



# Leechpool Primary School Graduated Response

## **Introduction to Leechpool's Graduated Response: A Staged Approach to SEND Support**

At Leechpool Primary School, we are committed to fostering an inclusive learning environment where all children are supported to succeed, regardless of their individual needs. Our Graduated Response is designed to provide a clear and structured pathway for identifying and addressing Special Educational Needs and Disabilities (SEND), in full alignment with the SEND Code of Practice (2015).

Our approach is built on a Staged Model, adapted from the Sunderland Ranges, which we have reframed to reflect increasing levels of need and support. This helps staff, families, and professionals understand the steps involved in identifying needs, implementing interventions, and reviewing outcomes. Each Stage represents a progressive level of support—beginning with high-quality, inclusive classroom teaching, and moving towards more personalised and targeted provision as needed.

Crucially, our practice is underpinned by the West Sussex Ordinarily Available Inclusive Practice guidance. This ensures that all staff are equipped to provide consistent, high-quality provision that should be ordinarily available to all pupils within mainstream settings. We use this framework to shape our universal offer and ensure that inclusive strategies are embedded at every level of teaching and learning, before considering more specialised support.

At every stage, we follow the Assess–Plan–Do–Review cycle to monitor progress and adapt provision. We believe that every teacher is a teacher of SEND, and that early intervention, in partnership with parents and external professionals where appropriate, is key to enabling positive outcomes for all learners.

Our Graduated Response ensures that support is proportionate, personalised, and purposeful, providing clear guidance on when and how to escalate provision in a timely and coordinated manner.

## **Differentiating the Graduated Response for EYFS and Primary-Aged Children**

At Leechpool, we recognise that the needs and developmental pathways of children in the **Early Years Foundation Stage (EYFS)** differ significantly from those in Key Stage 1 and beyond. As such, while the principles of our Graduated Response remain consistent, its **application is tailored** to reflect the developmental expectations, assessment methods, and provision appropriate to each age group.

In the **EYFS**, early identification is embedded through regular observations and formative assessment within a play-based, developmentally appropriate curriculum. Practitioners use the **Early Years Foundation Stage Framework** alongside the **Ordinarily Available Inclusive Practice: EYFS Edition (West Sussex)** to ensure high-quality universal provision. Support at early stages may involve modifications to routines, enhanced communication strategies, or additional adult-led interaction, before progressing to more targeted interventions. A strong emphasis is placed on communication and language, emotional regulation, and social development.

For **primary-aged children**, the Staged Model builds upon the foundational work in the EYFS but becomes increasingly curriculum-focused. Identification of needs often draws on academic progress, learning behaviours, and teacher assessments. Support becomes more structured, including group or individual interventions aligned with curriculum objectives, and may involve collaboration with external professionals such as speech and language therapists or educational psychologists at higher stages.

Throughout both age ranges, **family involvement is central**, and transitions between stages or year groups are carefully managed to ensure continuity of support. Staff across all phases are trained to implement inclusive strategies appropriate to their cohort, ensuring that **all children receive support that is both age-appropriate and responsive to their individual needs**.

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[EYFS – Cognition and Learning](#)

[EYFS – Communication and Interaction](#)

[EYFS – Social, Emotional and Mental Health](#)

[EYFS – Sensory and/or Physical and Medical Needs](#)

[Primary – Cognition and Learning](#)





[Primary – Communication and Interaction – ASD](#)

[Primary – Communication and Interaction - SALT](#)

[Primary – Social, Emotional and Mental Health](#)

[Primary – Sensory and/or Physical and Medical Needs](#)

The stages are colour-coded throughout the Early Years and Primary section of the guidance as follows:

-  Stage 1 – School -based responses – Universal mainstream using OIAP and added provision
-  Stage 2 – School -based responses – Universal/Targeted mainstream
-  Stage 3 – School -based responses – Targeted mainstream
-  Stage 4 – Targeted/Specialist either in mainstream or specialist additional resource

# Cognition and Learning

## Stage 1 - Cognition and Learning

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay/emerging need:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below emerging 16-26 months</li> <li>• At 3 years functioning at or below emerging 22-36 months</li> <li>• At 4 years functioning at or below emerging 30-50 months</li> <li>• At 5 years functioning at or below emerging 40-60 months</li> </ul> <p>Cognitive abilities broadly lie within age related expectations as evidenced by EYFS ages and stages however the child may be easily distracted and require prompts to remain on task, may need adult encouragement to remain engaged in play and/or may struggle to concentrate on adult directed activities (more than would be expected for a child of that age range and observed over time).</p>	<p>Setting to liaise with the family/ carer and gather information relating to the child</p> <p>Discussion re family engagement with supporting agencies</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms</p> <p>Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS</p> <p>Good use of Quality First Teaching with close reference to the EYFS developmental profile</p> <p>Use of Early Support Developmental Journal as best practice to support small step approach to learning.</p> <p>Possible attendance at more than one setting must be taken into consideration.</p> <p>Consider early referral to SALT where understanding is identified as a difficulty.</p> <p>Use of the ECAT assessment can identify areas of specific need in SLC which are linked.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Effective differentiation of activities, in terms of adult engagement, levels of language and visual prompts, to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carer, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels</p> <p>Flexible grouping strategy to focus adult support where needed. Continuous provision enhanced, directed and targeted.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>ECAT/ICAN strategies.</p>

## Stage 2 - Cognition and Learning

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below developing 8-20 months</li> <li>● At 3 years functioning at or below developing 16-26 months</li> <li>● At 4 years functioning at or below developing 22-36 months</li> <li>● At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Child presents with some mild learning difficulty/delay, shows some difficulties with conceptual understanding.</p> <p>Child shows some difficulties with engagement in learning experiences</p> <p>Is easily distracted and requires prompts and adult intervention to remain on task</p> <p>May need some adult encouragement to remain engaged in adult initiated play.</p> <p>Unable to follow adult directed activities within a small group where child has chosen the activity.</p>	<p>As Stage 1</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations</p> <p>Refer and involve other professionals as appropriate. These professionals to attend reviews.</p> <p>Referral to SALT and Language and Learning.</p> <p>Consider EP referral.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps</p> <p>Setting to liaise with parent/carer</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased evidence of differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes from support plan.</p> <p>Planned interventions involve as Stage 1 + SENDCo and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Staff training needs are addressed.</p> <p>Specific interventions. E.g. BLAST &amp; TALKBOOST</p>

## Stage 3 - Cognition and Learning

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD to MODERATE, persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>At 2 years functioning at or below emerging 8-20 months</li> <li>At 3 years functioning at or below emerging 16-26months</li> <li>At 4 years functioning at or below emerging 22-36 months</li> <li>At 5 years functioning at or below emerging 30 -50 months</li> </ul> <p>Child needs differentiated work and targeted support with conceptual understanding, and reasoning across the EYFS</p> <p>Child presents with a very uneven profile of early learning skills that requires a balance of small group and additional adult support</p> <p>Demonstrates some difficulties learning basic concepts and retaining them over time despite targeted support</p> <p>Limited and/or repetitive play skills, these persisting despite targeted support.</p> <p>Displays some difficulties with imaginative play unless supported by an adult</p> <p>Experiences some difficulties following adult led routines and structure</p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations. The profile may be spikey.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Involvement of additional support services as appropriate. (portage/SALT) This may include Paediatrician or Educational Psychologist where relevant and additional agencies on follow up from these.</p> <p>Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> <li>Continuous provision</li> <li>Enhanced</li> <li>Targeted</li> </ul> <p>Referral submitted for EYIF to enhance in setting provision in key areas</p> <p>Interventions are assessed for IMPACT on progress.</p> <p>Gather evidence for potential EHCP application with chronology of actions and evidence.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and monitoring assessments etc. to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> <li>Continuous provision</li> <li>Enhanced</li> <li>Targeted</li> </ul> <p>Interventions and staffing ratios evidenced within support plan</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the development of early learning skills</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Staff will need access to specific specialist training.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.</p>

## Stage 4 - Cognition and Learning

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MODERATE to SEVERE, persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 0-11 months</li> <li>• At 3 years functioning at or below developing 8-20 months</li> <li>• At 4 years functioning at or below developing 16-26 months</li> <li>• At 5 years functioning at or below developing 22-36 months</li> </ul> <p>Moderate to severe learning difficulties, showing significant delay in problem solving/reasoning skills</p> <p>Limited and restricted play skills which are persistent despite targeted support</p> <p>Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support</p> <p>Experiences persistent difficulties learning basic concepts and retaining them over time despite targeted support</p> <p>Displays persistent patterns of repetitive play</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps within an adapted and individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency targets and careful monitoring of IMPACT of strategies and interventions</p> <p>Support plan with SMART targets includes specialist advice as part of a multi-agency plan.</p> <p>Termly/ half-termly review of child's progress towards targets on individualised learning/support plan.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

# Communication and Interaction

## Stage 1 – Communication and Interaction

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay or emerging needs:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below emerging 16-26 months</li> <li>• At 3 years functioning at or below emerging 22-36 months</li> <li>• At 4 years functioning at or below emerging 30-50 months</li> <li>• At 5 years functioning at or below emerging 40-60 months</li> </ul> <p>May develop spoken language at a slower rate than peers</p> <p>Some difficulties with understanding of language</p> <p>May demonstrate limited understanding of nonverbal cues</p> <p>Some immature speech sounds. Requires help with key words. Requires repetition from an adult</p> <p>May have English as an additional language</p> <p>Difficulty being understood by adults outside the family</p> <p>Some difficulties in interactions with peers; may need adult prompting</p> <p>May display shorter attention span in comparison to peers</p> <p>Range of noises and sounds in babble limited.</p>	<p>Assessment for learning informs planning for suitably differentiated teaching</p> <p>Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies</p> <p>Early referral to SALT to be considered</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms</p> <p>Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS</p> <p>Good use of Quality First Teaching with close reference to the EYFS developmental profile</p> <p>Use of Early Support Developmental Journal as best practice to support small step approach to learning.</p> <p>Observation by practitioner and SENDCo to assess next steps in liaison with parent/carers</p> <p>Possible attendance at more than one setting must be taken into consideration</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Focus on attention and listening activities BLAST/TALKBOOST (this will filter out those children with environmental impact delay)</p> <p>Ensure all adult language is supported by visual prompts – photographs, pictures, Makaton</p> <p>Create differentiated groups for targeted attention, listening and social play skills</p> <p>Adults to present high quality expressive speech and adapt levels of language</p> <p>Effective differentiation of activities to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carers, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels</p> <p>Flexible grouping strategy to focus adult support where needed.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p>

## Stage 2 - Communication and Interaction

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 8-20 months</li> <li>• At 3 years functioning at or below developing 16-26 months</li> <li>• At 4 years functioning at or below developing 22-36 months</li> <li>• At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Child has difficulty following or understanding instructions and everyday language without visual references</p> <p>Adults have difficulty understanding speech without it being in context</p> <p>Child has poor enunciation/clarity of speech/making noises/sounds.</p> <p>Immaturity in socialisation. Older age range looks towards adults rather than peers. Some difficulties with social communication and interaction</p> <p>Lack of awareness of social space and related social difficulties</p> <p>Difficulties forming and maintaining friendships with peers</p> <p>Younger age range – not linking with an important adult. Lack of playing with sound/noise/babble.</p>	<p>As Stage 1</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations</p> <p>Refer and involve other professionals as appropriate. These professionals to attend reviews, SALT initially. SENDCo to involve other agencies in accordance with SALT based guidance</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps</p> <p>Setting to liaise with parent/carer</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve as Stage 1 + SENDCo and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the developing of language and interaction skills</p> <p>Access and use of 'Autism' friendly strategies/focus upon social play and interaction skills</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum. Staff training needs are addressed.</p> <p>Draw on ICAN/ECAT strategies BLAST TALKBOOST</p>

## Stage 3 - Communication and Interaction

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD to MODERATE and persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below emerging 8-20 months</li> <li>● At 3 years functioning at or below emerging 16-26months</li> <li>● At 4 years functioning at or below emerging 22-36 months</li> <li>● At 5 years functioning at or below emerging 30 -50 months</li> </ul> <p>Mild to moderate delay in expressive and/ or receptive language requiring regular SALT input</p> <p>Has reduced vocabulary both receptively and expressively impacting on learning and retention of new words</p> <p>May display some loss of previously demonstrated communication skills</p> <p>Difficulty communicating or expressing feelings or needs.</p> <p>Limited ability to understand the impact of their actions on others</p> <p>Child is becoming increasingly isolated with peers</p> <p>Limited initiation of social interaction – limited noises/babble, limited response to adult interactions: physical/verbal responses.</p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Involvement of additional support services as appropriate. This may include Paediatrician or Educational Psychologist where relevant and additional agencies on follow up from these.</p> <p>Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Referral submitted for EYIF to enhance in setting provision in key areas</p> <p>Interventions are assessed for IMPACT on progress</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Increased focus on planned interventions, may continue with BLAST and TALKBOOST. As a baseline provision ICAN and ECAT strategies implemented throughout with targeted individualised interventions included in accordance with recommendations from SALT, EP AOT</p> <p>Interventions and staffing ratios evidenced within support plan</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Visual timetable, clear routines, preparation for change and activity transitions</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the development of language and interaction skills Access and use of Autism friendly strategies/ social play and interaction skills</p> <p>Staff may need access to specific specialist training.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively. Implementation of reasonable adjustments to the EYFS environments and curriculum</p>

## Stage 4 - Communication and Interaction

<b>Presenting Behaviour</b>	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/Curriculum and Interventions</b>
<p><b>The child has MODERATE to SEVERE, persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below developing 0-11 months</li> <li>● At 3 years functioning at or below developing 8-20 months</li> <li>● At 4 years functioning at or below developing 16-26 months</li> <li>● At 5 years functioning at or below developing 22-36 months</li> </ul> <p>Moderate to severe language and /or speech sound disorder/ limited language or babble.</p> <p>Uses mix of speech and alternative communication methods such as visuals, Makaton, BSL and/or augmented communication systems</p> <p>Assessments show child is working at least 2 age and stages below chronological age in at most areas of language, communication and social interaction skills.</p> <p>Child may avoid communication or use extremely limited non-verbal communication when in a speaking situation.</p> <p>Child avoids interactions with others. Displays tendency to withdraw from social and group learning activities</p> <p>Appears unaware of others.</p> <p>Displays difficulties expressing emotions</p> <p>Persistent and significant difficulties engaging in social interactions and forming relationships with others</p> <p>Difficulties in relation to understanding and interpretation of social interactions and social situations</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/ half-termly review of child's progress towards targets on individualised learning/support plan.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

