td>
<td>Non-educational professionals may also be involved in assessment, advice and planning. (e.g. Physiotherapist, Occupational Therapist, Speech and Language Therapist) may also be involved in assessment and strategies that facilitate the inclusion of children with multisensory impairment.</td>
</tr>
<tr>
<td>Whole staff awareness of the implications of multisensory impairment including hearing and visual difficulties and knowledge of strategies that facilitate the inclusion of children with multisensory impairment.</td>
<td>Consideration of individual child’s development in comparison to peers and their response to previous interventions.</td>
<td>SENCO and teaching staff may need to refer to external support services (e.g. qualified Teacher for Multisensory Impairment, Ophthalmology, audiology, ENT, Mobility and Independence Officer) for further specialist assessments and advice.</td>
</tr>
<tr>
<td>Appropriate whole school policies for supporting children with multisensory impairment.</td>
<td>Liaison and consultation with external professionals and support services, where appropriate.</td>
<td>Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.</td>
</tr>
<tr>
<td>Health and safety and risk assessments policies to be in place and appropriate risk assessments completed.</td>
<td>Close home-school links, so school are aware of changes in circumstances that may impact on the child’s multisensory (hearing/vision) needs.</td>
<td>For some children a coordinated Multi Agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups.</td>
</tr>
<tr>
<td>There should be effective internal communication and liaison arrangements between staff.</td>
<td>Assessment and observation by subject / class teacher or SENCO indicates child’s multisensory (hearing/vision) difficulties affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities.</td>
<td>These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</td>
</tr>
<tr>
<td>Where there are suspicions of multisensory difficulties schools should advise parents to seek a hearing and vision assessment.</td>
<td>Where there are suspicions of ongoing hearing and/or vision difficulties schools should advise parents to seek any appropriate medical advice.</td>
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</tr>
<tr>
<td></td>
<td>Careful monitoring of hearing and visual access to the curriculum by qualified Teacher for Multisensory Impairment (ATS).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessment of functional vision and hearing by qualified Advisory Teacher for Children with Multisensory Impairment.</td>
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<td></td>
<td>Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.</td>
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<tr>
<td></td>
<td>Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the My Plan).</td>
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<td></td>
<td>For some children a coordinated, holistic multi-agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including: Advisory Teaching Service, Children and Young People’s Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</td>
<td></td>
</tr>
</tbody>
</table>
### Universal – all children

All children will require access to the following Intervention and Support approaches:

- Curriculum differentiated appropriately to take account of individual needs.
- Staff set personalised learning targets for all children.
- Appropriate classroom and whole school environment established to support listening and vision (e.g., good classroom/hall acoustics and lighting, all children seated so that they can see and hear the teacher, white board).
- All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place.
- Care to be exercised within school grouping and general support for self-esteem, confidence and promoting independence.

### Targeted – some children

Some children may require the following additional intervention and support approaches:

- Involvement of a qualified teacher for multisensory impairment (ATS) for one off or occasional advice/training/specialist equipment.
- One-off training for key worker(s) in the management of additional equipment from qualified teacher for multisensory impairment may be required.
- Opportunities for the multisensory impaired child to develop communication skills.
- Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials.
- Specific teaching strategies that are appropriate to the needs of a child with combined hearing and visual impairment.
- Use of specialist equipment and technology to support learning.
- Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment and is able to see teacher clearly.
- Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate.
- Clear and precise instructions supported by visual/tactile clues as appropriate (e.g. key words, pictures, objects).
- Teacher to repeat answers back to class during class/group discussion.
- Opportunities to provide social interaction communication and self esteem building in both structured and unstructured situations as appropriate.
- A programme of support to develop literacy skills.
- Carefully monitored access to low visual aids.
- Access to specialist ICT equipment, Access to low vision aids (e.g. CCTV).
- Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print).
- Regular and frequent access to Advisory Teacher for Multisensory Impairment to provide specialist interventions and approaches.
- Additional time for hearing impaired child to process questions/information.
- Frequent and sensitive checking of child’s understanding and use of specialist equipment.
- Careful monitoring of language and literacy skills.

### Specialist – few children

In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:

- Access to more highly focused specialist programmes of support.
- Highly structured and individualised learning programme.
- A high level of care and supervision.
- Individual programmes used to support learning throughout the school day.
- A secure, structured and safe learning environment.
- Specialist support to develop communication strategies appropriate to the needs of the child. This may include on body signing, sign language, deafblind manual.
- To give a greater emphasis on language development and communication skills.
- Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self help and specialised skills to equip them for their future.

The child may require some of the following:

- Adaptations to school policies and procedures.
- Access to large print or Braille.
- Access in all areas of the curriculum through specialist low vision aids, equipment or adaptations.
- Regular access to specialist support and help with developing literacy and numeracy skills.
- Specialist ICT and Braille technology available to students and to support staff to produce specialist materials.
- Access to appropriate well-founded evidence based interventions.
- Access to a sensory environment to embed and extend learning.

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**Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities**
### SCHOOLS – Multisensory Impairment/Deafblindness

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<tbody>
<tr>
<td>- Access to specialist amplification systems such as radio aids.</td>
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<td>- Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.</td>
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<tr>
<td>- Careful monitoring of reading and spelling progress.</td>
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<tr>
<td>- Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment.</td>
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<td>- Literacy strategies devised and implemented with advice/monitoring from qualified Advisory Teacher for Multisensory Impairment and Speech and Language Therapist to compensate for reduced linguistic experience due to language delay.</td>
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<tr>
<td>- Specific pre-teaching of subject based concepts and vocabulary.</td>
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<td>- Opportunities to improve social skills, interaction, communication skills and self esteem in structured and unstructured situations.</td>
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<td></td>
</tr>
<tr>
<td>- Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.</td>
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There should be appropriate modifications to the classroom and whole school environment. These modifications may include:

- Grouping strategies which are used to promote independent learning.
- Classroom management which is responsive to the child's multisensory impairment.
- Adjustments to ensure the listening environment takes account of individual needs.
- Specialist equipment to improve listening skills (e.g. radio aid, Soundfield systems)
- Classroom management which takes account of social relationships.
- Equal access to the curriculum and out-of-hours learning opportunities, (e.g. homework clubs and lunchtime clubs)
- A qualified Advisory Teacher for Multisensory Impairment may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.
- Preview and review of lesson content so MSI child can access during the lesson
- Alternative PE and sports programme to be in place where appropriate

Interventions should be well-founded evidence based interventions.

A cycle of intervention should always last a minimum of one new term and more frequently two.

For some children a coordinated Multi Agency Plan will be required. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Health Professionals and other support groups.
### Evaluating Progress and Reviewing

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<td>Through regular reviews of children's progress in consultation with child and parents.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <em>always</em> be involved in the review of the child's progress. Children's views should <em>always</em> be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child. In analyzing the progress that has been made the child may: No longer need special educational provision and needs will be met from universal approaches. Continue to need special educational provision as needs cannot be met from universal approaches. Need more intensive special educational provision.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <em>always</em> be involved in the review of the child's progress. Children's views should <em>always</em> be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the child. In analyzing the progress that has been made the child may: No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. Continue to need intensive special educational provision as needs cannot be met from targeted approaches. Need more intensive special educational provision.</td>
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</table>
Post-16 Settings

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

It is anticipated that the majority of learners’ needs will have been identified prior to Post-16 study and that educational providers will be able to build on successful interventions already used 0-16 through careful transition planning. However, there may be some learners who;
- have special educational needs that have not been identified prior to Post-16 study or who self-declare a learning difficulty/disability,
- experience trauma Post-16 resulting in special educational needs,
- have chosen Post-16 study options which necessitate further identification, assessment and intervention in relation to the students needs in a different learning environment.

Context

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

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

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

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

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

Support should be aimed at promoting student independence and enabling the young person to make good progress towards employment and/or higher education, independent living, good health and participation in the community.

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

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

Gloucestershire Intervention Guidance Post-16

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

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

- **Employment and/or higher education**
  - All students access suitable study programmes. They should not be repeating learning that they have already completed successfully. My Profile inform transition to Post-16 setting/Post-16 placement.
  - Schools and Colleges are expected to design and deliver study programmes which enable students to progress to a higher level of study than their prior attainment, take rigorous, substantial qualifications, study English and Maths, and where appropriate work towards a qualification in these subjects. Students should also participate in meaningful work-related activities and non-accredited activities.
  - All students access information, advice and guidance from a range of providers to support and enable them to go on to achieve successful long-term outcomes in: employment and/or higher education; independent living; good health and participating in the community.
  - All students are supported to make the transition to life beyond schools or college.

- **Independent living**
  - All students have access to support and information enabling them to have choice and to make informed decisions about their lives. (e.g. My Profile(s) will inform Post-16 transition and placement.)

- **Good health**
  - All students have access to sports/leisure and recreational activities and information enabling them to have choice and to make informed decisions about being as healthy as possible in adult life.
  - This is also likely to support wider independence, community inclusion and participation. All students are supported by appropriate Health and Safety/risk assessments policies.
  - All students supported by effective internal communication between staff and departments. All students will be able to access the School Nursing Service.

- **Participating in the community**
  - All students can access information and opportunities to contribute to and participate in community activities.
  - These opportunities support communities and promote greater inclusion and participation for individuals accessing those activities. Such participation may also support greater independence and good health.