# Social, Emotional and Mental Health

Stage 1 – Social, Emotional and Mental Health		
Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below emerging 16-26 months</li> <li>• At 3 years functioning at or below emerging 22-36 months</li> <li>• At 4 years functioning at or below emerging 30-50 months</li> <li>• At 5 years functioning at or below emerging 40-60 months</li> </ul> <p>May present with some difficulties settling into setting</p> <p>May display emotional distress (anxiety), and seek out peer/adult support including 'detached' behaviours.</p> <p>Occasional and short term unwanted behavioural difficulties resulting in adult intervention.</p> <p>Displays some attention seeking behaviours</p> <p>Occasionally needs adult support in self-regulation.</p>	<p>Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms</p> <p>Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS</p> <p>Good use of Quality First Teaching with close reference to the EYFS developmental profile</p> <p>Use of Early Support Developmental Journal as best practice to support small step approach to learning.</p> <p>Observation by practitioner and SENDCo to assess next steps in liaison with parent/carers</p> <p>May benefit from SALT referral if needs impact on SLC development. Referral for bumpy speech/dysfluency.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Effective differentiation of activities to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carers, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels</p> <p>Flexible grouping strategy to focus adult support where needed.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Nurture strategy activities.</p> <p>BLAST and TALKBOOST focus on confidence as well as SLC are useful at this point..</p> <p>Signposting points to support and training e.g. Incredible Years.</p>

## Stage 2 – Social, Emotional and Mental Health

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below developing 8-20 months</li> <li>● At 3 years functioning at or below developing 16-26 months</li> <li>● At 4 years functioning at or below developing 22-36 months</li> <li>● At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Compared to chronologically aged peers.</p> <p>Frequently displays some difficulties entering in the setting and can be unsettled at periods throughout the day.</p> <p>Has difficulty seeking comfort from familiar adults and/or with self-soothing.</p> <p>Ongoing difficulties relating to separating from carer</p> <p>Can be highly distracted within activities and need some short term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers of the same chronological age.</p> <p>Does not consistently conform to routine and boundaries.</p> <p>Some difficulties with behaviour management</p> <p>Some attention seeking or avoidant behaviours, likely to show reliance on adults</p> <p>Some difficulties recognising and communicating emotions</p> <p>Some difficulties managing change to routine and transitions</p> <p>Frequently needs adult support in self-regulation.</p>	<p>As Stage 1</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations</p> <p>Refer and involve other professionals as appropriate. These professionals to attend reviews.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps</p> <p>Setting to liaise with parent/carers</p> <p>Seek informal advice from CAMHS.</p> <p>SALT involvement.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring. Staff trained in ‘nurture programme’ and ‘Friends.’</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve as Stage 1 + SENDCo and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Staff training needs are addressed including attachment and behaviour management.</p> <p>Environment provides ‘space for one’ for a child to withdraw.</p>

## Stage 3 – Social, Emotional and Mental Health

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD to MODERATE and persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below emerging 8-20 months</li> <li>● At 3 years functioning at or below emerging 16-26months</li> <li>● At 4 years functioning at or below emerging 22-36 months</li> <li>● At 5 years functioning at or below emerging 30 -50 months</li> </ul> <p>Compared to chronological years.</p> <ul style="list-style-type: none"> <li>○ Displays some unusual behaviours or changes in behaviour requiring adult intervention</li> <li>○ May display some difficulties in sharing, turn taking and social interaction</li> <li>○ May display difficulties with attention and concentration</li> <li>○ Displays some refusal to follow instructions, may run from adults</li> <li>○ May display aggressive behaviour toward adults and peers when told no</li> <li>○ Displays some tendencies to withdraw from activities and some unwillingness to engage with others</li> <li>○ Displays some difficulties forming relationships which impact upon development despite targeted intervention</li> <li>○ Concerns regarding social and emotional health that require outside agency input and has an impact on development</li> <li>○ Displays increased levels of anxiety and may be overly dependent on ‘comfort objects’.</li> <li>○ Frequently detaches from others. May display signs of hypervigilance</li> <li>○ Child only speaks or communicates a few words to a familiar adult in an altered voice such as a whisper or when withdrawn from the main group</li> <li>○ Show signs of distress when faced with new people, places, events or when unsure what is going to happen.</li> <li>○ May find transitions difficult</li> <li>○ Unable to predict what will happen without adult prompts</li> <li>○ Have difficulties understanding social and physical risks.</li> <li>○ Child is becoming increasingly isolated with peers</li> </ul>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Involvement of additional support services as appropriate. This may include Paediatrician or Educational Psychologist where relevant and additional agencies on follow up from these.</p> <p>Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Referral submitted for EYIF to enhance in setting provision in key areas</p> <p>Interventions are assessed for IMPACT on progress.</p> <p>Consider referral to CAMHS.</p> <p>SALT involvement if necessary.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <ul style="list-style-type: none"> <li>● Interventions and staffing ratios evidenced within support plan</li> <li>● Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</li> <li>● Use of Makaton, intensive interaction and visual approaches to supporting the development of interaction skills</li> <li>● Access to ICT and specialist equipment/materials.</li> <li>● Staff may need access to specific specialist training, particularly in attachment behaviour.</li> <li>● Consideration given to the ‘sensory’ environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.</li> <li>● Implementation of reasonable adjustments to the EYFS environments and curriculum</li> <li>● Specialist resources for sensory breaks – ‘stretch’, ‘pull’, ‘twist’ etc.</li> <li>● Referral for parents to support/training e.g. ‘Incredible Years.’</li> </ul>

## Stage 4 – Social, Emotional and Mental Health

<b>Presenting Behaviour</b>	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/Curriculum and Interventions</b>
<p><b>The child has MODERATE to SEVERE, persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below developing 0-11 months</li> <li>● At 3 years functioning at or below developing 8-20 months</li> <li>● At 4 years functioning at or below developing 16-26 months</li> <li>● At 5 years functioning at or below developing 22-36 months</li> </ul> <p>Compared to chronologically aged peers.</p> <p>Unpredictable extremes of demanding behaviour which affects the safety of self and others</p> <p>Severe and persistent difficulties in social interaction</p> <p>Severe attachment difficulties affecting development</p> <p>Unable to sustain activities without significant, consistent adult attention and intervention</p> <p>Displays considerable difficulties with attention and concentration</p> <p>Regular refusal to follow instructions, may run from adults</p> <p>Displays aggressive behaviour toward adults and peers when told no</p> <p>Frequently displays high levels of anxiety</p> <p>May display signs of hypervigilance</p> <p>Finds transitions difficult</p> <p>Displays some social withdrawal and reluctance to engage with social activities</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/ half-termly review of child’s progress towards targets on individualised learning/support plan.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers.</p> <p>CAMHS/CYPS involvement.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Multi-sensory approaches used to support access to EYFS.</p> <p>Sensory breaks/resources etc. as at Stage 3.</p>

<p>Child may have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period including CYPS referral.</p> <p>Have social emotional needs that significantly impact on the ability to build and maintain successful relationships with adults and peers</p> <p>Displays difficulties managing emotions which may lead to challenging behaviours, increased anxiety and episodes of heightened emotional state</p> <p>Child is known to be able to speak to familiar adults outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting</p> <p>Shows signs of distress over even small changes in the environment</p> <p>Rigid, repetitive or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression or withdrawals</p>		
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# Sensory and/or Physical and Medical Needs

## Stage 1 – Sensory and/or Physical and Medical Needs

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below emerging 16-26 months</li> <li>• At 3 years functioning at or below emerging 22-36 months</li> <li>• At 4 years functioning at or below emerging 30-50 months</li> <li>• At 5 years functioning at or below emerging 40-60 months</li> </ul> <p>Child has a medically diagnosed sensory impairment which means that without reasonable adjustments and management the child is at risk of making less than expected progress than their peers. With these in place, child is making good progress in line with their overall development.</p> <p><b>Vision:</b> Vision within normal range, including when corrected by glasses 6/6 – 6/12</p> <p><b>Hearing:</b> Child may miss-hear verbal information which requires monitoring Child may have some immaturities of speech but is understood by adults</p> <p><b>Physical and Medical:</b> Physical development and general health within normal levels</p> <p>Child attempts all physical activities within normal day</p> <p>May be evidence of some mild problems with fine motor skills and recording</p> <p>Mild problems with self-help and independence</p>	<p>Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms</p> <p>Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS</p> <p>Good use of Quality First Teaching with close reference to the EYFS developmental profile</p> <p>Use of Early Support Developmental Journal as best practice to support small step approach to learning.</p> <p>Observation by practitioner and SENDCo to assess next steps in liaison with parent/carers</p> <p>Information and advice from the Children's Sensory Team would be provided on diagnosis with further information and advice on request.</p> <p>Any mobility issues require risk assessment for child and others. Requires Educational OT assessment and strategies for support</p> <p>A physiotherapy referral via medical consultant may also be required.</p> <p>An Educational Occupational Therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Effective differentiation of activities to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carers, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels</p> <p>Flexible grouping strategy to focus adult support where needed.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Adjustments made to learning environment both indoors and outdoors.</p> <p>Support may be needed for transitions.</p> <p>Training for staff.</p>

<p>May be evidence of problems with gross motor skills and coordination often seen in physical play</p> <p>May have continence/ toileting issues</p> <p>Medical condition that impacts on time in Early Years and requires an individual health care plan. Possible conditions include, asthma, cystic fibrosis, pacemaker (chronic heart disease), arthritis, epilepsy, diabetes, chronic disease, Crohn disease.</p>	<p>occupational therapist can only be accessed by a Paediatric Consultant referral.</p> <p>Early Intervention/ Risk assessment may be required by the Educational OT of toileting, feeding, fine and gross motor skills</p>	
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## Stage 2 – Sensory and/or Physical and Medical Needs

Presenting Behaviour	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p><b>The child has MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>● At 2 years functioning at or below developing 8-20 months</li> <li>● At 3 years functioning at or below developing 16-26 months</li> <li>● At 4 years functioning at or below developing 22-36 months</li> <li>● At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Child has a medically diagnosed sensory impairment which means that without reasonable adjustments and management the child is at high risk of making less than expected progress than their peers. With reasonable adjustments and appropriate management strategies the child is making satisfactory progress in line with their general development.</p> <p><b>Vision:</b></p> <p>Mild impairment</p> <p>Mild bilateral field loss or adapted to monocular vision</p> <p>Navigates safely in familiar environment</p> <p>Wears patch 1-2 hours daily.</p> <p>Colour blind</p> <p><b>Hearing:</b></p>	<p>As Stage 1</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations</p> <p>Referrals made to Occupational Therapy and Physiotherapy via medical consultant as required. An Educational Occupational Therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</p> <p>Children’s Sensory Team will have the child on their active caseload and will support with trouble shooting for specialist equipment. They will monitor Child’s progress with one or two visits annually and may generate an additional single visit/report giving advice specific to the child on request.</p> <p>Professionals to attend reviews where appropriate</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps</p> <p>Setting to liaise with parent/carer.</p> <p>Risk assessment for learning environment.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve as Stage 1 + SENDCo and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> <li>● Continuous provision</li> <li>● Enhanced</li> <li>● Targeted</li> </ul> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Staff training needs are addressed e.g. lifting and assisting, eating and drinking, oxygen training.</p>

<p>Moderate hearing impairment requiring adult support to monitor adjustments.</p> <p>Hearing corrected through use of hearing aids</p> <p><b>Physical and Medical:</b></p> <p>Mild but persistent problems with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum</p> <p>Making slow or little progress despite targeted teaching approaches</p> <p>Continuing difficulties with continence/ toileting</p> <p>Continuing problems with self-help and independence</p> <p>Continuing problems with gross motor skills and coordination often seen in physical play</p> <p>Some implications for risk assessment e.g. educational visits, playground equipment</p> <p>Able to use mobility aid with some competence to overcome physical difficulties, e.g. walking frame or power chair</p> <p>Likely to have difficulties adapting to new/specific environments</p> <p>A medical condition that impacts on time in Early Years and requires a medical care plan Possible conditions include, asthma, cystic fibrosis, pacemaker (chronic heart disease), arthritis, epilepsy, diabetes, chronic disease, Crohn disease.</p> <p>May require an Educational OT assessment</p>	<p>Risk assessment may be required to adhere to Health and Safety requirements</p> <p>May require an environmental assessment re toileting and nappy changing.</p> <p>Staff may require moving and handling training</p> <p>May require Educational OT assessment for postural management</p>	
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### Stage 3 – Sensory and/or Physical and Medical Needs

<b>Presenting Behaviour</b>	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/Curriculum and Interventions</b>
<p><b>The child has MILD to MODERATE and persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>At 2 years functioning at or below emerging 8-20 months</li> <li>At 3 years functioning at or below emerging 16-26months</li> <li>At 4 years functioning at or below emerging 22-36 months</li> <li>At 5 years functioning at or below emerging 30 -50 months</li> </ul> <p>Child has a moderate medically diagnosed sensory impairment which has impacted on their communication, language, learning and/or social skills/self-esteem. Child will need modified activities and additional support to enable them to make good progress.</p> <p><b>Vision:</b></p> <p>Mild to moderate visual difficulties / visual loss with on-going input from the Sensory Support Service</p> <p><b>Hearing:</b></p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referrals made to Occupational Therapy and Physiotherapy via medical consultant as required and activities incorporated into support plan. An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</p> <p>Children’s Sensory Team and other medical professionals, work with education provision on an ongoing basis to set targets, carrying out specialist assessments, providing training in the care and management skills for technological equipment and advise on modifications to the curriculum and learning activities. They may provide some direct teaching for targeted areas and would have an integral part at reviews.</p> <p>Involvement of additional support services as appropriate.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and monitoring assessments etc. to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> <li>Continuous provision</li> <li>Enhanced</li> <li>Targeted</li> </ul> <p>Interventions and staffing ratios evidenced within support plan</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the developing of language and interaction skills</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Staff may need access to specific specialist training.</p>

<p>Mild to moderate hearing loss and wears aid(s) with on-going input from the Sensory Support Service</p> <p><b>Physical and Medical:</b></p> <p>Physical and / or medical difficulties that require varied equipment and adapted resources</p> <p>Moderate physical and or medical difficulties that require close monitoring to ensure safety</p> <p>Moderate gross and/or fine motor difficulties</p> <p>Exploration, interaction and/or mobility now impacting more on access to the curriculum</p> <p>Need specialist input to comply with health and safety legislation; e.g. to access learning, for personal care needs, at break and meal times</p> <p>Increased dependence on mobility aids i.e. wheelchair or walking aid Increased use of alternative methods for extended recording e.g. scribe, ICT</p> <p>May require administration of life-saving medication or tube feeding, tracheotomy, oxygen, insulin etc.</p> <p>Physical independence is impaired and requires input and programmes from relevant professionals</p> <p>Experience difficulties/ unusual responses to sensory experiences (can be easily distracted, upset by noise/touch/light)</p>	<p>Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Referral submitted for EYIF to enhance in setting provision in key areas</p> <p>Interventions are assessed for IMPACT on progress</p> <p>Risk assessment for learning environment.</p> <p>Risk assessment may be required to adhere to Health and Safety requirements May require an environmental assessment re toileting and nappy changing. Staff may require moving and handling training May require Educational OT assessment for postural management</p>	<p>Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively. Adult support will be required for this.</p> <p>May require moving and handling training and access to specialist training</p>
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**Stage 4 – Sensory and/or Physical and Medical Needs**

<b>Presenting Behaviour</b>	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/Curriculum and Interventions</b>
<p><b>The child has MODERATE to SEVERE, persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 0-11 months</li> <li>• At 3 years functioning at or below developing 8-20 months</li> <li>• At 4 years functioning at or below developing 16-26 months</li> <li>• At 5 years functioning at or below 22-36 months</li> </ul> <p>Child has a significant medically diagnosed sensory impairment which has a significant impact upon their communication, language, learning and/or social skills/self-esteem. Child will need modified activities, additional support and some alternative approaches to enable them to make good progress.</p> <p><b>Vision:</b></p> <p>Moderate to severe visual loss which requires continuous support for mobility and self-help skills</p> <p>Moderate to severe multisensory impairment with significant impact on development</p> <p><b>Hearing:</b></p> <p>Severe hearing loss that has a significant impact on development</p> <p>Severe multisensory impairment with significant impact on development</p> <p><b>Physical and Medical:</b></p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps within an individualised curriculum.</p> <p>Interventions and support in place in accordance with advice from occupational therapy and physiotherapy.</p> <p>Children’s Sensory Team, OT, Physiotherapist, SLT, EP work with education provision on an ongoing basis to set targets, carrying out specialist assessments, providing training in the care and management skills for technological equipment and advice on modifications to the curriculum and learning activities. They will provide direct teaching for targeted areas and this would include children seen for blocks of time. They would have an integral part at reviews.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/ half-termly review of child’s progress towards targets on individualised learning/support plan.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers.</p> <p>Medical Professionals contribute to planning and assessment.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and monitoring to enable monitoring</p> <p>Increased differentiation of activities and materials to reflect developmental levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum</p> <p>Multi-sensory approaches used to support access to EYFS.</p> <p>Staff may require moving and handling training and access to specialist training</p>

<p>Significant physical/medical difficulties with or without associated learning difficulties</p> <p>Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties</p> <p>Physical and/ or medical difficulties that require specialist equipment, adapted resources and position changes requiring a high level of adult support</p> <p>Significant and persistent difficulties in mobility</p> <p>Physical care and manual handling in order to be included</p> <p>Significant personal care needs which require adult support</p> <p>Impaired progress and attainment in all areas, or at least prime areas.</p> <p>Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning</p> <p>High levels of self-care needs</p> <p>Child needs daily adult support with health care regimes</p> <p>Child needs daily specialist programme for co-ordination skills</p> <p>Experiences persistent difficulties relating to sensory experiences and regulation</p>	<p>Risk assessment for learning environment.</p> <p>Risk assessment may be required to adhere to Health and Safety requirements</p> <p>May require an environmental assessment re toileting and nappy changing.</p> <p>May require Educational OT assessment for postural management</p>	
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# **Primary School Aged Children**

## Cognition and Learning Needs Guidance

### Stage Descriptors Overview

<p><b>Stage 1</b> <b>Mild</b></p>	<ul style="list-style-type: none"> <li>• May be below age-related expectations</li> <li>• Difficulty with the acquisition/use of language, literacy and numeracy skills</li> <li>• Difficulty with the pace of curriculum delivery</li> <li>• Some problems with concept development</li> <li>• Evidence of some difficulties in aspects of literacy, numeracy or motor coordination</li> <li>• Attainment levels are likely to be a year or more delayed</li> </ul>
<p><b>Stage 2</b> <b>Mild - Moderate</b></p>	<ul style="list-style-type: none"> <li>• Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills</li> <li>• The pupil is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan</li> <li>• Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum</li> <li>• Progress is at a slow rate but with evidence of response to intervention</li> <li>• Support is required to maintain gains and to access the curriculum</li> <li>• Attainment is well below expectations despite targeted differentiation</li> <li>• Processing difficulties limit independence and pupil may need adult support in some areas</li> <li>• The pupil will have <b>mild</b> but <b>persistent</b> difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality first teaching</li> <li>• May have difficulties with organisation and independence in comparison to peers</li> <li>• Difficulties impact on access to the curriculum</li> <li>• Pupil will require reasonable adjustments to support them in the classroom</li> <li>• Self-esteem and motivation may be an issue</li> <li>• Possibly other needs or circumstances that impact on learning</li> </ul>
<p><b>Stage 3</b> <b>Moderate</b></p>	<p>As above plus:</p> <ul style="list-style-type: none"> <li>• Persistent difficulties in the acquisition/use of language/literacy/numeracy skills</li> <li>• May appear resistant to previous interventions</li> <li>• Pupil is operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification</li> <li>• Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum <u>or</u> assessment findings from a range of standardised cognitive assessments</li> <li>• Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding, sequencing and reasoning</li> <li>• Difficulties impact on learning and/or limit access to the curriculum</li> <li>• Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties</li> <li>• Personalised learning plan</li> <li>• Access to advice from a specialist</li> <li>• Support for reading/recording to access the curriculum at the appropriate level of understanding</li> <li>• Pupil will have <b>moderate</b> and <b>persistent</b> difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching</li> <li>• Difficulties in some aspect of cognitive processing will be present, i.e. slow phonological processing, poor working memory, and difficulties with auditory and visual processing</li> <li>• Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required</li> <li>• May require assistive technology and/or augmented or alternative communication supports</li> </ul>

	<ul style="list-style-type: none"> <li>• Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support</li> <li>• Involvement of pupil in target setting and personalised learning</li> </ul>
<p><b>Stage 4a</b></p> <p><b>Significant</b></p>	<ul style="list-style-type: none"> <li>• Pupil will have significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching</li> <li>• Key language, literacy and/or numeracy skills are well below functional levels for their year group – the pupil cannot access text or record independently</li> <li>• Pupil has significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum</li> <li>• Difficulties likely to be long term/lifelong</li> <li>• Condition is pervasive and debilitating</li> <li>• Significantly affects access to curriculum and academic progress</li> <li>• High levels of support required which include assistive technology</li> <li>• Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present</li> <li>• The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts</li> </ul>

Stage 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning strategies	Curriculum/Intervention	Resources and Staffing
<p>The pupil will have <b>mild</b> difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality teaching. Pupil may have difficulties with some or all of the following:</p> <ul style="list-style-type: none"> <li>• Below expected rate of attainment</li> <li>• Below age-related and national expectations</li> <li>• Difficulty with the acquisition/ use of language, literacy, numeracy skills</li> <li>• Difficulty with the usual pace of curriculum delivery</li> <li>• Some problems with concept development</li> <li>• Evidence of some difficulties in aspects of literacy, numeracy and/or motor co-ordination</li> <li>• Attainment levels are likely to be a year or more delayed</li> </ul>	<p><b>SCHOOL</b></p> <ul style="list-style-type: none"> <li>• Part of normal school and class assessments</li> <li>• Normal curriculum plans include Quality First Teaching (QFT) strategies</li> <li>• Parents and children involved in monitoring and supporting their targets</li> </ul> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• In addition to normal classroom assessments, the teacher will also discuss next steps with the SENDCO</li> <li>• As appropriate, screen for Irlen's (coloured overlays), dyslexia, dyscalculia, motor skills difficulties</li> <li>• Tools you might use: GL Assessment online screeners, Lucid</li> <li>• For concerns regarding motor skills use a motor skill check list and/or speak to the school nurse/OT</li> <li>• Seek advice and information from Dyslexia Guidance and Dyscalculia Guidance</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Normal curriculum plans to include QFT strategies and adjustments to activities to remove any barriers which difficulties may present</li> <li>• Timetable any one-to-one /small group intervention into weekly routine as appropriate (the number of sessions would be dependent on the intervention)</li> <li>• Monitor effectiveness of interventions ensuring clear entry and exit points and detailed provision map</li> <li>• Parents and children involved in monitoring and supporting their targets</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream class with flexible grouping arrangements</li> <li>• Consider Kagan structures</li> <li>• Opportunities for small group work based on identified need e.g. listening/thinking</li> <li>• Mainstream class with flexible grouping arrangements</li> <li>• Opportunities for small group work based on identified need e.g. reading, maths, motor skills</li> <li>• Opportunities for generic type one-to-one programmes aimed at addressing gaps – any intervention should have clear entry and exit criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Simplify level/pace/amount of teacher talk</li> <li>• Emphasis on identifying and teaching gaps assessment</li> <li>• Opportunities for skill reinforcement/revision/transfer and generalisation</li> <li>• Formal teaching of vocabulary and concepts</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher</li> <li>• Mainstream class with enhanced differentiation</li> <li>• Regular targeted small group support, where staffing allows</li> <li>• Time limited programmes of small group work based on identified need</li> <li>• Opportunities for 1:1 /small group support focused on specific targets, with outcomes closely monitored</li> <li>• Pupils should be in mainstream classes and should not routinely be withdrawn and taught by a TA</li> <li>• All school staff should have access to regular, targeted Continuing Professional Development</li> <li>• Full inclusion within the curriculum through use of differentiation and group support</li> <li>• Activities planned through QFT with emphasis on concrete, experiential and visual supports</li> <li>• Multi-sensory learning opportunities</li> <li>• Strategies employed to encourage cognitive engagement, transferring and generalising learning e.g. Thinking Skills and problem solving</li> <li>• Links established between new and prior learning with support from review and overlearning techniques</li> </ul>

Stage 2 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The pupil will have <b>mild</b> but <b>persistent</b> difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality teaching.</p> <p>Take note of descriptors for other SEN needs, which may not be primary need.</p> <ul style="list-style-type: none"> <li>Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills</li> <li>The pupil is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through support plan</li> <li>Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum</li> <li>Progress is at a slow rate but with evidence of response to intervention</li> <li>Support is required to maintain gains and to access the curriculum</li> <li>Attainment is well below expectations despite targeted differentiation</li> <li>Processing difficulties limit independence and may need adult support in some areas</li> <li>May have difficulties with organisation and independence in comparison to peers</li> <li>Difficulties impact on access to the curriculum and the pupil will require special</li> </ul>	<p><b>SCHOOL</b> As Stage 1 plus:</p> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>SENDCO will use screening tools available for use in schools to establish a profile of the pupil's strengths and weaknesses. This will inform areas for intervention and adjustments/arrangements required for access to the curriculum and exams</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Teaching plans clearly show adjustments made for individual pupil to access the curriculum</li> <li>This should include planning for additional adults supporting the pupil within the classroom</li> <li>SENDCO to oversee planning of a personalised multi-sensory intervention. This should be time-tabled, and a private area made available</li> <li>SENDCo or specialist teacher to explore SPLD factors</li> <li>Regular monitoring and reviewing of interventions so they can be adapted accordingly – this should take place termly</li> <li>Staff trained regularly on whole class differentiation, / scaffolding. with opportunities for peer support</li> </ul>	<ul style="list-style-type: none"> <li>Mainstream class with enhanced differentiation, regular targeted small group support</li> <li>Time limited programmes of small group work based on identified need</li> <li>Opportunities for 1:1 support focused on specific targets, with outcomes closely monitored</li> </ul> <p>As Stage 1 provision plus:</p> <ul style="list-style-type: none"> <li>1:1 specific multisensory, cumulative, structured programmes to support the acquisition of literacy, cursive handwriting, numeracy and motor skills.</li> <li>Opportunities for mixed groupings as pupil's cognitive ability is likely to be higher than their literacy skills might indicate</li> <li>The child experiences success through carefully planned interventions and expectations</li> </ul>	<ul style="list-style-type: none"> <li>Quality First Teaching</li> <li>Programme includes differentiated and modified tasks within an inclusive curriculum</li> <li>Modify level/pace/amount of teacher talk to pupil's identified need</li> <li>Programmes to consist of small achievable steps</li> <li>Pre-teach concepts and vocabulary</li> <li>Multi-sensory learning opportunities</li> <li>Emphasis on using and applying and generalisation of skills</li> <li>Individual targets within group programmes and/or 1:1 carefully monitored and reviewed</li> </ul> <p>As Stage 1 provision plus:</p> <ul style="list-style-type: none"> <li>Differentiated curriculum with modifications that include alternative methods to record and access text. This will include ICT as appropriate e.g. word prediction, text-to-speech</li> </ul>	<ul style="list-style-type: none"> <li>Parents are fully informed of school provision for child and involved in decisions about interventions to meet the pupil's needs</li> <li><b>Main provision</b> by class/subject teacher with support from SENDCO and advice from specialist teachers as appropriate</li> <li>Additional adult, <b>under the direction of teacher</b>, provides sustained and targeted support on an individual/group basis</li> <li>Include withdrawal on a time limited basis, entry and exit criteria clearly stated</li> </ul> <p>As Stage 1 provision plus:</p> <ul style="list-style-type: none"> <li>staff to deliver 1:1 programme for at least 30 minutes, 3 times weekly</li> <li>Adults use the developmental level of language appropriate to the child in questioning and explanation</li> <li>Simple Thinking Skills Activities/ Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising</li> <li>Use real objects wherever possible</li> <li>Individual reading</li> <li>Individual maths</li> <li>Alphabet arc activities</li> <li>Precision teaching</li> <li>Motor co-ordination programme</li> <li>Busy box</li> <li>5-minute box</li> <li>Visual timetables, timeline</li> <li>QFT is supplemented by appropriate small group work with close monitoring in place</li> <li>Individualised programmes are incorporated into provision</li> <li>Clear entry and exit criteria</li> </ul>