### Targeted

- **Employment and/or higher education**
  - Some students access courses which are designed to provide pathways to employment and have a clear focus on preparing students with SEND for work.
  - In addition to universal assessment and planning approaches, some students will require the Post-16 setting to gather the student views about their difficulty and the support approaches to be put in place (e.g. through the use of My Plans).
  - Students may access entry level or level 1 or 2 courses in response to a student’s changing needs.
  - A student might access support from a job coach or engage in a supported internship opportunity.
  - These students will require a graduated approach which draws on increasingly detailed interventions and support approaches, and appropriate specialist expertise.
  - In successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

### Specialist

- **Employment and/or higher education**
  - A few students’ access individual learning pathways via personalised approaches and specific interventions.
  - In addition to universal and targeted assessment these students may require an Education Health Care Plan (EHC Plan).
### Communication and Interaction Needs

<table>
<thead>
<tr>
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<tr>
<td>All students need to be able to understand and use language effectively to access the curriculum and communicate with others. Student’s linguistic competence supports their learning as well as their communication skills. Many students have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly. Students may have difficulty with social interaction. They may have difficulties with attention and listening, social understanding and lack flexibility in thought and behaviour. Difficulties with communication and interaction may mean that students need some short term support but it should not be assumed that they have special educational needs.</td>
<td>Some student’s communication and interaction difficulties cannot be met by universal approaches over a sustained period of time. Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional and mental health. Students with these difficulties may have a medical diagnosis such as Autism or Asperger’s Syndrome. These students will require a graduated approach which draws on increasingly detailed interventions and support approaches, and appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
<td>A few students’ difficulties are severe and longstanding and have not responded to focussed and well founded interventions over a period of time. The severity of their difficulties may have a considerable impact on their ability to access the curriculum. The range of difficulties these students are experiencing may be impacting on their emotional and mental health. These students will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These students may require an EHC Plan.</td>
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</tbody>
</table>

### Assessment and Planning

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</table>
| All students require:  
- Systems to be in place for staff to routinely seek student’s views about their strengths and difficulties and any concerns.  
- Systems to be in place for staff to regularly seek the views of students about student’s communication and interaction skills.  
- Appropriate arrangements to be in place for assessment of the learning environment and the impact on student’s communication and interaction which are reviewed at least annually.  
- Routine assessment of their progress with speaking and listening skills.  
- Subject and pastoral teachers who take account of access strategies and teaching styles when planning. | In addition to universal assessment and planning approaches, some students will require:  
- The setting to gather the student’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).  
- The setting to raise and discuss concerns with the students and involve them in planning support approaches (e.g. through the use of My Profile).  
- Liaison and consultation with external professionals and support services where appropriate.  
- Non-educational professionals (e.g. Paediatrician, Speech and Language Therapist, CYPS) may also be involved in assessment and planning.  
- The SEND Lead contacts other professionals working with student outside the learning environment (with student permission) as part of the assessment.  
- Where appropriate external services (e.g. Advisory Teaching Service, Educational Psychology Service) contribute via consultation or specialist assessment, leading to more specifically focussed plan.  
- Both qualitative and quantitative measures may be used as a baseline from which progress can be judged. | In addition to universal and targeted assessment and planning approaches a few students will also require:  
- The setting to gather the individual student’s views about the difficulty and support approaches to be put in place.  
- The setting to raise and discuss concerns with the students and involve them in planning support approaches (e.g. through the use of My Profile). This may include talking with the student’s parent or carers where the student does not have capacity.  
- External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan.  
- Where a student does not have capacity, very close liaison with the home may be needed, so that the learning environment is aware of changes in home circumstances that may impact on student.  
- The appropriate non-educational professionals (e.g. Speech and Language Therapist, Health Professionals, CYPS, Social Services) are also involved in assessment and planning.  
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.  
- Measures to be made of the impact of the student’s difficulties on their ability to... |
POST-16 – Communication and Interaction Needs

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<tr>
<td>Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum.</td>
<td>Student in consultation with the SEND lead establish a clear analysis of their needs.</td>
<td>Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets</td>
</tr>
<tr>
<td>Consideration of their response to previous interventions.</td>
<td>Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs).</td>
<td>For some students a co-ordinated multi-agency plan will be required (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other support groups.</td>
</tr>
<tr>
<td>For some students a coordinated, holistic multi-agency plan will be required (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and voluntary groups.</td>
<td>For some students a coordinated, holistic multi-agency plan will be required (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and voluntary groups.</td>
<td>These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</td>
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</tbody>
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Intervention and Support

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<tr>
<td>All students will require access to the following Intervention and Support approaches:</td>
<td>Some students may require the following additional intervention and support approaches:</td>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</td>
</tr>
<tr>
<td>Guidance to ensure that students are enrolled on the appropriate course suited to their needs and aspirations</td>
<td>Adult support used to prepare specific resources including use of appropriate ICT programmes to support language and communication.</td>
<td>A high level of adult support may be required to provide:</td>
</tr>
<tr>
<td>Curriculum differentiated appropriately to take account of individual needs.</td>
<td>Some adult monitoring/support to promote social skills and interactions with peers.</td>
<td>A highly structured and personalised teaching environment.</td>
</tr>
<tr>
<td>Staff set personalised learning targets for all students.</td>
<td>Teaching of specific social interaction skills and social use of language with opportunities to generalise the skills used on a daily basis through individual and small group work.</td>
<td>A high level of care and supervision.</td>
</tr>
<tr>
<td>An environment that takes account of their communication and interaction needs.</td>
<td>Liaison to ensure reinforcement of strategies and the generalisation of skills to living situation.</td>
<td>A consistent approach to multi-sensory communication.</td>
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<tr>
<td>Curriculum access facilitated by modification of task presentation.</td>
<td>Approaches (e.g. Circle of Friends, buddying systems) to develop peer support.</td>
<td>Individual programmes used to manage emotional and behavioural needs throughout the school day.</td>
</tr>
<tr>
<td>Transition between tasks and specific use of visual communication systems (e.g. visual timetable, visual agenda, Now and Then boards).</td>
<td>Verbal explanations require simplification with visual and/or experiential and/or concrete support.</td>
<td>Staff trained and skilled in responding to very challenging behaviours.</td>
</tr>
<tr>
<td>Flexible use of staffing and resources to support access to learning and teaching.</td>
<td>Reduce anxiety through frequently adapting and structuring the learning and social environment as appropriate.</td>
<td>A secure, structured and safe learning environment.</td>
</tr>
<tr>
<td>Positive self esteem maintained through developing areas of strength.</td>
<td>Adaptations are made to include use of key wording and pre-tutoring to introduce, teach and reinforce specific vocabulary and concepts, including specific subject vocabulary.</td>
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<tr>
<td>Staff appropriately prepare students for routine changes (e.g. change in lessons, change in activity, change in teaching staff).</td>
<td>A structured language intervention which</td>
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<td>Leisure, sports and community activities which can provide opportunities to reinforce student’s strengths and for social communication in an informal setting.</td>
<td>access the curriculum.</td>
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<td>Staff model appropriate social behaviour</td>
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<td>• Appropriate use of visual prompts, to show what behaviour and actions are expected.</td>
<td>• Clear, simple and positive instructions with visual support if necessary e.g. visual timetable.</td>
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<tr>
<td>• Additional adult support is used to support group work in learning situations.</td>
<td>• Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning.</td>
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<tr>
<td>• Reduce anxiety through adapting and structuring the learning and social environment as appropriate.</td>
<td>• Language is given priority in planning to facilitate effective curriculum access.</td>
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<tr>
<td>• Teaching strategies take into account difficulties with social understanding and the generalisation of skills.</td>
<td>• Significant differentiation of spoken and written language, activities and materials in class including use of ICT and assistive technology.</td>
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</tr>
<tr>
<td>• Curriculum delivery modified to accommodate reluctance to accept adult direction.</td>
<td>• School staff use augmentative and/or alternative means of communication, (e.g. use of symbols and visual prompts).</td>
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<tr>
<td>• Use of a structured approach for tasks and activities with a clear beginning middle and end.</td>
<td>• Approaches to build understanding of abstract and figurative language.</td>
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<tr>
<td>• Whole staff awareness of the implications of communication and interaction difficulties.</td>
<td>• Small group work outside the learning environment to address specific language, social communication and listening skills targets as appropriate.</td>
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<tr>
<td>• Appropriate differentiation of spoken and written language, activities and materials in class.</td>
<td>• Student may require withdrawal from the classroom to a sanctuary at times of stress.</td>
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<td></td>
<td>• Teaching strategies which take into account specific difficulties with social understanding and the generalisation of skills.</td>
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<td></td>
<td>• Some additional adult support may be provided at unstructured times (e.g. break-times).</td>
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<td>• Modifications to the teaching environment to take account of sensory sensitivities.</td>
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<td>• Visual approaches to develop social understanding including comic strip conversations and social stories.</td>
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<td>• Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum.</td>
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<td>• Some individual work to address specific targets, if appropriate.</td>
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<td></td>
<td>• Targeted small group work within learning environment to support specific aspects of the curriculum.</td>
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<tr>
<td></td>
<td>Interventions implemented should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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<tr>
<td></td>
<td>Additional adult support may be required at an individual level or within a small group to implement support strategies and approaches.</td>
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</tbody>
</table>
Evaluating Progress and Reviewing

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
</table>
| Through regular reviews of student’s progress in consultation with the student and parents. | Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should **always** be involved in the review of the student’s progress. The student’s views should **always** be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the student. In analysing the progress that has been made the student may:  
- No longer need special educational provision and needs will be met from universal approaches.  
- Continue to need special educational provision as needs cannot be met from universal approaches.  
- Need more intensive special educational provision. | Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should **always** be involved in the review of the child’s progress. The student’s views should **always** be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the student. In analysing the progress that has been made the student may:  
- No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.  
- Continue to need intensive special educational provision as needs cannot be met from targeted approaches.  
- Need more intensive special educational provision. |
# Cognition and Learning Needs

## Universal – all children
- Students may show a slower rate of progress in some areas of their learning than their peers.
- This may be a short term difficulty that requires brief support but it should not be assumed that they have special educational needs.