<p>arrangements and additional support in the classroom</p> <ul style="list-style-type: none"><li>• Self-esteem and motivation may be an issue</li><li>• Possibly other needs or circumstances that impact on learning</li></ul>				
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Stage 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The pupil will have <b>moderate</b> and <b>persistent</b> difficulties with literacy, numeracy or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality teaching</p> <ul style="list-style-type: none"> <li>• Persistent difficulties in the acquisition/use of language/literacy/numeracy skills and appear resistant to previous interventions</li> <li>• Pupil operating at a level significantly below expected outcomes</li> <li>• Evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification</li> <li>• Moderate difficulties with independent working</li> <li>• Needs the support of an adult and a modified curriculum</li> <li>• Cognitive and school assessment indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding, sequencing and reasoning</li> <li>• Difficulties impact on learning and/or limit access to the curriculum</li> <li>• Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties which require a personalised support plan</li> <li>• Difficulties in some aspects of cognitive processing will be present, i.e. slow phonological processing, poor working memory, difficulties with auditory and visual processing</li> <li>• Difficulties will affect access to curriculum</li> <li>• Specialist support/advice and arrangements required</li> <li>• Likely to need assistive technology</li> <li>• Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support</li> </ul>	<p><b>SCHOOL</b></p> <ul style="list-style-type: none"> <li>• SENDCO should take advice from assessment by EP/specialist teacher</li> <li>• Involvement of education and non-education professionals as appropriate</li> <li>• Reviews should take note of evidence based needs</li> <li>• Curriculum plans, and progress are closely monitored by school tracker</li> <li>• Targets are individualised, short term and specific</li> <li>• Continued regular engagement of parents/carer</li> <li>• Involvement of pupil in target setting and personalised learning</li> <li>• Consideration of specific literacy/ learning difficulties evidence</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream class, predominantly working on <b>modified</b> curriculum tasks</li> <li>• Frequent opportunities for small group work based on identified need</li> <li>• Daily opportunities for 1:1 support focused on specific support plan targets</li> <li>• Grouping needs to be flexible and include positive peer models with input from class teacher as well as additional adults</li> <li>• Adults use the developmental level of language appropriate to the child in questioning and explanation</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Tasks and presentation increasingly individualised and modified in an inclusive curriculum</li> <li>• Visual cues to support auditory information at all stages of delivery</li> <li>• Individualised level/pace/amount of teacher talk</li> <li>• Ensure transfer and generalisation of skills has occurred before teaching anything new</li> <li>• Small steps targets within group programmes and/or 1:1</li> <li>• Alternative ways of recording as appropriate</li> <li>• Individualised programmes are incorporated into provision</li> <li>• Clear entry and exit criteria</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Main provision</b> by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate</li> <li>• A consistent structured environment which may include withdrawal, carefully monitored and planned by class teacher for a specific target</li> <li>• Additional adult, <b>under the direction of the teacher</b>, provides sustained targeted support on an individual/group basis</li> <li>• Clear monitoring of effectiveness of interventions</li> <li>• Additional adult to be trained to deliver interventions and support</li> <li>• Use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/classifying and categorising</li> <li>• Pupil experiences success through carefully planned interventions and expectations</li> <li>• SLCN activities</li> <li>• Motor co-ordination programme</li> <li>• QFT is supplemented by appropriate small group work (this can be in class with the teacher directing) with close monitoring in place</li> </ul>

Stage 4 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The pupil will have <b>significant</b> and <b>persistent</b> difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching.</p> <ul style="list-style-type: none"> <li>• Key language, literacy and/or numeracy skills are well below functional levels for their year group</li> <li>• Pupil cannot access text or record independently</li> <li>• Pupil has significant levels of difficulty in cognitive processing requiring significant alteration to the pace and delivery of the curriculum</li> <li>• Difficulties likely to be long term/lifelong</li> <li>• The condition is pervasive and debilitating and significantly affects access to curriculum and academic progress</li> <li>• High levels of support are required which include assistive technology</li> <li>• Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present</li> <li>• The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts</li> </ul>	<p><b>SCHOOL</b></p> <ul style="list-style-type: none"> <li>• SENDCO takes advice from assessment by EP/specialist teacher and the involvement of education and non-education professionals, such as Health professionals as appropriate</li> <li>• Curriculum plans, and progress are closely monitored</li> <li>• Targets are highly individualised</li> <li>• Continued regular engagement of parents</li> <li>• Curriculum plans, classroom support and interventions and graduated approaches to achieve outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream class, predominantly working on modified curriculum tasks</li> <li>• Frequent opportunities for small group work based on identified need</li> <li>• Daily opportunities for support focused on specific support plan targets</li> <li>• Opportunities for multi-sensory interventions to address core difficulties will be in place</li> <li>• Schools may refer to Occupational therapy, or commission services where waiting lists are too long</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Tasks and presentation increasingly individualised and modified in an inclusive curriculum</li> <li>• Visual cues to support auditory information at all stages of delivery</li> <li>• Teaching and activities are adapted to reduce the impact of processing difficulties e.g. working memory, processing speed</li> <li>• Individualised level/pace/amount of teacher talk</li> <li>• Ensure transfer and generalisation of skills has occurred before teaching anything new</li> <li>• Small steps targets within group programmes and/or 1:1</li> <li>• Tasks and presentation are personalised to the pupil's needs and monitored regularly to ensure they remain appropriate</li> <li>• Emphasis on literacy, numeracy, PSHEE and ICT</li> <li>• Access arrangements and adjustments are part of everyday learning and practice (normal way of working)</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate</li> <li>• A consistent structured environment may include withdrawal, carefully monitored, and planned by class teacher for a specific target</li> <li>• Additional adult, under the direction of the teacher, provides sustained targeted support on an individual/group basis</li> <li>• Clear monitoring of effectiveness of interventions</li> <li>• Additional adult to be trained to deliver interventions and support</li> <li>• Modified class curriculum</li> <li>• Pupil still included in activities wherever appropriate</li> <li>• Use real objects for thinking skill activities (explore the context for the objects)</li> <li>• Appropriate thinking skills strategies</li> <li>• Access to assistive technology must be made for those pupils with SPLD – e.g. Clicker 7 Text Help Read/Write, Penfriend and audio recording devices.</li> </ul>

# Communication and Interaction Needs

## Communication and Interaction/ Autism Spectrum Disorders

The children and young people to whom this guidance relates will present with a range of communication and interaction differences which challenge their learning and social inclusion. Individual pupils display a range of differences which will vary in severity and intensity and which may change over time. It is not expected that any pupil will match all the descriptors listed below. Pupils who display social communication and interaction differences but who are not diagnosed with an autism spectrum disorder share some of the difficulties in social imagination, inflexibility of thought and sensory differences seen in pupils on the autism spectrum. The suggested provision and resourcing at the appropriate Stage will support effective teaching and learning for this group of children and young people.

Children and young people with communication and interaction differences/autism have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil:

### ASD Descriptors

#### Communication and Reciprocal Social Interaction (Social Effect)

- Difficulties recognising that they are part of a class, group or wider social situation
- Social situations present challenges resulting in emotional outbursts, withdrawal, social vulnerability and/or isolation
- Poor empathy, imagination and play skills which affect social understanding and impact on learning in subjects such as English and RE
- Unusual eye gaze or eye contact
- Facial expressions may be limited or reduced in range
- May not use or understand non-verbal communication
- Difficulties with understanding spoken language or difficulties expressing their own wishes and feelings (expressive and receptive needs)
- Speech may be delayed or unusual and have an odd intonation pattern with immediate or delayed repetition (echolalia)
- Literal interpretations of language and learning with poor understanding of abstract language
- Higher order language skills may be impaired, e.g. understanding and use of metaphor, inference and emotional language
- Issues with interpreting and understanding whole class instructions and general information
- Difficulties with the concept of time and sequencing of events significantly affect everyday activities
- Difficulties with personal space - may invade other's space or find close group work difficult
- May have little awareness of danger in comparison to children of their age
- May 'run' or 'climb' with no regard to hazards, or be unaware of hurting others
  
- May have coping strategies that enable successful social interaction with peers. At times of stress or anxiety, however, responses will be unusual and socially awkward

#### Restricted and Repetitive Behaviours

- Anxiety over even small unplanned changes in the environment or learning tasks, leading to reactions of outbursts or withdrawal
- Unusual or different behaviours or obsessions with everyday objects, people or toys, which can lead to difficulties with finishing desired activities
- May display an intense interest in a topic that is explored with a high level of frequency and/or inappropriateness to context or audience
- Difficulties managing transition between different environments or tasks
- Inability to maintain focus and concentration age appropriately

- Easily distracted or unable to switch attention easily
- Inconsistent patterns of behaviour across a spectrum from challenging or impulsive to extreme passivity

### Sensory Differences

- Unusual over- or under-responsiveness to sensory stimuli e.g. touch or noise which may affect access to everyday events or activities e.g. dining halls
- Difficulties in environments with a lot of people, especially in spaces where the number is people of heightened and noise becomes expansive
- Show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing
- Display unusual sensory responses to the environment at times of heightened stress: this may present as anxiety
- Sensory differences can affect physical milestones such as toileting and eating development: these can cause high anxiety in the child/young person and those who care for them

<b>Stage 1</b>  <b>Mild</b>	<ul style="list-style-type: none"> <li>• Pupils will have communication and interaction needs that <b>may</b> affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life</li> <li>• The pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team</li> <li>• Students may or may not have low level sensory needs</li> </ul>
<b>Stage 2</b>  <b>Mild - Moderate</b>	<ul style="list-style-type: none"> <li>• Pupils will have communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life</li> <li>• Students may or may not have low to moderate sensory needs</li> </ul>
<b>Stage 3</b>  <b>Moderate</b>	<ul style="list-style-type: none"> <li>• Pupils will have communication and interaction needs that will <b>moderately</b> affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life</li> <li>• This is especially true in new and unfamiliar contexts</li> <li>• The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment</li> <li>• Pupils may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team</li> <li>• Students may or may not have moderate sensory needs</li> </ul>
<b>Stage 4a</b>  <b>Significant</b>	<ul style="list-style-type: none"> <li>• Pupils will have communication and interaction needs that <b>significantly</b> affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life</li> <li>• This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available</li> <li>• The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment</li> <li>• Pupils will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum</li> <li>• Pupils may or may not have a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency diagnostic team</li> <li>• Students may or may not have sensory significant sensory needs</li> </ul>

Stage 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
<p>1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.</p> <p>2. Consider whether the following statement describes how the pupil is affected within school:</p> <p>Pupils at Stage 1 will have communication and interaction needs identified by the Stage descriptors that <b>affect their access to some aspects</b> of the National Curriculum, including the social emotional curriculum and school life.</p> <p>3. If this statement accurately describes your child use the advice given in Stage 1. If not, you will need to consider descriptors for other levels.</p> <p>The pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team.</p> <p><b>NC Level</b> Across the expected range with an unusual learning profile showing relative weaknesses in some areas and strengths in others.</p>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Will be part of school/setting and class teaching and assessments</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>Curriculum plans should include individual/group targets</li> <li>Family to be involved regularly and support targets at home</li> <li>Pupil will be involved in setting and monitoring targets, where appropriate</li> <li>Information around specific pupil will be shared with staff in setting at pupil progress meetings</li> </ul>	<ul style="list-style-type: none"> <li>Must be included in mainstream class with specific support for targets which involve communication and interaction</li> <li>Should be offered opportunities for small group work within the usual classroom planning and management</li> </ul>	<p><b>Resources/Provision:</b></p> <ul style="list-style-type: none"> <li>The use of Quality First teaching approaches to support the development of social communication and interaction skills</li> <li>Must have full inclusion to the National Curriculum</li> <li>Flexibility may be required to enable the pupil to follow instructions and/or record work</li> <li>Instructions may need to be supported by use of visual and written cues</li> <li>Preparation for change and the need for clear routines will be required</li> <li>Reduction of complex language, especially when giving instructions and asking questions, will be required</li> </ul>	<p><b>Setting:</b></p> <ul style="list-style-type: none"> <li>Flexible use of resources and staffing available in the classroom</li> <li>Staff trained in de-escalation strategies</li> </ul>

Stage 2 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
<p><b>MILD NEEDS</b></p> <p>1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.</p> <p>2. Consider whether the following statement describes this need: At Stage 2, the pupil will have communication and interaction needs identified by the Stage descriptors that <b>affect access to a number of aspects</b> of the National Curriculum, including the social emotional curriculum and school life.</p> <p>3. If this statement accurately describes your child or young person use the advice given in Stage 2. If not, you will need to consider descriptors for other levels.</p> <p>There may not be a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency team.</p> <p><b>NC Level</b> Across the expected range but with an unusual profile showing relative weaknesses in certain areas and strengths in others.</p>	<p><b>Assessment:</b> As Stage 1 plus:</p> <ul style="list-style-type: none"> <li>• Use of more detailed NC assessment tools e.g. B Squared/PIVATS</li> <li>• Could also include other assessments relating to need, advice from SLT or OT advice (where applicable)</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>• Curriculum plans will reflect levels of achievement and include individually focused targets, especially in Speech, Language and communication</li> </ul>	<ul style="list-style-type: none"> <li>• Will be mainstream class-based and will have opportunity for small group and individual work to target specific needs relating to communication and interaction needs</li> <li>• May need adaptations to the working environment such as a quiet area within the classroom for individual work</li> </ul> <p>As Stage 1 plus</p> <ul style="list-style-type: none"> <li>• The use of <i>Quality First</i> teaching approaches to support the development of social communication and interaction skills</li> <li>• Flexibility will be required to enable the pupil to follow instructions and/or record work</li> <li>• Clear use of visual and written cues will be useful to support instructions</li> <li>• Preparation for change and the need for clear routines will be required</li> <li>• Reduction of complex language, especially when giving instructions and asking questions, will be required</li> </ul>	<p>As Stage 1 plus:</p> <ul style="list-style-type: none"> <li>• Curriculum access will be facilitated by using a structured approach to provision which should involve: using visual systems or timetables; reducing language for instructions/information giving</li> <li>• Teaching approaches should take account of difficulties identified within the Stage descriptors</li> </ul>	<p>As Stage 1, plus:</p> <p><b>Setting:</b></p> <ul style="list-style-type: none"> <li>• Will need additional professional support from skilled colleagues, e.g. SENDCO, to aid curriculum modifications</li> <li>• Should consider staff training to ensure that they are trained to meet the needs of the students in their class</li> <li>• Will need additional professional support from skilled colleagues to develop strategies to address social interaction, social communication and social understanding</li> <li>• Will need use of additional school support to implement specific materials, approaches and resources as appropriate</li> <li>• Staff trained in de-escalation strategies.</li> <li>• Schools are encouraged to have an ASD Champion in their setting-training and advice is provided by AOT.</li> </ul>

Stage 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
<p><b>MODERATE NEEDS</b></p> <p>1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.</p> <p>2. Consider whether the following statement describes how the pupil is affected within school: At Stage 3, pupils will have communication and interaction needs identified by the Stage descriptors that <b>will moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life.</b> This is especially true in new and unfamiliar contexts.</p> <p>3. If this statement accurately describes your child use the advice given in Stage 3. If not, you will need to consider descriptors for other levels.</p> <p>The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. The pupil may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate clinical team.</p> <p><b>NC Levels</b> Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.</p>	<p><b>Assessment:</b> As Stage 1 and 2 plus:</p> <ul style="list-style-type: none"> <li>• More specialised assessment tools in relation to specific descriptors such as: PSE p-level assessments; TALC; Motivational Assessment; STAR behavioural analysis</li> <li>• Accurate and up to date assessment of independent levels (NC/P-Levels) must be kept as a working document to aid planning and to share with family</li> <li>• Assessment includes a <u>profile</u> of sensory needs</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>• Curriculum plans will reflect levels of achievement and must include individually focused targets</li> <li>• Planning may need to incorporate adaptations such as rest breaks, time allocated to sensory difficulties and processing needs</li> </ul>	<p>As Stage 1 and 2 plus:</p> <ul style="list-style-type: none"> <li>• Inclusion within the mainstream classroom. However, there will be a need for an enhanced level of individual support</li> <li>• Targeted support will be needed which may include unstructured parts of the day, e.g. start and end of school day, breaks, lunchtimes and trips out of school</li> <li>• Support for areas of sensory needs which may include 'time out' space and other environmental adaptations to reduce stress and anxiety</li> </ul> <p>As Stage 1 and 2 plus:</p> <ul style="list-style-type: none"> <li>• The use of <u>Quality First</u> teaching approaches to support the development of social communication and interaction skills</li> <li>• Flexibility will be required to enable the pupil to follow instructions and/or record work</li> <li>• Clear use of visual and written cues will be useful to support instruction.</li> <li>• Preparation for change and the need for clear routines will be required</li> <li>• Reduction of complex language, especially when giving instructions and asking questions, will be required</li> <li>• Staff will need to implement recommendations made by the Autism lead</li> </ul>	<p>As Stage 1 and 2 plus:</p> <ul style="list-style-type: none"> <li>• Will need to make noticeable adaptations to the curriculum to aid access and reduce anxiety</li> <li>• Will need differentiation by presentation and/or outcome</li> <li>• Will need enhanced PSHCE teaching to ensure skills embedded</li> </ul>	<p>As Stage 1 and 2 plus:</p> <p><b>Setting:</b></p> <ul style="list-style-type: none"> <li>• Advice/ training information from Early Bird/Early Bird Plus/1<sup>st</sup> Steps and Jigsaw/ Local Offer. Training will be sought</li> <li>• Teaching approaches must take account of difficulties identified within the Stage descriptors</li> <li>• Staff working directly with pupils must have knowledge and training in good practice when working with pupils with communication and interaction needs/Autism</li> <li>• Schools should consider using the Autism Education Trust staff competencies to support development of specialist skills</li> <li>• Schools should consider ELKLAN Communication Friendly Schools training to enhance skill levels in working with pupils with these needs</li> <li>• Staff trained in the use of de-escalation strategies</li> </ul>

Stage 4a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
<p><b>SIGNIFICANT NEEDS</b></p> <p>1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.</p> <p>2. Consider whether the following statement describes how the pupil is affected within school: At Stage 4a, pupil will have communication and interaction needs identified by the Stage descriptors that <b>significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life.</b> This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.</p> <p>3. If this statement accurately describes your child or young person use the advice given in Stage 4a. If not, you will need to consider descriptors for other levels.</p> <p>The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</p> <p>The pupil will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum.</p> <p><b>NC Level</b> Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.</p>	<p>As Stage 1 – 3 plus:</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>Should include assessment advice from other agencies, e.g. SLT/OT</li> <li>Assessment should include details about sensory needs</li> </ul> <p><b>Planning:</b></p> <ul style="list-style-type: none"> <li>Increased level of understanding by teaching and support staff will require plans for developing whole school understanding of pupil’s needs</li> <li>To include all setting staff that come into contact with pupil on a daily basis</li> <li>Shadowing staff in specialist settings</li> <li>Planning must include adaptations to curriculum to ensure the development of independent learning and life skills</li> </ul>	<p>As Stage 1 -3 plus:</p> <ul style="list-style-type: none"> <li>Robust planning to meet objectives defined in support plans</li> </ul>	<p>As Stage 1- 3 plus: Must implement recommendations of AS /AOT Support</p> <p>As Stage 1 -3 plus</p> <ul style="list-style-type: none"> <li>Significant adaptations to curriculum, teaching methods and environment needed to access the curriculum. These will include: conceptual understanding of everyday language and subject specific vocabulary; pace of delivery; significant pre-learning and over learning of concepts and functions and use of alternative recording methods</li> <li>Where appropriate an alternative curriculum must be offered to develop independence and life skills</li> <li>Will need enhanced PSHCE and SRE programmes to ensure skills embedded; these are likely to need some element of individual work</li> </ul>	<p>As Stage 1 – 3 plus:</p> <p><b>Setting:</b></p> <ul style="list-style-type: none"> <li>All staff aware of de-escalation strategies</li> <li>Key staff trained in Team Teach approaches</li> <li>Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding</li> </ul>

# Communication and Interaction Needs

## Speech, Language & Communication Needs

### Guidance for children and young people with Speech, Language and Communication Needs

#### Introduction

The term SLCN is used in this guidance to refer to children and young people with speech, language and communication needs as described below.

There are four distinct and overlapping reasons for pupils to have SLCN<sup>1</sup>:

1. **Primary need:** a persistent developmental difficulty specific to the speech and language systems associated with speech sounds, formulating sentences, understanding, social interaction or fluency.
2. **Secondary need:** primary developmental factor related to autism, physical, hearing or cognitive impairments which affect speech, language and communication.
3. Reduced developmental opportunities meaning that language is impoverished or delayed; mainly linked to social disadvantage.
4. Speaking and understanding English as an additional language (EAL) does not in itself constitute a SLC difficulty. The varied structures and phonologies of different languages however cause **initial short-term** difficulties. It is important to recognise that children with EAL may also have the above 3 reasons for their SLCN.

#### Identification:

- There is wide variation in children's early development meaning that SLCN is not often identified before the age of 2, unless due to secondary factors present pre-natal or from birth
- The nature of SLCN can change over time
- A range of interventions, screening, observation and assessment over time, involving both health and education professionals, are necessary to establish the nature of the difficulty
- Depending on the nature of the difficulty, pupils' performance levels range between 'well above average' to 'well below average'

This document provides guidance regarding provision, staffing and identification for pupils at Stages 1-4. However, for all the reasons above, when planning provision and personalised learning, it is essential that the strengths and needs of individual pupils are considered rather than a diagnostic category of need. As such, this guidance should be used flexibly with regard to an individual's need at any one time. For example, a child at Stage 1 may require aspects of provision at Stages 2/3 for a measured period of time.

All pupils need to be taught in a communication-friendly learning environment, reflected in the whole school ethos:

- An understanding of the importance of language skills on social development and attainment
  - Structured opportunities to support children's speech and language development
  - Effective and positive adult-child interaction
  - High quality verbal input by adults
-

## Speech Language Communication Needs Guidance

### Stage Descriptors Overview

<b>Stage 1</b>  <b>Mild</b>	<p>Pupil will have communication and interaction needs which <b>may affect access</b> to some aspects of the National Curriculum, including the social emotional curriculum and school life:</p> <ul style="list-style-type: none"> <li>• Pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team</li> <li>• Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. Phonological awareness (speech sound awareness) difficulties impact on literacy development.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding</li> <li>• Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position)</li> <li>• Reduced vocabulary range, both expressive and receptive</li> <li>• May rely on simple phrases with everyday vocabulary</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement</li> <li>• May present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present</li> </ul>
<b>Stage 2</b>  <b>Mild - Moderate</b>	<p>Pupil will have communication and interaction needs that <b>affect access</b> to a number of aspects of the National Curriculum, including the social emotional curriculum and school life:</p> <ul style="list-style-type: none"> <li>• Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context.</li> <li>• The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations</li> <li>• Pupil needs some support with listening and responding</li> <li>• Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position)</li> <li>• Reduced vocabulary range, both expressive and receptive</li> <li>• May rely on simple phrases with everyday vocabulary</li> <li>• May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement</li> <li>• Pupil is likely to present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases more consistently</li> </ul>
<b>Stage 3</b>  <b>Moderate</b>	<p>Pupil will have communication and interaction needs that will <b>moderately affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts.</p> <ul style="list-style-type: none"> <li>• The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment</li> <li>• Pupils may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team</li> <li>• Persistent delay against age related speech, language and communication</li> <li>• Persistent difficulties that do not follow normal developmental patterns (disordered)</li> </ul> <p><b>Speech</b></p> <ul style="list-style-type: none"> <li>• Speech may not be understood by others i.e. parents/family/carers where context is unknown.</li> </ul> <p>Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility</p> <ul style="list-style-type: none"> <li>• Speech sound difficulty may lead to limited opportunities to interact with peers</li> </ul>

	<ul style="list-style-type: none"> <li>• May be socially vulnerable</li> <li>• May become isolated or frustrated</li> <li>• Phonological awareness (Speech sound awareness) difficulties impact on literacy development.</li> </ul> <p><u>Expressive</u></p> <ul style="list-style-type: none"> <li>• The pupil may have difficulty speaking in age appropriate sentences and the vocabulary range is reduced. This will also be evident in written work</li> <li>• Talking may not be fluent</li> <li>• May have difficulties in recounting events in a written or spoken narrative</li> </ul> <p><u>Receptive</u></p> <ul style="list-style-type: none"> <li>• Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations</li> <li>• Needs regular and planned additional support and resources</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning</li> <li>• May not be able to focus attention for sustained periods</li> <li>• May appear passive or distracted</li> <li>• Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action</li> </ul> <p><u>Social Communication</u></p> <ul style="list-style-type: none"> <li>• Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability</li> <li>• Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures</li> <li>• Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others</li> <li>• Anxiety related to lack of understanding of time and inference</li> <li>• Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences</li> </ul>
<p><b>Stage 4a</b></p> <p><b>Significant</b></p>	<p>Pupil will have communication and interaction needs that <b>significantly affect their access</b> to the National Curriculum, including the social emotional curriculum and all aspects of school life. <b>This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.</b></p> <ul style="list-style-type: none"> <li>• The pervasive nature of the Autism/ C&amp;I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment</li> <li>• Pupil will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum</li> <li>• Pupil may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency diagnostic team</li> <li>• Could communicate or benefit from communicating using Augmented and Alternative Communication</li> <li>• Some or all aspects of language acquisition are significantly below age expected levels</li> <li>• Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known).</li> </ul> <p><b>Must have an identified Speech, Language and /or Communication Delay/Disorder</b></p> <p>This could be difficulties in:</p> <ul style="list-style-type: none"> <li>• Understanding and/or using language.</li> <li>• Speech Sound development</li> <li>• Social Interaction</li> </ul> <p><b>Identification</b></p> <ul style="list-style-type: none"> <li>• Diagnosed by a Speech and Language Therapist</li> <li>• Pupils with Developmental Language Disorder (DLD) may have associated social communication difficulties</li> <li>• Pupils with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling</li> <li>• Pupils with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning</li> </ul>

<b>Stage 1 Presenting Behaviours</b>	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies</b>	<b>Curriculum/Intervention</b>	<b>Resources and Staffing</b>
<p>SLCN may be an emerging but not yet clearly identified primary area of need; the pupil has some difficulty with speaking or communication.</p> <p>Pupils will present with some/all of the difficulties below and these will <b>mildly</b> affect curriculum access and social development:</p> <ul style="list-style-type: none"> <li>• Pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team</li> <li>• Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. Speech sound difficulties may impact on literacy difficulties.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding</li> <li>• Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position)</li> <li>• Reduced vocabulary range, both expressive and receptive</li> <li>• Pupils may rely on simple phrases with everyday vocabulary</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement</li> <li>• Pupils may present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present</li> </ul> <p><b>NC Level</b> Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and/or literacy and social skills.</p>	<p><b>School must:</b></p> <ul style="list-style-type: none"> <li>• Identify evidence that the pupil's language is delayed</li> <li>• Use EYFS profile, cognition and learning baseline assessment and checklists as a system of identification and monitoring</li> <li>• Ensure the pupil is part of normal school and class assessments</li> <li>• SENDCO and class teacher could be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty</li> <li>• Other assessment tools schools use: Welcome, Speech/Language Link, Communication Trust Progression Tools, One Step at a Time</li> <li>• School to consider whether other professionals need to be involved</li> <li>• Schools could use <a href="http://www.talkingpoint.org.uk">www.talkingpoint.org.uk</a> to help define if the issues are mild or moderate</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream classroom with attention paid to position in the classroom and acoustics</li> <li>• Flexible pupil groupings; positive peer speech and language models</li> <li>• Groupings reflect ability with modifications made to ensure curriculum access</li> <li>• Opportunity for planned small group activity focusing on language and communication</li> </ul>	<p><b>School:</b></p> <ul style="list-style-type: none"> <li>• Literacy tasks may require some modification</li> <li>• Instructions supported by visual and written cues</li> <li>• To support pupils in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition</li> <li>• Flexibility in expectations to follow instructions /record work</li> <li>• Opportunities for developing the understanding and use of language across the curriculum</li> <li>• Opportunities for time limited small group work based on identified need</li> <li>• Planning shows opportunities for language-based activities</li> <li>• Family supports targets at home</li> <li>• Pupil involved in setting and monitoring their own targets</li> </ul>	<p><b>School:</b></p> <ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with advice from SENDCO</li> <li>• Additional adults routinely used to support flexible groupings, small group activities and differentiation under the guidance of the teacher</li> <li>• Adults actively support pupils by modifying teacher talk and scaffolding/modelling responses</li> <li>• Adults provide support to enable pupils to listen and respond to longer sequences of information in whole class situation</li> <li>• Adults provide encouragement and support to collaborate with peers in curriculum activities</li> <li>• Adults provide pre and post tuition to secure key and specific vocabulary at the start of a topic</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Refer to The Communication Trust <b>What Works for Pupils with SLCN</b> <a href="#">database</a></li> <li>• <a href="#">Quality First Teaching strategies</a></li> </ul> <p><b>Interventions such as:</b></p> <ul style="list-style-type: none"> <li>• Talk across the Curriculum</li> <li>• Talking Partners@primary</li> <li>• Talking Partners@secondary</li> <li>• Nurturing Talk</li> <li>• TalkBoost (Communication Trust)</li> <li>• Talking Maths</li> <li>• Colourful Stories</li> <li>• Chatterbox</li> </ul>