## Targeted – some children
- Some students’ learning difficulties cannot be met by universal approaches over a sustained period of time.
- These students may have more difficulties than their peers with understanding, thinking, and problem solving, retaining information, concepts and skills and communicating.
- They may have general learning difficulties in acquiring and retaining a broad range of skills and concepts or they may have more specific learning difficulties (e.g. difficulties with maths or with literacy). There may be associated social and emotional difficulties and mental health concerns.
- These students will require a graduated approach which draws on increasingly detailed interventions and support approaches, and appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

## Specialist – few children
- A few students’ difficulties may range from moderate through to severe, complex and profound difficulties.
- These students’ difficulties have not responded to targeted support approaches over a sustained period of time, or have been newly identified Post-16.
- Their difficulties are likely to impact on all areas of the curriculum.
- They may also have difficulties in mobility and co-ordination, communication and perception, and the acquisition of self-help skills.
- Students with severe learning difficulties are likely to need support to be independent.
- Those with profound and multiple learning difficulties (PMLD) have severe and complex learning difficulties as well as significant other difficulties such as a physical disability or a sensory impairment.
- These students will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- These students may require an EHC Plan.

## Assessment and Planning

### Universal – all children
- All students require:
  - Systems in place for staff to routinely seek student’s views about their progress with learning.
  - Systems in place for staff to regularly seek students’ views about their progress with learning.
  - A target setting, tracking and review process.
  - Appropriate arrangements for assessment of the learning environment, which are reviewed at least annually.
  - Systems of self-assessment which are used to inform personalised learning targets.
  - Encouragement to evaluate their own performance.

### Targeted – some children
- In addition to universal assessment and planning approaches, some students will require:
  - The setting to gather student’s views about their difficulty and the support/approaches to be put in place (e.g. through the use of My Profile).
  - Some students may wish to self declare learning needs previously hidden in primary and/or secondary education; despite intervention other students may not achieve GCSE/BTEC or alternative qualifications/A-G grades owing to SEND and wish to access support/alternative learning approaches for Post-16 study.
  - The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile).
  - Both qualitative and quantitative measures used as a baseline from which progress can be judged. Continuous assessment, and curriculum assessment, supplemented by standardised/diagnostic measures used as a baseline from which progress can be judged.

### Specialist – few children
- In addition to universal and targeted assessment and planning approaches a few students will also require:
  - Access to external services (e.g. Educational Psychologist, Advisory Teacher) who contribute via consultation or specialist assessment, which leads to a more specifically focussed plan.
  - Very close links with the home setting, so that professionals are aware of changes in home circumstances that may impact on learning.
  - Non-educational professionals (e.g. Speech and Language Therapist, Occupational Therapist) are involved in assessment and planning.
  - Measures of the impact of the student’s difficulties on their ability to access the curriculum.
  - Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. individual learning targets).
  - For some students a co-ordinated multi-professional team approach is required.
### Universal – all children

- tests where relevant.
- Consideration of their development in comparison to peers and their response to previous interventions.
- The teacher in consultation with the SEND Lead and student establish and share clear analysis of the student’s needs.
- Liaison and consultation with external professionals and support services, where appropriate, which leads to a more specifically focussed intervention plan. Non-educational professionals (e.g. Speech and Language Therapist) may also be involved in assessment and planning.
- The SEND Lead to contact other professionals working with the student outside school (with student’s permission) as part of the assessment.
- Assessment suggests that the students cognition and learning difficulties mean they require additional and different provision.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs). For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People's Service (CYPS) and other support groups.

### Targeted – some children

- Some students may require the following additional intervention and support approaches:
  - There should be appropriate modifications to the classroom and whole school environment.
  - Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches.
  - Individual arrangements made for seating and groupings to meet individual needs.
  - Close links with home are maintained, so that the learning environment is aware of any changes in home circumstances that may impact on learning.
  - Student involvement in teaching programme clearly defined.
  - Considering carefully the students learning styles and ensuring that this is reflected in the styles of teaching (e.g. use of multi-sensory teaching strategies).

### Specialist – few children

- In addition to the Intervention and Support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:
  - A highly structured and individualised learning programme.
  - A high level of care and supervision.
  - Individual programmes used to support learning throughout the learning day.
  - A secure, structured and safe learning environment.

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### Intervention and Support

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
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</thead>
<tbody>
<tr>
<td>All students will require access to the following Intervention and Support approaches:</td>
<td>Some students may require the following additional intervention and support approaches:</td>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:</td>
</tr>
<tr>
<td>✷ An appropriately differentiated curriculum to take account of individual needs.</td>
<td>✷ There should be appropriate modifications to the classroom and whole school environment.</td>
<td>✷ A highly structured and individualised learning programme.</td>
</tr>
<tr>
<td>✷ Learning environment modified to take account of learning needs.</td>
<td>✷ Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches.</td>
<td>✷ A high level of care and supervision.</td>
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<tr>
<td>✷ Use of peer support systems across the learning environment (e.g. peer mediators and buddy systems).</td>
<td>✷ Individual arrangements made for seating and groupings to meet individual needs.</td>
<td>✷ Individual programmes used to support learning throughout the learning day.</td>
</tr>
<tr>
<td>✷ Sensitive groupings and seating arrangements which are used to facilitate learning. This may include planned collaborative/group work.</td>
<td>✷ Close links with home are maintained, so that the learning environment is aware of any changes in home circumstances that may impact on learning.</td>
<td>✷ A secure, structured and safe learning environment.</td>
</tr>
<tr>
<td>✷ Focussed small group support for literacy and/or numeracy/coursework.</td>
<td>✷ Student involvement in teaching programme clearly defined.</td>
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<tr>
<td>✷ Out of hours learning opportunities (e.g. lunchtime clubs, student support, ICT etc.).</td>
<td>✷ Considering carefully the students learning styles and ensuring that this is reflected in the styles of teaching (e.g. use of multi-sensory teaching strategies).</td>
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<tr>
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<tr>
<td>or limited targeted adult support which may include use of support staff and adult volunteers.</td>
<td>Flexible grouping strategies, including ones where the student can work with more able peers.</td>
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<tr>
<td>Teaching students thinking skills and helping them to become aware of their own learning processes.</td>
<td>Increasing differentiation of activities and materials (e.g. readability and access to text considered).</td>
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<tr>
<td>Appropriate celebration of the students’ strengths and achievements so that self esteem is maintained and enhanced.</td>
<td>Arrangements made for pre-tutoring new skills and concepts before the lesson.</td>
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<tr>
<td>Careful consideration given to the use of language in the learning environment and strategies to promote the learning of vocabulary.</td>
<td>Staff trained in working with students with specific needs.</td>
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<td>Staff skilled in breaking down skills into finely detailed steps.</td>
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<td>Delivering instructions in short chunks and checking for understanding, giving the student time to process language and respond.</td>
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<td>Where appropriate explicit teaching of study skills, collaborative learning approaches, listening skills, strategies for coursework, etc.</td>
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<td></td>
<td>Individual and/or small group support to implement highly structured personalised reading and/or spelling programmes.</td>
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<td></td>
<td>Individual and/or small group support to implement highly structured personalised numeracy programmes.</td>
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<td>Use of approaches which involve student in explicit monitoring and feedback about progress.</td>
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<td>Access to ICT and to specialist equipment and materials as necessary.</td>
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<td></td>
<td>Opportunities for over-learning and repetition.</td>
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<td></td>
<td>Help in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences.</td>
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<td></td>
<td>Help to connect and generalise concepts.</td>
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<td></td>
<td>Providing for alternative means of access to tasks involving reading, recording and writing.</td>
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<td></td>
<td>Increasingly individualised curriculum delivery linking course content and learning objectives appropriate to the student.</td>
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<td></td>
<td>Interventions should be well-founded evidence based interventions.</td>
<td></td>
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<tr>
<td></td>
<td>A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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**Evaluating Progress and Reviewing**

<table>
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<tr>
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<tbody>
<tr>
<td>Through regular reviews of student’s progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the student’s progress. Student’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the child. In analysing the progress that has been made the student may:  - No longer need special educational provision and needs will be met from universal approaches.  - Continue to need special educational provision as needs cannot be met from universal approaches.  - Need more intensive special educational provision.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the student’s progress. Student’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the student. In analysing the progress that has been made the student may:  - No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.  - Continue to need intensive special educational provision as needs cannot be met from targeted approaches.  - Need more intensive special educational provision.</td>
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Social, Mental and Emotional Health Needs