<b>Stage 2 Presenting Behaviours</b>	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies</b>	<b>Curriculum/Intervention</b>	<b>Resources and Staffing</b>
<p>SLCN is identified as the primary area of need; pupil has some difficulty with speaking or communication.</p> <p>Pupil will present with some/all of the difficulties below and these will <b>mildly/moderately</b> affect curriculum access and social development.</p> <ul style="list-style-type: none"> <li>• Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context.</li> <li>• The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction. Speech sound difficulties may impact on the acquisition of literacy.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations</li> <li>• Pupil needs some support with listening and responding</li> <li>• Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position)</li> <li>• Reduced vocabulary range, both expressive and receptive</li> <li>• May rely on simple phrases with everyday vocabulary</li> <li>• May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement</li> <li>• Pupil is likely to present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases more consistently</li> </ul> <p><b>NC Level</b> Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and /or literacy and social skills.</p>	<p><b>School must:</b></p> <ul style="list-style-type: none"> <li>• Identify evidence that the pupil's language is delayed</li> <li>• Use EYFS profile, cognition and learning baseline assessment and checklists as a system of identification and monitoring</li> <li>• Ensure the pupil is part of normal school and class assessments</li> <li>• Actively monitor behaviour as an indicator of SLCN</li> <li>• SENDCO and class teacher should be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty</li> <li>• Other assessment tools schools use: Welcome, Speech/Language Link (Primary), Communication Trust Progression Tools, One Step at a Time</li> <li>• School to consider whether other professionals need to be involved</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream classroom with attention paid to position in the classroom and acoustics</li> <li>• Flexible pupil groupings; positive peer speech and language models</li> <li>• Groupings reflect ability with modifications made to ensure curriculum access</li> <li>• Small group/individual work to target specific needs</li> </ul>	<p><b>School:</b></p> <ul style="list-style-type: none"> <li>• Instructions supported by visual and written cues</li> <li>• To support pupils in attending to / understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition</li> <li>• Flexibility in expectations to follow instructions /record work</li> <li>• Opportunities for developing the understanding and use of language across the curriculum</li> <li>• Opportunities for time limited small group/individual work based on identified need</li> <li>• Planning shows opportunities for language-based activities</li> <li>• Family supports targets at home</li> <li>• Pupil involved in setting and monitoring their own targets</li> <li>• Literacy tasks require regular modification</li> <li>• Support and intervention can be offered from the language and learning team</li> </ul>	<p><b>School:</b></p> <ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with advice from SENDCO</li> <li>• Adults routinely used to support flexible groupings and differentiation under the guidance of the teacher</li> <li>• Adults actively support pupils by modifying teacher talk and scaffolding/modelling responses</li> <li>• Regular, planned support to listen and respond to longer sequences of information in whole class situation</li> <li>• Regular, planned encouragement and support to collaborate with peers in curriculum activities</li> <li>• Staff working directly with the pupil should have knowledge and training in good practice for teaching and planning provision for children with SLCN</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>• Refer to The Communication Trust <b>What Works for Pupils with SLCN database</b></li> <li>• <a href="#">QFT strategies</a></li> </ul> <p><b>Interventions such as:</b></p> <ul style="list-style-type: none"> <li>• Talk across the Curriculum</li> <li>• Talking Partners@primary</li> <li>• Talking Partners@secondary</li> <li>• TalkBoost (I CAN))</li> <li>• Early TalkBoost (I CAN))</li> <li>• Talking Maths</li> <li>• Nurturing Talk</li> <li>• Colourful Stories</li> <li>• Chatterbox</li> <li>• ICT support: Clicker 7 voice recorder, talk to text, communication apps</li> <li>• Splingo</li> <li>•</li> </ul>

Stage 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>SLCN will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>Will present with some/all of the difficulties below and these will <b>moderately</b> affect curriculum access and social development:</p> <ul style="list-style-type: none"> <li>Persistent delay against age related speech, language and communication</li> <li>Persistent difficulties that do not follow normal developmental patterns (disordered)</li> </ul> <p><b>Speech</b></p> <ul style="list-style-type: none"> <li>Speech may not be understood by others where context is unknown.</li> <li>Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility</li> <li>Speech sound difficulties impact on literacy development</li> <li>Speech sound difficulty may lead to limited opportunities to interact with peers</li> <li>May be socially vulnerable</li> <li>May become isolated or frustrated.</li> <li>Phonological awareness (speech sound awareness) difficulties may impact on literacy development.</li> </ul> <p><b>Expressive</b></p> <ul style="list-style-type: none"> <li>The pupil may have difficulty speaking in age appropriate sentences and the vocabulary range is reduced. This will also be evident in written work – sometimes children can write well but not speak well.</li> <li>Talking may not be fluent</li> <li>May have difficulties in recounting events in a written or spoken narrative</li> </ul> <p><b>Receptive</b></p> <ul style="list-style-type: none"> <li>Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations</li> <li>Needs regular and planned additional support and resources</li> </ul>	<p><b>As for Stages 1 &amp; 2 plus:</b></p> <ul style="list-style-type: none"> <li>Provide evidence of monitoring and identification of pupil needs before making a referral for assessment and advice from a specialist teacher</li> <li>SENDCO provide evidence of monitoring and identification of pupil needs before making a referral for assessment and advice from a Speech and Language Therapist (parental permission must be obtained)</li> <li>Reviews should consider the evidence base if there is a need to consider specialist resources and provision</li> </ul>	<ul style="list-style-type: none"> <li>Mainstream classroom with attention paid to position in the classroom and acoustics</li> <li>Flexible pupil groupings; positive peer speech and language models</li> <li>Groupings reflect ability with modifications made to ensure curriculum access</li> <li>Regular, focused, time limited small group/individual interventions</li> </ul>	<p><b>As for Stages 1 &amp; 2 plus:</b></p> <ul style="list-style-type: none"> <li>Planning identifies inclusion of and provision for individual targets</li> <li>Additional steps are taken to engage families and the pupil in achieving their targets</li> <li>Mainstream class predominantly working on modified curriculum tasks</li> <li>Frequent opportunities for time limited small group and individual work based on identified need</li> <li>Attention to position in the classroom and acoustics</li> <li>Tasks and presentation personalised to pupil needs</li> <li>Curriculum access facilitated by a structured approach using visual systems, modification /reduction of language for instructions and information</li> <li>Consideration to the transference and generalisation of skills</li> </ul>	<p><b>School</b></p> <ul style="list-style-type: none"> <li>Main provision by class/subject teacher with advice from SENDCO</li> <li>Additional adult support informed by differentiated provision planned by the teacher</li> <li>Could include advice from Speech and Language Therapist to implement specific classroom-based strategies and to inform planning</li> <li>Additional adult support focused on specific individual targets and any SLT advice as appropriate</li> <li>Staff working directly with the pupil must have knowledge and training in good practice for teaching and planning provision for children with SLCN- sometimes the Therapist leaves programmes for staff to follow.</li> </ul> <p><b>Other resources:</b></p> <ul style="list-style-type: none"> <li>Refer to The Communication Trust 'What Works for pupils with SLCN' <a href="#">database</a></li> <li><a href="#">Advice sheets</a></li> </ul> <p><b>Interventions:</b> As Stage 1&amp;2</p>

<ul style="list-style-type: none"> <li>• Difficulties with listening and attention that affect task engagement and independent learning</li> <li>• May not be able to focus attention for sustained periods</li> <li>• May appear passive or distracted</li> <li>• Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action</li> </ul> <p><b><u>Social Communication</u></b></p> <ul style="list-style-type: none"> <li>• Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability</li> <li>• Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures</li> <li>• Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others</li> <li>• Anxiety related to lack of understanding of time and inference</li> <li>• Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences</li> </ul> <p><b>NC Level</b>  Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and/or literacy and social skills.</p>				
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<p align="center"><b>Stage 4a Presenting Behaviours</b></p>	<p align="center"><b>Assessment and Planning</b></p>	<p align="center"><b>Teaching and Learning Strategies</b></p>	<p align="center"><b>Curriculum/Intervention</b></p>	<p align="center"><b>Resources and Staffing</b></p>
<p>SLCN will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>Will present with some/all of the difficulties as described at Stage 3 and these will <b>severely</b> affect curriculum access and social development.</p> <ul style="list-style-type: none"> <li>• Could communicate or benefit from communicating using Augmented and Alternative Communication</li> <li>• Some or all aspects of language acquisition are significantly below age expected levels</li> <li>• Significant speech sound difficulties, making speech difficult to understand for all listeners when out of context and sometimes where it is known.</li> </ul> <p>Must have an identified Speech, Language and /or Communication Delay/Disorder. This could be difficulties in:</p> <ul style="list-style-type: none"> <li>• Understanding and/or using language</li> <li>• Speech Sound development</li> <li>• Social Interaction</li> </ul> <p><b>Identification</b></p> <ul style="list-style-type: none"> <li>• Diagnosed by a Speech and Language Therapist</li> <li>• Pupils with DLD may have associated social communication difficulties</li> <li>• Pupils with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling</li> <li>• Pupils with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning</li> </ul> <p><b>NC Level</b></p> <p>Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and literacy, social skills.</p>	<p><b>As for Stages 1 - 3 plus:</b></p> <ul style="list-style-type: none"> <li>• Provide an appropriately trained teacher or teaching assistant to implement the advice of the SLT</li> <li>• Where there is a diagnosis of Language Impairment or Speech Impairment the pupil's individual academic potential should not be underestimated. However, planning must include a significant level of additional adult support and significant personalised differentiation to ensure curriculum access</li> <li>• Planning, targets and assessments must address pastoral considerations relevant to the individual pupil's emotional well-being as well as social and functional use of language</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream classroom with attention paid to position in the classroom and acoustics</li> <li>• Flexible pupil groupings</li> <li>• Positive peer speech and language models</li> <li>• Groupings reflect ability with modifications made to ensure curriculum access</li> <li>• Regular, focused, time limited small group/individual interventions</li> </ul>	<p><b>As for Stages 1 - 3 plus:</b></p> <ul style="list-style-type: none"> <li>• Mainstream class predominantly working on modified curriculum tasks</li> <li>• Individual targets following advice from SLT/specialist teacher must be incorporated in all activities throughout the school day</li> <li>• Whole school understanding of the pupil's individual needs through training such as ICAN Communication Friendly Schools and/or training from SLT service</li> <li>• Additional training of mainstream staff to support curriculum modifications</li> <li>• Use of staff to implement specific materials, approaches and resources under the direction of the SLT</li> <li>• Daily opportunities for individual / small group work based on identified need</li> <li>• Provide 1:1 support focused on specific individual targets and any SLT advice as appropriate</li> <li>• Pay attention to position in the classroom and acoustics</li> <li>• Provide systematic and intensive mediation to facilitate curriculum access</li> <li>• Ensure specific structured teaching of vocabulary and concepts, in context</li> <li>• Provide support for social communication and functional language use</li> <li>• Provide specialist support with recording and communication</li> <li>• Provide specific programmes to develop independent use of ICT, recording skills and communication through AAC as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with advice from SENDCO which must include advice from specialist teacher and/or Speech and Language Therapist</li> <li>• Additional adult 1:1 support focused on specific individual targets and any SLT advice as appropriate</li> <li>• Staff working directly with the pupil must have knowledge and training in good practice for teaching and planning provision for pupils with SLCN</li> <li>• Additional training of mainstream staff to support curriculum modifications</li> <li>• Speech and Language Therapist</li> <li>• Additional adult support informed by differentiated provision planned by the teacher</li> <li>• Could include advice from Speech and Language Therapist to implement specific classroom-based strategies and to inform planning</li> </ul>

## **Sensory and/or Physical and Medical Needs**

**Including guidance for Children and Young People with:  
Hearing Impairment  
Visual Impairment  
Dual Sensory Needs  
Physical and Medical Needs**

### **Guidance for Children and Young People with Hearing Impairment**

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the Sunderland Children's Sensory Team and through the New-born Hearing Screening Programme. When a referral has been made, support is offered by specialist staff from the team to children, families and schools/settings. For a pre-school child, home visits are made to families and for those in a setting, advice is provided to staff and parents. Support from Teachers of the Deaf and specialist staff is offered, based on the NatSIP Eligibility Framework. All hearing-impaired children on caseload are offered regular opportunities to socialise with other deaf children – this is certainly our aspiration and we have opportunities for our babies and parents and 3 -11 year olds.

It is acknowledged that other conditions occur alongside hearing loss; for example, degrees of learning difficulty, Autism Spectrum conditions, physical difficulties, visual impairment. Advice on these is not specifically made within this guidance. Professionals find other guidance produced in this information set useful in these cases. This may affect the presentation as reflected when using the Stage descriptors.

### **Hearing Impairment Descriptors – Overview of Stages**

The children and young people to whom this guidance relates will present with a range of hearing loss which affects their language and communication development. The suggested provision and resourcing at the appropriate Stage will support effective teaching and learning for this group of children.

Children with hearing impairment have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil. Highlight the descriptors which are appropriate to an individual child and compare this to the Stage models.