<table>
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</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td><strong>Some student</strong></td>
<td><strong>Relatively few student</strong></td>
</tr>
<tr>
<td>may periodically display <strong>emotional, social and behavioural difficulties</strong> and some students may have a short term mental health difficulty.</td>
<td>emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time.</td>
<td>student’s difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown.</td>
</tr>
<tr>
<td><strong>These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement.</strong></td>
<td>These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours.</td>
<td>They may over a sustained period of time:</td>
</tr>
<tr>
<td><strong>This may mean they need some short term support but it should not be assumed that they have special educational needs.</strong></td>
<td>The behaviour may be disrupting the students progress with learning or the learning and safety of others.</td>
<td>✓ Display extremely withdrawn, self-harming or anxious behaviours.</td>
</tr>
<tr>
<td><strong>All students will be able to access the School Nursing Service. This can be as a one-to-one meeting to discuss their concerns regarding their social, mental and emotional health.</strong></td>
<td>These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
<td>✓ Present a serious threat to their own or others safety.</td>
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<tr>
<td></td>
<td><strong>Student</strong> may periodically display emotional, social and mental health difficulties.</td>
<td>✓ Display particularly challenging, uncooperative, destructive and disruptive behaviours.</td>
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<td>over a sustained period of time.</td>
<td>✓ Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour.</td>
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<td></td>
<td>These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours.</td>
<td>✓ Have difficulty engaging with activities set by adults.</td>
</tr>
<tr>
<td></td>
<td>These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement.</td>
<td>These students will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
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<td>These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
<td>These students may require an EHC Plan.</td>
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### Assessment and Planning

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<tr>
<td><strong>All students require:</strong></td>
<td><strong>In addition to universal assessment and planning approaches, some student will require:</strong></td>
<td><strong>In addition to universal and targeted assessment and planning approaches a few student will also require:</strong></td>
</tr>
<tr>
<td>✓ Systems to be in place for staff to routinely seek information about student’s emotional and social concerns.</td>
<td>✓ The setting to gather the student’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).</td>
<td>✓ External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan.</td>
</tr>
<tr>
<td>✓ Systems to be in place for staff to regularly seek the views of students about their social and emotional well-being.</td>
<td>✓ The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile).</td>
<td>✓ Close home-school links, so learning setting is aware of changes in home circumstances that may impact on behaviour.</td>
</tr>
<tr>
<td>✓ Appropriate arrangements for assessment of the learning environment which are reviewed at least annually.</td>
<td>✓ Student in consultation with the SEND Lead has established a clear analysis of their needs.</td>
<td>✓ Non-educational professionals (e.g. Health Professionals CYPS, Social Services) may also be involved in assessment and planning.</td>
</tr>
<tr>
<td>✓ A behaviour policy which sets out the way the learning environment promotes positive behaviour.</td>
<td>✓ Consideration of individual student’s development in comparison to peers and their response to previous interventions.</td>
<td>✓ Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.</td>
</tr>
<tr>
<td>✓ Whole staff awareness of the implications of emotional, social and mental health difficulties.</td>
<td>✓ Liaison and consultation with external professionals and support services where appropriate (e.g. Advisory Teacher, Educational Psychologist).</td>
<td>✓ Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum.</td>
</tr>
<tr>
<td>✓ Appropriate policies which set out the learning environment’s approach to pastoral support and developing the emotional well being of students, (e.g. Citizenship programmes, anti-bullying approaches, opportunities for volunteering).</td>
<td>✓ Close links with home, so the learning environment is aware of changes in home circumstances that may impact on the students well-being.</td>
<td>For some students a co-ordinated multi agency plan will be essential (e.g. My Plan +) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other</td>
</tr>
</tbody>
</table>
| ✓ A whole setting approach to be in place to develop behaviour for learning. | ✓ The SEND Lead contacts other | agencies.

**POST-16 – Social, Mental and Emotional Health Needs**
### Universal – all children
- policies to be in place and appropriate risk assessments to be completed.

### Targeted – some children
- professionals working with student outside learning environment (with student's permission) as part of the assessment.
  - Both qualitative and quantitative measures may be used as a baseline from which progress can be judged.
  - Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum.
  - Non-educational professionals (e.g. CYPS, Social Services) may also be involved in assessment and planning.
  - Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs).
  - Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan.
- For some students a coordinated, holistic multi agency plan will be required (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Child and Young People’s Service (CYPS) and other support groups.
- Assessment suggests that difficulties in students emotional and social development or mental health problems mean they require additional and different provision.

### Specialist – few children
- community and charity groups. These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.

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### Universal – all children
All students will require access to the following Intervention and Support approaches:
- Curriculum differentiated appropriately to take account of individual needs.
- Staff set personalised learning targets for all students.
- Learning environment modified to take account of social and emotional needs.
- Consistent behaviour management by all staff including regular reinforcement of positive behaviours.
- Appropriate differentiation of the curriculum to ensure that students are motivated to learn and to minimise emotional, social and behavioural difficulties.
- Learning environment approaches to develop social and emotional well being (e.g. use of Circle Time, use of SEAL resources).
- Use of peer support systems across the learning environment (e.g. peer mediators and buddy systems).

### Targeted – some children
Some students may require the following additional intervention and support approaches.
- Further modifications to the learning environment to take account of individual needs.
- Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.
- Support through flexible grouping strategies.
- Additional adult support may be required at an individual or within a small group.
- Support to develop social skills and emotional awareness may include:
  - Some 1:1 or small group work at times of need.
  - Structured activities to develop specific social skills in a small group.
  - Break and/or lunchtime support to engage in supported activities with peers.
  - A small group support programme.

### Specialist – few children
In addition to the Intervention and Support approaches put in place at the targeted level these students may require:
- Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions.
- A highly modified learning environment to meet the needs of the individual student.
- A high level of adult support may be required to provide:
  - A highly structured Individual Behaviour Plan.
  - Risk assessments which are regularly reviewed.
  - A high level of care and supervision.
  - Individual programmes used to develop social and emotional skills throughout the day.
  - Staff trained and skilled in supporting student with exceptionally challenging behaviour.
  - A secure, structured and safe learning environment.
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<tbody>
<tr>
<td>Support to develop ability to complete focus may include:</td>
<td></td>
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<tr>
<td>❖ Provision of a distraction free work area on the edge of a group.</td>
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<tr>
<td>❖ Activities which are broken into small achievable tasks.</td>
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<tr>
<td>❖ Activity breaks within tasks.</td>
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<tr>
<td>❖ Timed activities with the use of visual prompts and reminders.</td>
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<tr>
<td>Support to develop ability to co-operate with school and adult expectations may include:</td>
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<tr>
<td>❖ A clear and consistently applied hierarchy of rewards and sanctions.</td>
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<td>❖ Additional social and learning opportunities (sports clubs, lunchtime clubs, opportunities to volunteer in community projects etc.) provided where possible.</td>
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<td>❖ Planned 1:1 or small group work where strategies for managing anger or conflict can be discussed and role played.</td>
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<td>❖ Student may attend an in-house support centre either full time, during periods of stress, or on the basis of withdrawal from learning environments which trigger stress.</td>
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<td>❖ Home-Setting behaviour communication system in place.</td>
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<td>❖ Consistent approaches in place to manage behaviour by all staff.</td>
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<td>Support to develop emotional security and sense of belonging.</td>
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<td>❖ Placement in a nurture group.</td>
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<td>❖ Small group support activities such as Circle of Friends.</td>
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<tr>
<td>❖ A weekly small group support programme to develop social skills including skills in recognising and managing emotions.</td>
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<td>Interventions should be well-founded evidence based interventions.</td>
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<td>A cycle of intervention should always last a minimum of six weeks and more frequently 10-12 weeks.</td>
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</table>
### Evaluating Progress and Reviewing

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
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<tbody>
<tr>
<td>Through regular reviews of student’s progress in consultation with the student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <em>always</em> be involved in the review of the student’s progress. Student’s views should <em>always</em> be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the student. In analysing the progress that has been made the student may:  - No longer need special educational provision and needs will be met from universal approaches.  - Continue to need special educational provision as needs cannot be met from universal approaches.  - Need more intensive special educational provision.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <em>always</em> be involved in the review of the student’s progress. Student’s views should <em>always</em> be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the student. In analysing the progress that has been made the student may:  - No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.  - Continue to need intensive special educational provision as needs cannot be met from targeted approaches.  - Need more intensive special educational provision.</td>
</tr>
</tbody>
</table>
### Multisensory Impairment/Deafblindness

#### Universal – all children

Some students may have multisensory impairment (combined hearing and vision impairments identified by medical practitioners).

Multisensory Impairment can impact on a student’s communication, access to learning and mobility. Some students’ multisensory needs will be met by universal approaches. This may mean that the student will need support for their hearing and vision needs e.g. hearing aids, enlarged texts, different background colours.

Some students have some degree of combined hearing and vision impairment (identified by medical practitioners). The hearing impairment may be temporary or permanent. Their visual impairments may range from relatively minor visual conditions to sight impaired. It may affect one (unilateral) or both (bilateral) ears and eyes.

Permanent conductive hearing losses are usually caused by the condition known as ‘glue ear’ and may be persistent. Such hearing losses fluctuate and may be mild or moderate in degree. Their visual impairment may mean that they have:

- reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- a defect in the field of vision e.g. tunnel vision or loss of central vision.
- other diagnosed eye conditions.

Some students’ multisensory needs will be met by universal approaches. This may mean that the student will need support for their hearing and vision needs e.g. hearing aids, enlarged texts, different background colours. These students will require a ‘My Profile’ written in consultation with parents.

Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other agencies.

#### Targeted – some children

Some students’ multisensory impairment needs cannot be met by universal approaches over a sustained period of time. The student may have a diagnosed mild-moderate combined hearing and vision impairment and they may wear hearing aids. Their visual impairments may range from relatively minor conditions. They will be registered sight impaired. They have multisensory impairment although the impairment may be greater in one sense than in the other. Their difficulties may affect their access to learning, communication and access to their environment, including mobility. They may also impact upon their emotional health, social interactions and behaviour. They may show themselves in the following ways:

- Persistently appearing to ignore and/or misunderstand instructions.
- Difficulties in understanding or responding to verbal cues.
- Difficulties in communicating through spoken language/interactions with peers and adults.
- Difficulties with language-related topics and in understanding new/complex concepts.
- Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.
- Tendency to rely on peers, observing behaviour and activities to cue into expected responses.
- Tendency to withdraw from social situations and an increasing passivity and absence of initiative.
- Increasingly using additional strategies to facilitate communication.
- Accessing the environment.
- Sharing text books and worksheets.
- Accessing computer software.
- Participating socially with other students.
- Participating in large play activities and games as well as other aspects of mobility.

These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. They may need access to additional audiological equipment e.g. radio aids/ Soundfield and other technology, e.g. I-pads/streamers. They may need access to low vision aids and specialist ICT to support visual access.

#### Specialist – few children

A few students’ needs cannot be met by universal or targeted interventions and support approaches alone. These students have multisensory impairment including combined hearing and vision impairment. They may have a severe or profound impairment in hearing and/or vision. Other senses such as vestibular function (balance), proprioception, touch, taste and smell may also be affected. They may have a diagnosed medical condition or syndrome. Some CYP with MSI have complex conditions such as CHARGE syndrome which affect all of the senses including taste, smell, touch, balance and proprioception in addition to hearing and vision.

They may have a progressive condition including Usher Syndrome or other syndromes. Some of the students may have significant learning difficulties.

The student’s multisensory impairment may significantly affect their:

- Understanding and processing of spoken language causing a delay in their receptive and expressive language. Their ability to communicate may severely limit participation in classroom activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes. Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.
- Access to the environment and mobility as they are unable to follow classroom routine and maintain attention to task without a high level of structure and adult support.
- Access to learning requiring differentiated approaches and specialist resources and technology with adult support.

These students will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These students may require an EHC Plan.
### Assessment and Planning

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>All students require:</td>
<td></td>
<td>Some student’s multisensory needs are severe and cannot be met by universal or targeted interventions and support approaches alone. In addition to universal and targeted assessment and planning approaches a few students will also require:</td>
</tr>
<tr>
<td>- Systems to be in place for staff to routinely seek information about a student’s hearing and vision needs and concerns.</td>
<td>- The setting to gather the student’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile)</td>
<td>- External services contribute via consultation or specialist assessment, leading to a more specific focused plan.</td>
</tr>
<tr>
<td>- Systems to be in place for staff to regularly seek the views of parents about their student’s hearing and vision needs.</td>
<td>- The setting to raise and discuss concerns with the student’s parents and involve them in planning support approaches (e.g. through the use of My Profile)</td>
<td>- Close home-school links, so school are aware of changes in circumstances that may impact on the student’s vision and hearing.</td>
</tr>
<tr>
<td>- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually – in relation to class noise levels, school and site being physically accessible to students with a visual impairment, lighting etc.</td>
<td>- Close home-school links, so school are aware of changes in circumstances that may impact on the student’s vision and hearing.</td>
<td>- Non-educational professionals may also be involved in assessment, advice and planning (e.g. Physiotherapist, Occupational Therapist, Speech and Language Therapist) may also be involved in assessment and strategies that facilitate the inclusion of students with multisensory impairment.</td>
</tr>
<tr>
<td>- Whole staff awareness of the implications of multisensory impairment including hearing and visual difficulties and knowledge of strategies that facilitate the inclusion of students with multisensory impairment.</td>
<td>- Consideration of individual student’s development in comparison to peers and their response to previous interventions.</td>
<td>- Learning Support/SENCO and teaching staff may need to refer to external support services (e.g. qualified Teacher for Multisensory Impairment, Ophthalmology, audiology, ENT, Mobility and Independence Officer/ROVI) for further specialist assessments and advice.</td>
</tr>
<tr>
<td>- Appropriate whole school policies for supporting students with multisensory impairment.</td>
<td>- Liaison and consultation with external professionals and support services, where appropriate.</td>
<td>- Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum. For some students a coordinated multi-agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Students and Young People’s Service (CYPS) and other community and charity groups. These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</td>
</tr>
<tr>
<td>- Health and safety and risk assessments policies to be in place and appropriate risk assessments completed.</td>
<td>- Close home-school links, so school are aware of changes in circumstances that may impact on the student’s multisensory (hearing/vision) needs.</td>
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<tr>
<td>- There should be effective internal communication and liaison arrangements between staff.</td>
<td>- Assessment and observation by subject/class teacher or SENCO indicates student’s multisensory (hearing/vision) difficulties affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities.</td>
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<tr>
<td>- Where there are suspicions of multisensory difficulties schools should advise parents to seek a hearing and vision assessment.</td>
<td>- Where there are suspicions of ongoing hearing and/or vision difficulties schools should advise parents to seek any appropriate medical advice.</td>
<td></td>
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<tr>
<td>- Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum. For some students a coordinated multi-agency Plan (e.g. My Plan+) will be essential. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Students and Young People’s Service (CYPS) and other community and charity groups. These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.</td>
<td>- Careful monitoring of hearing and visual access to the curriculum by qualified teacher for multisensory impairment (ATS).</td>
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<tr>
<td>- Assessment of functional vision and hearing by qualified Advisory Teacher for Students with Multisensory Impairment.</td>
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<tr>
<td>- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.</td>
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<tr>
<td>- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within the IEP or My Plan).</td>
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<td>For some students a coordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including; Advisory Teaching Service, Students and Young People’s Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</td>
<td>For some students a coordinated, holistic Multi Agency Plan (e.g. My Plan+) will be required. This may involve a range of professionals including; Advisory Teaching Service, Students and Young People’s Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.</td>
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## Intervention and Support

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<tr>
<th>Universal – all children</th>
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<tbody>
<tr>
<td>All students will require access to the following Intervention and Support approaches:</td>
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<tr>
<td>- Curriculum differentiated appropriately to take account of individual needs.</td>
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<td>- Staff set personalised learning targets for all students.</td>
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<tr>
<td>- Appropriate classroom and whole school environment established to support listening and vision (e.g. good classroom/hall acoustics and lighting, all students seated so that they can see and hear the teacher, white board).</td>
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<td>- All adults and students encouraged to talk at the appropriate volume and pitch for learning to take place.</td>
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<td>- Care to be exercised within school grouping and general support for self-esteem, confidence and promoting independence.</td>
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<tr>
<td>Some students may require the following additional intervention and support approaches.</td>
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<tr>
<td>- Involvement of a qualified Teacher for Multisensory Impairment (ATS) for one off or occasional advice/training/specialist equipment.</td>
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<td>- One-off training for key worker(s) in the management of additional equipment from qualified Teacher for Multisensory Impairment may be required.</td>
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<tr>
<td>- Opportunities for the multisensory impaired student to develop communication skills</td>
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<tr>
<td>- Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials.</td>
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<tr>
<td>- Specific teaching strategies that are appropriate to the needs of a student with combined hearing and visual impairment.</td>
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<tr>
<td>- Use of specialist equipment and technology to support learning.</td>
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<td>- Appropriate seating arrangements with adjustments made to ensure the student has a good listening environment and is able to see teacher clearly.</td>
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<td>- Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate.</td>
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<td>- Clear and precise instructions supported by visual/tactile clues as appropriate (e.g. key words, pictures, objects).</td>
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<td>- Teacher to repeat answers back to class during class/group discussion.</td>
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<td>- Opportunities to provide social interaction communication and self esteem building in both structured and unstructured situations as appropriate.</td>
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<td>- A programme of support to develop literacy skills.</td>
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<tr>
<td>- Carefully monitored access to low visual aids.</td>
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<tr>
<td>- Access to specialist ICT equipment. Access to low vision aids (e.g. CCTV).</td>
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<tr>
<td>- Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print).</td>
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<tr>
<td>- Regular and frequent access to Advisory Teacher for Multisensory Impairment to provide specialist interventions and approaches.</td>
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<td>- Additional time for hearing impaired student to process questions/information.</td>
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<tr>
<td>- Frequent and sensitive checking of student's understanding and use of specialist equipment.</td>
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<tr>
<td>- Careful monitoring of language and literacy skills.</td>
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In addition to the Intervention and Support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.

A high level of adult support may be required to provide:

- Access to more highly focused specialist programmes of support.
- Highly structured and individualised learning programme.
- A high level of care and supervision.
- Individual programmes used to support learning throughout the school day.
- A secure, structured and safe learning environment.
- To give a greater emphasis on language development and communication skills.
- Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self help and specialised skills to equip them for their future.
- Specialist support to develop communication strategies appropriate to the needs of the child. This may include on body signing, sign language, deafblind manual.

The student may require some of the following:

- Adaptations to school policies and procedures.
- Access to large print or Braille.
- Access in all areas of the curriculum through specialist low vision aids, equipment or adaptations.
- Regular access to specialist support and help with developing literacy and numeracy skills.
- Specialist ICT and Braille technology available to students and to support staff to produce specialist materials.
- Access to appropriate well-founded evidence based interventions.
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<tr>
<td>Access to specialist amplification systems such as radio aids.</td>
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<td>Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.</td>
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<tr>
<td>Careful monitoring of reading and spelling progress.</td>
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<tr>
<td>Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment.</td>
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<tr>
<td>Literacy strategies devised and implemented with advice/monitoring from qualified Advisory Teacher for Multisensory Impairment and speech and language therapist to compensate for reduced linguistic experience due to language delay.</td>
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<td>Specific pre-teaching of subject based concepts and vocabulary.</td>
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<td>Opportunities to improve social skills, interaction, communication skills and self esteem in structured and unstructured situations.</td>
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<td>Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.</td>
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<td>There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</td>
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<td>Grouping strategies which are used to promote independent learning.</td>
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<td>Classroom management which is responsive to the student’s multisensory impairment.</td>
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<td>Adjustments to ensure the listening environment takes account of individual needs.</td>
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<tr>
<td>Specialist equipment to improve listening skills (e.g. radio aid, Soundfield systems)</td>
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<td>Classroom management which takes account of social relationships.</td>
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<td>Equal access to the curriculum and out-of-hours learning opportunities, (e.g. homework clubs and lunchtime clubs).</td>
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<td>A qualified Advisory Teacher for Multisensory Impairment may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.</td>
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<td>Preview and review of lesson content so MSI student can access during the lesson.</td>
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<td>Alternative PE and sports programme to be in place where appropriate.</td>
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<td>Interventions should be well-founded evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two. For some students a coordinated multi-agency Plan will be required. This may involve use of My Plan+ and may include Social Workers, Family Support Workers, Health Professionals and other support groups.</td>
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## Evaluating Progress and Reviewing

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<td>Through regular reviews of student’s progress in consultation with student and parents.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the student’s progress. Student’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the student. In analyzing the progress that has been made the student may:</td>
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</tr>
<tr>
<td>♦ No longer need special educational provision and needs will be met from universal approaches.</td>
<td>♦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.</td>
<td>♦ No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.</td>
</tr>
<tr>
<td>♦ Continue to need special educational provision as needs cannot be met from universal approaches.</td>
<td>♦ Continue to need intensive special educational provision as needs cannot be met from targeted approaches.</td>
<td>♦ Need more intensive special educational provision.</td>
</tr>
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Physical and Medical Needs

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<tr>
<td>There is a wide range of physical and medical disabilities and students cover the whole ability range. Some students are able to access the curriculum and learn effectively without additional educational provision. Some student's difficulties fluctuate and they may need short term support to access learning tasks particularly practical tasks but it should not be assumed that they have special educational needs.</td>
<td>The students physical/medical needs cannot be met by universal, whole school or class approaches over a sustained period of time. Physical difficulties or impairment may arise from:  - Physical, neurological or metabolic causes such as Cerebral palsy, Achondroplasia, or Spina bifida.  - Severe trauma, perhaps as a result of an accident, amputation or serious illness.  - Degenerative conditions.  - Moderate or severe gross motor and/or fine motor dysfunction e.g. dyspraxia.  - Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes. Physical difficulties may contribute to:  - Difficulty in accessing the physical environment, facilities and equipment safely.  - Difficulty in accessing learning tasks and assessments.  - Difficulty in accessing practical tasks activities, e.g. in Science or Food Technology.  - Difficulty in recording ideas and thoughts legibly or to time.  - Difficulty in achieving independent self-care skills.  - Emotional stress and physical fatigue.  - Difficulty with communication. These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</td>
<td>A few student's needs cannot be met by universal or targeted interventions and support approaches alone. These students have the most severe and complex physical needs. The majority of these students have been identified at an early age often prior to full-time education. These students will require a personalised approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. These students may require an EHC Plan.</td>
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Assessment and Planning

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<tr>
<td>All students require:  - Systems to be in place for staff to routinely seek information about student's physical needs/concerns.  - Systems to be in place for staff to regularly seek the views of students about their student's physical/medical needs.  - Appropriate arrangements for assessment of the learning environment which are reviewed at least annually.  - Whole staff awareness of the implications</td>
<td>In addition to universal assessment and planning approaches, some students will require:  - The setting to gather the student's views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).  - The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile).</td>
<td>In addition to universal and targeted assessment and planning approaches a few students will also require:  - External services (e.g. Advisory Teaching Service) contribute via consultation or specialist assessment, leading to a more specifically focussed plan.  - Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student's physical and medical difficulties</td>
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</table>
### Universal – all children
- of physical and medical difficulties.
- Appropriate whole policies for supporting students with physical and medical needs.
- Health and safety and risk assessments policies to be in place.
- Effective internal communication and liaison arrangements between staff.
- Universal through to specialist – School Nurse can be contacted for advice and support. The School Nurse may highlight specialist nurses to offer specific support or offer advice on schools management of the physical and medical needs. The School Nurse could meet with the young person for a one-to-one meeting to discuss their concerns.

### Targeted – some children
- The SEND Lead to establish a clear analysis of the student’s needs.
- The SEND Lead to establish clear analysis of the student’s individual equipment
- Consideration of individual student’s development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services, where appropriate (e.g. Advisory Teacher, Educational Psychologist).
- Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student’s physical/medical needs.
- Assessment and observation of student’s physical difficulties and their impact on curriculum access and attainment
- Assessment of expected level/ability to engage in learning and social activities.
- Where there are suspicions of physical or medical difficulties, learning settings should advise students to seek medical advice (e.g. G.P, Community Physiotherapy team).
- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs).

### Specialist – few children
- and their safe access to learning activities,
- Non-educational professionals (e.g. Physiotherapist, Occupational Therapist) may also be involved in assessment, advice and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child’s difficulties on their ability to access the curriculum.

For some students a co-ordinated multi-agency plan will be essential (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups. These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.

### Intervention and Support

#### Universal – all children
- All students will require access to the following intervention and support approaches:
  - Curriculum differentiated appropriately to take account of individual needs.
  - Staff set personalised learning targets for all students.
  - Appropriate learning environment established and settings promote accessibility to the curriculum and the entire premises, for every student where feasible.

#### Targeted – some children
- Some students may require the following additional intervention and support approaches.
  - There should be appropriate modifications to the whole learning environment whether at a class or organisational level.
  - These modifications may include:
    - Grouping strategies which are used flexibly within the learning setting to promote independent learning.
    - Learning setting management which responds to the student’s physical and medical needs (e.g. modifications to routines and organisation).
    - Learning setting management which takes account of social relationships.

#### Specialist – few children
- In addition to the Intervention and Support approaches put in place at the targeted level these students may require a highly modified learning environment to meet their needs.
- The student may require a high level of adult support to:
  - Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum.
  - Aid safe curriculum access and response
  - Meet primary care needs including feeding/continence management.
  - Provide manual handling (this may involve two people) and safe transfers between pieces of individual equipment.
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<tr>
<td>✷ Appropriate support to ensure equal access to the curriculum and out-of-hours learning opportunities.</td>
<td>✷ Ensure safe access and participation in all learning and social activities.</td>
<td>✷ Enable advice from Health professionals to be implemented (e.g. individual physiotherapy/mobility/OT programmes).</td>
</tr>
<tr>
<td>✷ Appropriate support agencies (e.g. Occupational Therapy, Advisory Teaching Service) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.</td>
<td>✷ Support the use of specialised equipment and/or a structured personalised curriculum.</td>
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<td>✷ The nature and extent of additional help required will be determined by the student’s needs.</td>
<td>✷ Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management).</td>
<td>✷ Manage complex and critical health care needs on a daily basis.</td>
</tr>
<tr>
<td>✷ Planned strategies to combat fatigue (e.g. rest breaks).</td>
<td>✷ Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties.</td>
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<td>✷ Access to use of personalised ICT for alternative means of recording.</td>
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<td>✷ Appropriate physical exercise following appropriate medical guidance.</td>
<td>✷ Enable the student to participate safely with peers in response to challenges in the learning environment.</td>
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<td>✷ An appropriate programme of support to develop self-help skills such as toileting and dressing.</td>
<td>✷ Ensure safe access to all learning opportunities and extracurricular, sports, social or community activities.</td>
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<td>✷ Measures which allow the student to negotiate the learning environment safely and as independently as possible.</td>
<td>✷ External support services advice on curriculum access and/or individual programmes.</td>
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<td>✷ Structured support to develop social relationships (e.g. buddying, Circle of Friends).</td>
<td>✷ Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slopes, specialist scissors).</td>
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<td>✷ An appropriate level of adult support to meet personal care.</td>
<td>✷ Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes).</td>
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<td>✷ Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slopes, specialist scissors).</td>
<td>✷ Support to attend educational trips, work experience, social activities and community engagement.</td>
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<td>✷ Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes).</td>
<td>✷ Support to enable recommendations made by therapy or health care professionals.</td>
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<td>✷ Support to attend educational trips, work experience, social activities and community engagement.</td>
<td>✷ Alternative leisure and sports programmes to be in place where appropriate.</td>
<td>✷ A specialist Teacher (e.g. from the ATS), the SEND Lead, or specialist support provides small group or individual tuition.</td>
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<td>✷ Alternative leisure and sports programmes to be in place where appropriate.</td>
<td>✷ Interventions should be well-founded evidence based interventions.</td>
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<td>✷ Support to enable recommendations on risk assessments, e.g. Personal Emergency Evacuation plan, Individual Healthcare Plan, Manual Handling Plan.</td>
<td>✷ A cycle of intervention should always last a minimum of one new term and more frequently two.</td>
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Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities
### Evaluating Progress and Reviewing