## Guidance for Children and Young People with Hearing Impairment

### Stage Descriptors Overview

<b>Stage 1 Mild</b>	<ul style="list-style-type: none"> <li>Children who are not aided (see previous proposed descriptor). Local Authority Assessment may be carried out at the request of Audiology/ENT to support decisions.</li> <li>Unilateral/bilateral hearing loss greater than 20dBHL</li> <li>This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided.</li> </ul>
<b>Stage 2 Mild - Moderate</b>	<ul style="list-style-type: none"> <li>Bilateral mild long term conductive or sensorineural hearing loss</li> <li>May have Auditory Neuropathy Spectrum Disorder</li> <li>Mild to moderate permanent unilateral (moderate or greater hearing loss)</li> <li>Hearing aids used</li> <li>Moderate difficulty with listening, attention, concentration, speech, language and class participation</li> </ul>
<b>Stage 3 Moderate</b>	<ul style="list-style-type: none"> <li>Bilateral moderate long term conductive or sensorineural hearing loss</li> <li>Will have hearing aids and may have a radio aid</li> <li>Will have moderate difficulty accessing spoken language; likely language delay</li> <li>May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring</li> <li>Moderate difficulty with listening, attention, concentration and class participation</li> </ul>
<b>Stage 4a Significant</b>	<ul style="list-style-type: none"> <li>Bilateral moderate or severe permanent hearing loss with no additional learning difficulties</li> <li>Severe difficulty accessing spoken language and therefore the curriculum</li> <li>May have additional language delay associated with hearing loss</li> <li>Will have hearing aids and may have a radio aid</li> <li>Auditory Neuropathy Spectrum Disorder and may have hearing aids</li> <li>Difficulties with attention, concentration, confidence and class participation</li> </ul>

Stage 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> <li>Aided or</li> <li>Chronic temporary conductive or</li> <li>Unilateral/bilateral minimal average &lt;20dBHL</li> <li>Local authority assessment carried out</li> </ul> <p>Advice offered to schools if the service is informed about the child.</p>	<ul style="list-style-type: none"> <li>Part of school and class assessments</li> <li>Curriculum plan must reflect levels of achievement and include individually focused support plan</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>May receive assessment and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria</li> </ul>	<ul style="list-style-type: none"> <li>Mainstream class</li> <li>Must have attention to seating, lighting and acoustics</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>Speech testing and other specialist tools may be used to assess access to spoken language</li> </ul>	<ul style="list-style-type: none"> <li>Full inclusion within National Curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Main provision by class/subject teacher</li> <li>Support and Advice from Children's Sensory Team.</li> </ul>

Stage 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Hearing loss:</p> <ul style="list-style-type: none"> <li>Chronic fluctuating or fixed conductive</li> <li>Bilateral mild sensorineural or permanent unilateral</li> <li>Hearing aids will be required for clear access to speech and without these the individual will struggle to hear spoken language clearly.</li> <li>Use of one or two hearing aids has been recommended</li> <li>Auditory Neuropathy Spectrum disorder functioning as a mild hearing loss but needing monitoring.</li> <li>Functional listening evaluations indicate child is able to discriminate speech sounds clearly using prescribed amplification (hearing aids/cochlear implant):</li> <li>May struggle to access spoken language in other contexts especially if not wearing aids or using radio aid if issued. This is likely to impact their wider (incidental) learning</li> <li>May have difficulties with listening, concentration, speech, language and class participation/Social interaction.</li> <li>A speech and language referral may also be considered.</li> </ul>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>Part of school and class assessments</li> </ul> <p>Referrals to Speech and Language and Language and Learning if appropriate.</p> <ul style="list-style-type: none"> <li>Speech testing and other specialist tools may be used to assess access to spoken language as part of LA responsibilities.</li> <li>Assessment and provision of mobility and habitation training.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Curriculum plan must reflect levels of achievement and include individually focused support plan</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility framework</li> <li>Speech testing and other specialist tools may be used to assess access to spoken language</li> <li>Teacher of the Deaf will monitor hearing aid management</li> </ul>	<ul style="list-style-type: none"> <li>Mainstream class</li> <li>Must have attention to seating, lighting and acoustics</li> <li>Teaching methods which facilitate access to the curriculum, social/emotional development and class participation</li> </ul>	<ul style="list-style-type: none"> <li>Full inclusion within National Curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Main provision by class/subject teacher</li> <li>Class teacher/TA should attend <ul style="list-style-type: none"> <li>A radio aid system/streaming system should be considered.</li> <li>Advice and Support from Services.</li> </ul> </li> </ul>

Stage 3	Assessment and Planning	Teaching and learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> <li>• Bilateral Chronic Conductive or Moderate Sensorineural hearing loss</li> <li>• Hearing aids will be required for clear access to speech and without these the individual will struggle to hear spoken language.</li> <li>• Auditory Neuropathy Spectrum Disorder functioning as a mild loss.</li> <li>• Cochlear Implant user functioning as a Mild hearing loss.</li> <li>• Functional listening evaluations indicate child is able to discriminate speech sounds clearly using prescribed amplification and assistive technology (hearing aids/cochlear implant: radio aid)</li> <li>• May struggle to access spoken language in other contexts i.e. not wearing aids or using radio aid if issued. This is likely to impact their wider (incidental) learning</li> <li>• May have delays/gaps in their language development.</li> <li>• May have delays in their phonological awareness.</li> <li>• May need longer to process language and struggle with longer instructions.</li> <li>• May have difficulty with listening, attention, concentration and class participation/social skills development.</li> <li>• Child is making expected progress given appropriate management strategies and service monitoring and advice</li> <li>• A referral to Speech and Language should be considered.</li> </ul>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Should be part of school and class assessments</li> <li>• May require modification to the presentation of assessments</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Curriculum plan must reflect levels of achievement and include individually focused support plan</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria</li> <li>• Teacher of the Deaf will monitor and set hearing aid/radio aid management targets</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream class</li> <li>• Must have attention to seating, lighting and acoustics</li> <li>• Opportunities for 1:1 and small group work</li> </ul>	<ul style="list-style-type: none"> <li>• Full inclusion within National Curriculum</li> <li>• Differentiation by presentation and/or outcome</li> <li>• Opportunities for explanation, clarification and reinforcement of lesson content and language</li> <li>• Specific interventions for speaking, listening and teaching of phonics</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• May be referred to and have access to speech and language and communication interventions for deaf children</li> <li>• Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills</li> <li>• Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher</li> <li>• Speech testing and other specialist tools must be used to assess access to spoken language carried out by a qualified Teacher of the Deaf</li> <li>• All school staff should undergo Deaf Awareness Training as provided by Children’s Sensory Team.</li> <li>• Child should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained.</li> </ul>

Stage 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> <li>• Bilateral moderate, severe or profound permanent hearing loss with no additional learning difficulties</li> <li>• Hearing aids will be required for clear access to speech. May be implanted.</li> <li>• Cochlear implant user functioning as a mild/moderate hearing loss.</li> <li>• Auditory Neuropathy Spectrum Disorder</li> <li>• Uses spoken language as preferred form of communication but may require visual cues to support understanding.</li> <li>• Functional listening evaluations suggest child has difficulty discriminating some speech sounds clearly even when using prescribed amplification and assistive technology (hearing aids/cochlear implant: radio aid)</li> <li>• ESL in addition to hearing loss</li> <li>• Radio aid</li> <li>• Significant difficulty accessing spoken language and therefore the curriculum.</li> <li>• Likely to have significant gaps/delays in understanding of concepts/wider knowledge and learning.</li> <li>• More significant language delays associated with hearing loss.</li> <li>• Difficulties relating to auditory processing and memory and/or sequencing.</li> <li>• Speech clarity may be affected</li> <li>• Will have difficulties with attention, concentration, confidence and class participation</li> <li>• Language and communication require targeted support from Specialist Teachers in order for the learner to make expected progress and to access the curriculum</li> <li>• May have a negative self-image relating to their hearing loss.</li> </ul>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Part of school and class assessments</li> <li>• Must have modifications to the presentation of assessments</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Curriculum plan reflects levels of achievement and must include individually focused support plan</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• Speech testing and other specialist tools must be used to assess access to spoken language</li> <li>• Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria</li> <li>• The school will make a referral for Assessment of SEND and monitor via annual reviews -</li> <li>• Teacher of the Deaf will monitor and set hearing aid/radio aid management targets</li> <li>• Assessment and provision of mobility and habitation training.</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream class</li> <li>• Must have regular opportunities for 1:1 and small group work based on identified need</li> <li>• Must have attention to seating, lighting and acoustics</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• Should have systematic application of speech and language and communication assessment tools for deaf children</li> </ul>	<ul style="list-style-type: none"> <li>• Full inclusion within National Curriculum</li> <li>• Differentiation by presentation and/or outcome</li> <li>• Regular opportunities for explanation, clarification and reinforcement of lesson content and language</li> <li>• Specific interventions for speaking, listening and teaching of phonics</li> <li>• Access to SALT</li> <li>• May be referred to and have access to speech and language and communication interventions for deaf children</li> <li>• Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills</li> <li>• Teacher of the Deaf may set curriculum targets to help reduce the gap in attainment</li> <li>• Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity</li> </ul>	<ul style="list-style-type: none"> <li>• Main provision by class/subject teacher with advice from Teacher of the Deaf</li> <li>• Clear direction of TA with appropriate training in working with deaf pupils, under the direction of the teacher and with the advice from the Teacher of the Deaf to: <ul style="list-style-type: none"> <li>• Reinforce lesson content</li> <li>• Deliver modified curriculum tasks</li> <li>• Support language development</li> </ul> </li> <li>• Access to a quiet room for small group and 1:1 sessions</li> <li>• School staff should undergo Deaf Awareness Training as provided by the Children's Sensory Team <ul style="list-style-type: none"> <li>• child should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained</li> </ul> </li> </ul>

## **Guidance for Children and Young People with Visual Impairment**

Below is a summary of the offers for children with a visual impairment, aged 5 – 19 attending mainstream and special school settings. Separate guidance is available for young children aged 0 – 5, at home and in a range of pre-school and early years settings.

### **Universal offer**

All **new referrals** from parents, settings/schools, health and other professionals will receive an initial assessment, to include:

- Assessment of visual functioning, including classroom observations, by a Qualified Teacher of children and young people with Visual Impairment (QTVI)
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from child/young person

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources
- Provide a means of identifying the levels of support required
- Provide entry and exit criteria

The above assessment, including visits, report writing and admin time, will be expected to take 8 hours. The outcome of the assessment will be an initial report written by the QTVI and Habilitation Officer if required, to reflect all the above, and to be shared with all stakeholders.

The report will allocate a VI range and make recommendations on support, advice and teaching, in line with Stage descriptors and the funding of SEND provision. The cost of the first £6.000 is within the delegated school budget.

### **Targeted offer**

#### **Stage 1- 3**

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who do not have an Education, Health and Care Plan, by the school, and by the Local Authority Vision Impairment Teacher.

These descriptors are intended to be general indicators of a visual impairment which may be affecting learning. All the descriptions of visual functioning assume the pupil is wearing glasses if these have been prescribed, i.e. the visual acuities are based on the best achievable vision. Some conditions are not correctible with glasses. Some pupils have reduced vision in 1 eye only or have variable vision. Some pupils have deteriorating vision, and this should be monitored on a regular basis.

### **Specialist offer**

#### **Stage 4 and above**

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who are eligible to have an Education, Health and Care Plan.

## Guidance for Children and Young People with Visual Impairment

### Stage Descriptors Overview

<b>Stage 1 Mild</b>	<p><b>Mild Visual Impairment</b></p> <ul style="list-style-type: none"> <li>• Pupils find concentration difficult</li> <li>• Pupils peer or screw up eyes</li> <li>• Distance vision approximately 6/18. This means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres</li> <li>• Can probably see details on a whiteboard from the front of a classroom, as well as others can see from the back of the room</li> <li>• Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures</li> <li>• Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.</li> </ul>
<b>Stage 2 Mild - Moderate</b>	<p><b>Moderate Visual Impairment</b></p> <ul style="list-style-type: none"> <li>• Pupils find concentration difficult</li> <li>• Pupils peer or screw up eyes</li> <li>• Pupils move closer when looking at books or notice boards</li> <li>• Pupils make frequent “copying” mistakes</li> <li>• Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5m away to see what fully sighted pupils can see from 6m</li> <li>• Will not be able to see details on a white board from the front of classroom as well as others can see from the back</li> <li>• Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures</li> </ul>
<b>Stage 3 Moderate</b>	<p><b>Moderate to Significant Visual Impairment</b></p> <ul style="list-style-type: none"> <li>• Pupil will find concentration difficult</li> <li>• Pupil will peer or screw up eyes</li> <li>• Pupil will move closer when looking at books or notice boards</li> <li>• Pupil will make frequent “copying” mistakes</li> <li>• Pupil will have poor hand - eye coordination</li> <li>• Pupil will have a slow work rate</li> <li>• Distance vision: approximately 6/36. This means that the pupil needs to be about 1m away to see what fully sighted pupils can see from 6m</li> <li>• Will not be able to see details on a white board without approaching to within 1 metre of it</li> <li>• Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures</li> <li>• Pupils may have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties</li> </ul>
<b>Stage 4a Significant</b>	<p><b>Cerebral Visual Impairment (CVI)</b></p> <ul style="list-style-type: none"> <li>• CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil’s well-being.</li> <li>• All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both.</li> <li>• Dorsal stream difficulties include:             <ul style="list-style-type: none"> <li>• Difficulties seeing moving objects</li> <li>• Difficulties reading</li> </ul> </li> <li>• Difficulties doing more than one thing at a time (e.g. looking and listening)</li> <li>• Ventral Stream Difficulties include:             <ul style="list-style-type: none"> <li>• Inability to recognise familiar faces                 <ul style="list-style-type: none"> <li>• Difficulties route finding</li> <li>• Difficulties with visual clutter</li> <li>• Lower visual field loss</li> </ul> </li> </ul> </li> </ul>

Stage 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p><b>Mild visual impairment</b></p> <ul style="list-style-type: none"> <li>• Pupil finds concentration difficult</li> <li>• Pupil peers or screws up eyes</li> <li>• Distance vision approximately 6/18: this means that the pupil needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres</li> <li>• Can probably see details on a whiteboard from the front of a classroom as well as others can see from the back of the room</li> <li>• Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures</li> </ul>	<ul style="list-style-type: none"> <li>• Full inclusion within the Mainstream class</li> <li>• Attention to seating position in classroom</li> <li>• The school must make the QTVI report available to all appropriate staff</li> <li>• The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately</li> <li>• The school must monitor pupil progress in this respect</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• An initial functional vision assessment from QTVI that will indicate NatSIP criteria and level of need</li> <li>• A QTVI will ascertain what the pupil knows about their visual condition and their visual needs. The QTVI will give input if needed and set targets to enable to pupil to confidently advocate their needs within a range of situations.</li> <li>• The QTVI may use one of the following ways to identify the pupil's social and emotional needs: <ul style="list-style-type: none"> <li>○ questionnaire</li> <li>○ observations</li> <li>○ pupil voice</li> </ul> </li> <li>• QTVI will carry out visual efficiency assessments to find out how the pupil uses their vision</li> <li>• 1:1 input may be given</li> <li>• Activities may be provided to be delivered by school</li> <li>• QTVI will set targets if needed</li> </ul>	<ul style="list-style-type: none"> <li>• Additional adults are deployed appropriately to increase pupil success and independence</li> </ul>	<ul style="list-style-type: none"> <li>• Resources made available from within school</li> <li>• Learning materials must be selected for their clarity</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Full inclusion within mainstream class</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation</li> <li>• ICT is used to increase access to the curriculum, where appropriate</li> <li>• Advice for the school on teaching styles and possible equipment through a report and a one-page vision profile</li> <li>• Training from a QTVI will be offered to the school</li> </ul>