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<td>Through regular reviews of student’s progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the student’s progress. Student’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the student. In analysing the progress that has been made the student may:</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the student’s progress. Student’s views should always be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the student. In analysing the progress that has been made the student may:</td>
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<tr>
<td>No longer need special educational provision and needs will be met from universal approaches. Continue to need special educational provision as needs cannot be met from universal approaches. Need more intensive special educational provision.</td>
<td>No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. Continue to need intensive special educational provision as needs cannot be met from targeted approaches. Need more intensive special educational provision.</td>
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**Hearing Impairment**

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<td>Many students have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. Temporary hearing losses are usually caused by the condition known as ‘glue ear’. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short term support, but it should not be assumed that they have special educational needs. Permanent hearing loss is usually identified in childhood and appropriate aids identified.</td>
<td>Some student’s hearing needs cannot be met by universal approaches over a sustained period of time. Their difficulties may show themselves in the following ways:  - Persistently appearing to ignore and/or misunderstand instructions.  - Difficulties in understanding or responding to verbal cues or emotional cues.  - Difficulties in communicating through spoken language/interactions with peers and adults.  - Difficulties with language-related topics and in understanding new/complex concepts.  - Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.  - Tendency to rely on peers, observing behaviour and activities to cue into expected responses.  - Tendency to withdraw from social situations and an increasing passivity and absence of initiative.  - Increasingly using additional strategies to facilitate communication. These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. They may need access to additional audiological equipment e.g. radio aids/ Soundfield and other technology, e.g. I-pads/streamers.</td>
<td>A few students’ needs cannot be met by universal or targeted interventions and support approaches alone. In these cases the student’s hearing difficulties may:  - Significantly affect their understanding and processing of spoken language.  - Significantly impact on their social communication and interaction with their peers.  - Significantly impact on their expressive language skills.  - Significantly impact on their ability to access the curriculum and work experience activities/apprenticeship.  - Significantly impact on their ability to take part in teaching, learning and social activities.  - Significantly impact on their social, emotional and mental health. The student may:  - Have a diagnosed permanent severe or profound hearing loss or a progressive degenerative hearing condition.  - Have become deaf at a later age (trauma; illness e.g. meningitis) and the resultant emotional and social difficulties may be disrupting the students learning and access to the curriculum.  - Use a range of approaches to communicate including natural aural speech and/or sign language.  - Require language enrichment to compensate for reduced linguistic experience as a result of their deafness.  - Require specialist equipment, e.g. radio aids/Soundfield systems.  - Use hearing aids and/or have cochlear implants.  - Require modifications of curriculum delivery, teaching methods and material at a level of support beyond that of universal and targeted levels.  - Have significant difficulties in maintaining concentration leading to difficulties in completing work and making progress.  - Have difficulties in sustaining peer relationships.  - Be unable to follow classroom routine.</td>
</tr>
</tbody>
</table>
### Universal – all children

- Systems to be in place for staff to routinely seek information about student’s hearing needs and concerns.
- Systems to be in place for staff to regularly seek the views of students about their student’s hearing needs.
- Appropriate arrangements for assessment of the learning environment which are reviewed at least annually via acoustic audit.
- Whole staff awareness of the implications of hearing difficulties and knowledge of strategies that facilitate the inclusion of student with hearing impairment.
- Appropriate whole school policies for supporting student with hearing difficulties.
- Health and safety and risk assessments policies to be in place.
- There should be effective internal communication and liaison arrangements between staff.
- Where there are suspicions of hearing difficulties, settings should advise students to seek a hearing assessment.
- The School Nurse Service can be contacted to discuss hearing concerns, referrals for hearing tests can be completed by the School Nurse.

### Targeted – some children

In addition to universal assessment and planning approaches, some students will require:
- The setting to gather the student’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).
- The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile).
- Teacher in consultation with the SEND Lead has established a clear analysis of the student’s needs.
- Consideration of individual student’s development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services, where appropriate.
- Close links, with home so learning settings are aware of changes in circumstances that may impact on the student’s hearing needs.
- Assessment and observation by subject/class teacher or SEND Lead indicates students hearing difficulties, affecting curriculum access as indicated by attainment below expected level/ability to engage in school activities.
- Where there are suspicions of ongoing hearing difficulties, settings should advise students, parents/carers as appropriate to seek any appropriate medical advice.
- Teacher of the Deaf or educational audiologist input may be requested for assessment s for additional audiological equipment (e.g. a radio aid).
- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. IEPs).

### Specialist – few children

In addition to universal and targeted assessment and planning approaches a few students will also require:
- External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan.
- Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student’s hearing.
- Non-educational professionals (e.g. Physiotherapist, Occupational Therapist, SALT) may also be involved in assessment, advice and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum.
- SEND Lead may need to refer to external support services e.g. Teacher of the Deaf/ENT/Audiology for further specialist assessments and advice.

For some students a coordinated multi-agency plan will be essential (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups.

These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.
**Intervention and Support**

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<td>All students will require access to the following Intervention and Support approaches:</td>
<td>Some students may require the following additional intervention and support approaches.</td>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</td>
</tr>
<tr>
<td>- Curriculum differentiated appropriately to take account of individual needs.</td>
<td>- Involvement of a Teacher of the Deaf for one off or occasional advice/training/ specialist equipment.</td>
<td>A high level of adult support may be required to provide:</td>
</tr>
<tr>
<td>- Staff set personalised learning targets for all students.</td>
<td>- One-off training for key worker(s) in the management of additional equipment may be required.</td>
<td>- Access to more highly focussed specialist programmes of support</td>
</tr>
<tr>
<td>- Appropriate listening environments established (e.g. good classroom/hall acoustics and lighting, all student seated so that they can see and hear the teacher).</td>
<td>- Opportunities for the hearing impaired student to develop communication skills.</td>
<td>- Highly structured and individualised learning programme.</td>
</tr>
<tr>
<td>- All adults and students encouraged to talk at the appropriate volume, pitch and speed for learning to take place.</td>
<td>- Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials.</td>
<td>- A high level of care and supervision.</td>
</tr>
<tr>
<td>- Care to be exercised within educational setting for grouping and general support for self-esteem, confidence and promoting independence.</td>
<td>- Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate.</td>
<td>- Individual programmes used to support learning throughout the school day.</td>
</tr>
<tr>
<td>- Appropriate seating position in class.</td>
<td>- Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures).</td>
<td>- A secure, structured and safe learning environment.</td>
</tr>
<tr>
<td>- All staff working with HI students trained in Deaf awareness.</td>
<td>- Repetition of answers in class/group discussion.</td>
<td>- To give a greater emphasis on language development, auditory training and communication skills</td>
</tr>
<tr>
<td>- Peers of HI students have opportunity for training in Deaf awareness.</td>
<td>- Additional time for hearing impaired student to process questions/information.</td>
<td>- Qualified British Sign Language (at least Level 2 above)or Sign Supported English support</td>
</tr>
<tr>
<td>- Staff modify language appropriately when setting assessments or learning tasks, and enable pre tutoring opportunities for new vocabulary.</td>
<td>- Frequent and sensitive checking of student’s understanding and use of specialist equipment.</td>
<td>They will require access to appropriate well-founded evidence based interventions.</td>
</tr>
<tr>
<td>- Staff apply for appropriate modifications for internal and/or external assessments.</td>
<td>- Careful monitoring of language and literacy skills.</td>
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<td></td>
<td>- Language programme implemented with advice from Teacher of Deaf and SALT</td>
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<td></td>
<td>- Opportunities to improve social skills, interaction, communication skills and self esteem as appropriate.</td>
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<td></td>
<td>- Access to specialist amplification systems such as radio aids.</td>
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<td></td>
<td>- Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.</td>
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<tr>
<td></td>
<td>- Careful monitoring of reading and spelling progress.</td>
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<td>- Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment.</td>
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<tr>
<td></td>
<td>- Literacy strategies devised and implemented with advice/monitoring from Teacher of the Deaf to compensate for reduced linguistic experience due to language delay.</td>
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<td></td>
<td>- Help in acquiring, comprehending and using speech and language in structured and unstructured situations.</td>
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<td>- Specific pre-teaching of subject based concepts and vocabulary.</td>
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Gloucestershire Guidance Booklet for Practitioners Working with Children and Young People (0 – 25 yrs) with Additional Needs including Special Educational Needs and Disabilities
### POST-16 – Hearing Impairment

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<td>These modifications may include:</td>
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<tr>
<td>✧ Adjustments to ensure the listening environment takes account of individual needs.</td>
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<td>✧ Specialist equipment to improve listening skills (e.g. radio aid, Soundfield systems).</td>
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<td>For some students a coordinated multi-agency plan will be required which may involve Social Workers, Family Support Workers, Health Professionals and other support groups.</td>
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<td>Interventions should be well-founded evidence based interventions.</td>
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Visual Impairment

### Universal – all children

Some children may have visual impairment (identified by medical practitioners). Visual impairments take many forms and have widely differing implications for educational provision.

Most student’s visual needs will be met by universal approaches. This may mean that student will need support for their visual needs, e.g. enlarged texts, different background colours, but it should not be assumed that they have special educational needs.

### Targeted – some children

Some student’s visual needs cannot be met by universal whole school or class approaches over a sustained period of time.

These students may have difficulty:
- Accessing the curriculum.
- Reading the board from a distance.
- Reading normal print.
- Sharing text books and worksheets.
- Accessing computer software.
- Participating socially with other students.
- Participating in leisure, social and community activities as well as other aspects of mobility.
- With independent working and self-help skills.

These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

### Specialist – few children

A few student’s needs cannot be met by universal or targeted interventions and support approaches alone.

Their visual impairments may range from relatively minor conditions to total blindness. Their visual impairment may mean that they have:
- Significantly reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- A deteriorating eye condition.
- Other diagnosed eye conditions.

These students will require a graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

For students with the most severe and complex needs in relation to their visual impairment, an EHC Plan may be required.

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**Assessment and Planning**

### Universal – all children

All students require:
- Systems to be in place for staff to routinely seek information about student’s visual needs/concerns.
- Systems to be in place for staff to regularly seek the views of students about their student’s visual needs.
- Appropriate arrangements for assessment of the learning environment which are reviewed at least at transition or change to vision (deteriorating visual condition) in relation to learning environment being physically accessible to student with a visual impairment.
- Whole staff awareness of the implications of visual difficulties and knowledge of strategies to facilitate the inclusion of student with a visual impairment.
- Appropriate whole school policies to be in place for supporting student with visual difficulties.
- Health and safety and risk assessment policies to be in place and appropriate risk assessments completed.
- There should be effective internal communication and liaison arrangements between staff.

### Targeted – some children

In addition to universal assessment and planning approaches, some students will require:
- The setting to gather the student’s views about their difficulty and the support approaches to be put in place (e.g. through the use of My Profile).
- The setting to raise and discuss concerns with the student and involve them in planning support approaches (e.g. through the use of My Profile).
- Teacher in consultation with the SEND Lead has established a clear analysis of the student’s needs.
- Consideration of individual student’s development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services, where appropriate.
- Close home-school links, so learning setting are aware of changes in circumstances that may impact on the student’s visual needs.
- Assessment and observation by subject/class teacher or SEND Lead indicates students visual difficulties, affecting

### Specialist – few children

In addition to universal and targeted assessment and planning approaches a few students will also require:
- External services contribute via consultation or specialist assessment, leading to a more specifically focussed plan.
- Close home-school links, so learning settings are aware of changes in circumstances that may impact on the students vision.
- Non-educational professionals may also be involved in assessment, advice and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the student’s difficulties on their ability to access the curriculum.
- SEND Lead may need to refer to external support services (e.g. TVI, Opthamology) for further specialist assessments and advice.

For some students a coordinated multi-agency plan will be essential (e.g. My Plan+) which may involve Social Workers,
### Universal – all children
- Where there are suspicions of visual difficulties, settings should advise students or parent/carers to seek medical advice (e.g. G.P, optician).

### Targeted – some children
- Curriculum access as indicated by attainment below expected level/ability to engage in learning, leisure or community activities.
- Where there are suspicions of ongoing visual difficulties, settings should advise students or their parent/carers to seek any appropriate medical advice.
- Careful monitoring of visual access to the curriculum.
- Assessment of functional vision by Qualified Teacher Visual Impairment.
- Continuous functional visual assessment and curriculum assessments may be supplemented by diagnostic tests.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. PEPs).

For some students a co-ordinated, holistic multi agency plan will be required (e.g. My Plan+) which may involve Social Workers, Family Support Workers, Children and Young People’s Service (CYPS) and other support groups.

### Specialist – few children
- Family Support Workers, Children and Young People’s Service (CYPS) and other community and charity groups.
- These students may require a statutory assessment of their special educational needs which may lead to an EHC plan.

### Intervention and Support

<table>
<thead>
<tr>
<th>Universal – all children</th>
<th>Targeted – some children</th>
<th>Specialist – few children</th>
</tr>
</thead>
<tbody>
<tr>
<td>All students will require access to the following Intervention and Support approaches:</td>
<td>Some students will require the following additional intervention and support approaches.</td>
<td>In addition to the Intervention and Support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</td>
</tr>
<tr>
<td>✷ Curriculum differentiated appropriately to take account of individual needs.</td>
<td>✷ Specific teaching strategies that are appropriate to the needs of a student with visual impairment.</td>
<td>A high level of adult support may be required to provide:</td>
</tr>
<tr>
<td>✷ Staff set personalised learning targets for all students.</td>
<td>✷ Use of specialist equipment.</td>
<td>✷ Access to more highly focussed specialist programmes of support.</td>
</tr>
<tr>
<td>✷ Appropriate visual learning environment established (e.g. good lighting and use of classroom/hall visuals, all students seated so that they can see the teacher and white board).</td>
<td>✷ Use of auditory reinforcement.</td>
<td>✷ Highly structured and individualised learning programme.</td>
</tr>
<tr>
<td>✷ Quality learning materials produced in appropriate fonts, format with high contrast, and reduced visual clutter.</td>
<td>✷ Appropriate seating arrangements with adjustments made to ensure the student has a good listening and visual environment.</td>
<td>✷ A high level of care and supervision.</td>
</tr>
<tr>
<td>✷ Appropriate listening environments established (e.g., good classroom/hall acoustics and lighting, all students seated so that they can see and hear the teacher).</td>
<td>✷ Opportunities to develop communication skills giving eye contact, as well as being able to see others body language and facial expressions.</td>
<td>Individual programmes used to support learning throughout the school day.</td>
</tr>
<tr>
<td>✷ All adults and students encouraged to talk at the appropriate volume, pitch and speed for learning to take place.</td>
<td>✷ Opportunities to improve social skills and self esteem.</td>
<td>Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self help and specialised skills to equip them for their future.</td>
</tr>
<tr>
<td>✷ Care to be exercised within educational setting for grouping and general support for self-esteem, confidence and promoting independence</td>
<td>✷ A programme of support to develop literacy skills in appropriate print size.</td>
<td>A secure, structured and safe learning environment.</td>
</tr>
<tr>
<td>✷ Appropriate seating position in class</td>
<td>✷ Opportunities to improve social skills</td>
<td>The student may require some of the following:</td>
</tr>
<tr>
<td>✷ All staff working with VI students trained in Deaf Awareness</td>
<td>✷ A programme of support to develop social skills</td>
<td>✷ Adaptations to policies and procedures.</td>
</tr>
<tr>
<td></td>
<td>✷ Carefully monitored access to low visual aids.</td>
<td>✷ Access to large print or Braille and tactile materials.</td>
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<tr>
<td></td>
<td>✷ Access to specialist ICT equipment.</td>
<td>✷ Access in all areas of the curriculum through specialist low vision aids, specialist equipment or adaptations.</td>
</tr>
<tr>
<td></td>
<td>✷ Access to low vision aids (e.g. CCTV)</td>
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</tbody>
</table>
### Universal – all children
- Peers of VI students have opportunity for training in VI awareness.
- Staff modify language appropriately when setting assessments or learning tasks, and enable pre tutoring opportunities for new vocabulary.
- Staff apply for appropriate modifications for internal and/or external assessments.

### Targeted – some children
- Text, tactile diagrams and maps, Moon and large print.
- Regular and frequent access to Advisory Teacher for students with Visual Impairment to provide specialist interventions and approaches.
- There should be appropriate modifications to the classroom and whole school environment.
- These modifications may include:
  - Grouping strategies which are used flexibly to promote independent learning.
  - Classroom management which is responsive to the students visual impairment.
  - Classroom management which takes account of social relationships.
  - Equal access to the curriculum and out-of-hours learning opportunities, (e.g. community volunteering activities).
  - A Teacher of the Visually Impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.
  - Preview and review of lesson content so VI student can access during the learning activity or task.
  - Alternative leisure and sports programmes to be in place where appropriate.
  - Interventions should be well-founded evidence based interventions.
  - A cycle of intervention should always last a minimum of six weeks.

### Specialist – few children
- Regular access to specialist support and help with developing skills in to access the curriculum with emphasis on literacy, numeracy and recording skills.
- Specialist ICT, modified and enlarged materials and Braille technology available to students and to support staff to produce specialist materials.
- Access to appropriate well-founded evidence based interventions.
### Evaluating Progress and Reviewing

<table>
<thead>
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<tr>
<td>Through regular reviews of student’s progress in consultation with student. Using person-centred practices and an approach to reviewing progress and achievement will enable the student to have an opportunity to present their views and have choice.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <em>always</em> be involved in the review of the student’s progress. Student’s views should <em>always</em> be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. AT, EP, SALT) involved with the student. In analysing the progress that has been made the student may: - No longer need special educational provision and needs will be met from universal approaches. - Continue to need special educational provision as needs cannot be met from universal approaches. - Need more intensive special educational provision.</td>
<td>Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should <em>always</em> be involved in the review of the student’s progress. Student’s views should <em>always</em> be sought as part of the review process. Records of steps taken to meet the needs of individual students should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the student. In analysing the progress that has been made the student may: - No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches. - Continue to need intensive special educational provision as needs cannot be met from targeted approaches. - Need more intensive special educational provision.</td>
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</tbody>
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