Stage 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p><b>Moderate visual impairment</b></p> <ul style="list-style-type: none"> <li>• Pupil finds concentration difficult</li> <li>• Pupil peers or screws up eyes</li> <li>• Pupil moves closer when looking at books or notice boards</li> <li>• Pupil makes frequent "copying" mistakes</li> <li>• Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres</li> <li>• Will not be able to see details on a white board from the front of classroom as well as others can see from the back</li> <li>• Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures</li> </ul>	<ul style="list-style-type: none"> <li>• The school must make the QTVI report available to all appropriate staff</li> <li>• The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately</li> <li>• The school must monitor pupil progress in this respect</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• An initial assessment from QTVI that will indicate NatSIP criteria and level of need</li> <li>• Possible one to one sessions with pupil for short program to help develop visual efficiency, effective use of low visual aids, use of assistive technology e.g. CCTV or iPad</li> <li>• Advice for the school if required</li> </ul>	<ul style="list-style-type: none"> <li>• Full inclusion within the mainstream class</li> <li>• Attention to seating position in classroom</li> <li>• Teachers to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans</li> <li>• There should be no visual clutter displayed</li> <li>• Teachers to ensure pupils can access work displayed on interactive white boards in the method identified by the QTVI e.g. handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software</li> <li>• Teachers to ensure large amounts of handwritten work on a white board is accessible to the pupil by either providing handouts or use of a camera so the pupil can view what is being written at their desk on an iPad or laptop at the same time as their peers</li> <li>• Teachers to use dark coloured white board pens and avoid light colours or pens which are running out</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Full inclusion within mainstream class</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation</li> <li>• School staff make basic adaptations to curriculum delivery and materials to facilitate access for a visually impaired pupil, e.g. oral descriptions of visual materials</li> <li>• ICT is used to increase access to the curriculum, where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Additional adults are deployed appropriately to increase pupil success and independence</li> <li>• Resources made available from within school</li> <li>• Learning materials must be selected for their clarity</li> <li>• Equipment may include 2B or 4B pencil, large print ruler, large print protractor, low vision aids</li> <li>• A reading slope or writing slope may be appropriate</li> <li>• Large print materials provided by school, as appropriate</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• QTVI to give advice on equipment, IT assessment, touch typing if appropriate</li> <li>• Habilitation/mobility training if required</li> </ul>

Stage 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p><b>Moderate to significant visual impairment.</b></p> <ul style="list-style-type: none"> <li>• Pupil will find concentration difficult</li> <li>• Pupil will peer or screw up eyes</li> <li>• Pupil will move closer when looking at books or notice boards</li> <li>• Pupil will make frequent "copying" mistakes</li> <li>• Pupil will have poor hand-eye coordination</li> <li>• Pupil will have a slow work rate</li> <li>• Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres.</li> <li>• Will not be able to see details on a white board without approaching to within 1 metre from it</li> <li>• Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures</li> <li>• Pupil may also have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• The school must make the QTVI report available to all appropriate staff</li> <li>• The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately</li> <li>• Planning must be based on current visual performance and prognosis of possible changes</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• The school must monitor pupil progress in this respect</li> <li>• An initial assessment from QTVI that will indicate NatSIP criteria and level of need</li> <li>• Possible one to one sessions with pupil for short program to help develop effectiveness of vision</li> <li>• Advice for the school if required</li> <li>• Training for staff</li> </ul>	<ul style="list-style-type: none"> <li>• Full inclusion within the mainstream class</li> <li>• Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate</li> <li>• Attention to seating position in classroom</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Full inclusion within mainstream class</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation</li> <li>• School staff make adaptations to curriculum delivery to facilitate access for a visually impaired pupil, e.g. oral descriptions of visual materials</li> <li>• School staff provide some modification / differentiation of learning materials to facilitate access e.g. attention to speed of lesson delivery and speed of working of VI pupil</li> <li>• ICT is used to increase access to the curriculum, where appropriate</li> <li>• Copyholder, electronic magnification, laptop as appropriate to meet assessed needs</li> <li>• Large print materials provided by school, as appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Additional adults are deployed appropriately to increase pupil success and independence</li> <li>• Resources made available from within school</li> <li>• Learning materials must be selected for their clarity</li> <li>• Equipment may include large print protractor, large print ruler, low vision aids, writing slope, reading slope, CCTV, iPad or laptop as appropriate to meet assessed needs</li> <li>• Large print materials provided by school, as appropriate</li> <li>• Diagrams, graphs and picture sources modified as needed</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• Advice from a QTVI on equipment and touch typing if appropriate</li> <li>• Advice on providing large print materials</li> <li>• QTVI to give advice on providing large print resources, modifying diagrams, graphs and providing captions for picture sources</li> <li>• Habilitation/mobility training if required</li> </ul>

Stage 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p><b>Cerebral Visual Impairment (CVI).</b>  Stage 4a will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p> <ul style="list-style-type: none"> <li>• CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being.</li> <li>• All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect</li> <li>• The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both</li> <li>• Dorsal stream difficulties include: <ul style="list-style-type: none"> <li>○ Difficulties seeing moving objects</li> <li>○ Difficulties reading</li> <li>○ Difficulties doing more than one thing at a time (e.g. looking and listening)</li> </ul> </li> <li>• Ventral stream difficulties include: <ul style="list-style-type: none"> <li>○ Inability to recognise familiar faces</li> <li>○ Difficulties route finding</li> <li>○ Difficulties with visual clutter</li> <li>○ Lower visual field loss</li> </ul> </li> <li>• This is not an exhaustive list, and difficulties may be mild, moderate or severe</li> </ul>	<ul style="list-style-type: none"> <li>• The school must make the QTVI report from the VI teacher available to all appropriate staff</li> <li>• The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately</li> <li>• The school must monitor pupil progress in this respect</li> <li>• Planning based on previous visual performance and / or prognosis of possible changes</li> <li>• The school will make a referral for Assessment of SEND and monitor via annual reviews</li> </ul> <p><b>LA</b></p> <ul style="list-style-type: none"> <li>• Advice and training for staff</li> </ul>	<ul style="list-style-type: none"> <li>• Additional support from a teaching assistant in class and around school, as indicated by assessment, to facilitate inclusive and independent learning, for preparation of resources, and to ensure safety</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Full inclusion within mainstream class</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation</li> <li>• School staff make substantial adaptations to curriculum delivery and materials to facilitate access for a child with CVI</li> <li>• School staff provide modification/differentiation of learning materials to facilitate access e.g. attention to speed of lesson delivery and speed of working of VI pupil</li> <li>• ICT is used to increase access to the curriculum, where appropriate</li> <li>• Significant modification of learning materials and curriculum delivery to facilitate learning and inclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Low vision aids, electronic magnification, laptop with software as appropriate to meet assessed needs</li> <li>• Large print and differentiated materials to meet assessed needs</li> </ul>

## Guidance for Children and Young People with Physical and Medical Needs

<b>Physical/Medical Guidance</b>	
<b>Stage Descriptors Overview</b>	
<b>Stage 1 Mild</b>	<ul style="list-style-type: none"> <li>• Some mild problems with fine motor skills and recording</li> <li>• Mild problems with self-help and independence</li> <li>• Some problems with gross motor skills and coordination often seen in PE</li> <li>• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment</li> <li>• May have continence/ toileting issues</li> <li>• Possible low levels of self-esteem</li> <li>• May have medical condition that impacts on time in school and requires a medical care plan</li> </ul> <p><b>The NHS notes:</b></p> <ul style="list-style-type: none"> <li>• <i>An Educational Occupational Therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</i></li> <li>• <i>It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Educational Occupational Therapy and availability of drop-in sessions/telephone consultations</i></li> <li>• <i>Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes</i></li> </ul>
<b>Stage 2 Mild - Moderate</b>	<ul style="list-style-type: none"> <li>• Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum</li> <li>• Making slow or little progress despite provision of targeted teaching approaches</li> <li>• Continuing difficulties with continence/ toileting</li> <li>• Continuing problems with self-esteem and peer relationships</li> <li>• Continuing problems with self-help and independence</li> <li>• Continuing problems with gross motor skills and coordination often seen in PE</li> <li>• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment</li> <li>• May have medical condition that impacts on time in school and requires a medical care plan</li> <li>• May have a condition that requires assessment for equipment and resources.</li> </ul> <p><b>The NHS notes:</b></p> <ul style="list-style-type: none"> <li>• <i>An Educational Occupational Therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</i></li> <li>• <i>It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Educational Occupational Therapy and availability of drop-in sessions/advice/telephone consultations</i></li> <li>• <i>Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes</i></li> </ul>
<b>Stage 3 Moderate</b>	<ul style="list-style-type: none"> <li>• Moderate or persistent gross and/or fine motor difficulties</li> <li>• Recording and/or mobility now impacting more on access to the curriculum</li> <li>• May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times</li> <li>• Increased dependence on seating to promote appropriate posture for fine motor activities/feeding</li> <li>• Increased dependence on mobility aids i.e. wheelchair or walking aid</li> </ul>

	<ul style="list-style-type: none"> <li>• Increased use of alternative methods for extended recording e.g. scribe, ICT</li> <li>• May have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT</li> </ul> <p><b>The NHS notes:</b></p> <ul style="list-style-type: none"> <li>• <i>An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</i></li> <li>• <i>It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited</i></li> <li>• <i>These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow</i></li> <li>• <i>The school/setting may require moving and handling training.</i></li> <li>• <i>Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio</i></li> </ul>
<p><b>Stage 4a</b> <b>Significant</b></p>	<ul style="list-style-type: none"> <li>• Significant physical/medical difficulties with or without associated learning difficulties</li> <li>• Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties</li> <li>• Significant and persistent difficulties in mobility around the building and in the classroom</li> <li>• Significant personal care needs which require adult support and access to a hygiene suite with specialist equipment</li> <li>• May have developmental delay and/or learning difficulties which impact upon access to curriculum</li> <li>• Will require or will have an Education, Health and Care Plan</li> <li>• Primary need is identified as physical/medical</li> </ul> <p><b>The NHS notes:</b></p> <ul style="list-style-type: none"> <li>• <i>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</i></li> <li>• <i>Children in this category may require specialist equipment via physio/OT services</i></li> <li>• <i>Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases</i></li> </ul>

Stage 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A <b>mild</b> physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> <li>• Some mild problems with fine motor skills and recording</li> <li>• Mild problems with self-help and independence</li> <li>• Some problems with gross motor skills and coordination often seen in PE</li> <li>• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment</li> <li>• May have continence/toileting issues</li> <li>• May require access to equipment e.g. fine motor/gross motor, handwriting, toileting and feeding via educational OT.</li> <li>• Possible low levels of self-esteem</li> <li>• A medical condition that impacts on time in school and requires a medical care plan</li> </ul> <p><b>NC Level</b> Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Part of continual school and class assessment</li> <li>• Monitoring of developmental goals in line with National Curriculum</li> <li>• SENDCO awareness if no progress apparent after targeted teaching approach</li> <li>• Risk assessment carried out if necessary by school, with referral to risk assessment guidance</li> <li>• Referral to school nurse to check hearing, sight or for possible medical condition</li> <li>• May require referral to educational OT for advice re fine/gross motor assessment</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Stage 1 universal provision</li> <li>• Normal curriculum planning including group or individual targets</li> <li>• Care plan in place, if appropriate, written with specialist nurse/ school nurse</li> <li>• Involve parents regularly to support targets at home</li> <li>• Pupils involved in monitoring and setting targets</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream class with occasional additional individual or small group support</li> <li>• Attention to positioning in classroom</li> <li>• First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching</li> <li>• Follow school handwriting scheme with slight modifications</li> <li>• Refer to Sensory/Physical Team information on the website on adapted equipment/aids if necessary</li> <li>• Some differentiation to PE curriculum if appropriate</li> <li>• Access to appropriate ICT provision i.e. accessibility options on Windows</li> <li>• Staff awareness training of relevant medical conditions on a 'need to know' basis</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention</li> <li>• Main provision by class subject teacher with some age appropriate programmes delivered one to one or in small groups</li> <li>• Input needed from health professionals via SENDCO e.g. specialist nurse/ school nurse</li> <li>• An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</li> <li>• Children in this category may require specialist equipment via physio/OT services</li> <li>• The school/setting may require moving and handling training</li> <li>• Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition / early intervention to achieve more successful outcomes</li> </ul> <p><b>Resources/Provision</b></p> <ul style="list-style-type: none"> <li>• Differentiated writing materials and equipment</li> <li>• Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery via educational OT assessment.</li> <li>• Provide supportive / correctly sized standard school chair &amp; table - this should be available to children in Stage 1 to support their postural stability i.e. a chair and table surface that fit the child – feet supported, table at the correct height etc.</li> </ul>

Stage 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A <b>mild - moderate</b> physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> <li>Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum</li> <li>Making slow or little progress despite provision of targeted teaching approaches</li> <li>Continuing difficulties with continence/ toileting</li> <li>Continuing problems with self-esteem and peer relationships</li> <li>Continuing problems with self-help and independence</li> <li>Continuing problems with gross motor skills and coordination often seen in PE</li> <li>Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment</li> <li>Have medical condition that impacts on time in school and require a medical care plan</li> </ul> <p><b>NC Level</b> Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>As for Stage one but SENDCO to be involved in more specific assessments and observations</li> <li>SENDCO may seek advice from health professionals</li> <li>SENDCO involvement if no progress apparent after targeted teaching approach</li> <li>Educational OT assessment for feeding, toileting, fine/gross motor equipment.</li> <li>Moving and handling training may be required.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Stage 1 universal provision</li> <li>Normal curriculum planning including group or individual targets</li> <li>Care plan in place, if appropriate, written with specialist nurse/ school nurse</li> <li>Alternative ways of recording to minimise handwriting</li> <li>Involve parents regularly to support targets at home</li> <li>Pupil involved in monitoring and setting targets</li> </ul>	<ul style="list-style-type: none"> <li>As above but will be working on modified curriculum tasks</li> <li>Small group or one to one adult input to practice skills</li> <li>Buddy system</li> <li>Attention to position in classroom</li> <li>First line strategies, based on advice and strategies given in training packages delivered by Educational OT and via drop-in sessions / telephone consultations with health professionals</li> </ul>	<ul style="list-style-type: none"> <li>Quality First Teaching</li> <li>Follow school handwriting scheme with further modifications and extra time for reinforcement</li> <li>Some differentiation to PE curriculum</li> <li>Opportunities to practice dressing and undressing skills</li> <li>Access to appropriate ICT provision</li> </ul>	<ul style="list-style-type: none"> <li>Main provision from class teacher or subject specialist with support from SENDCO</li> <li>Occasional input from additional adult to provide targeted support under the direction of teacher</li> <li>Minimal support/ supervision may be needed to meet hygiene needs and/or to support outside play and lunch time</li> <li>Advice to be sought from Health Professionals E.g. Physiotherapist, Occupational Therapist</li> <li>An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</li> <li>Children in this category may require specialist equipment via physio/OT services</li> <li>The school/setting may require moving and handling training</li> <li>Physio may intervene with children who have mild - moderate physical issues to prevent further deterioration / reduce impact of condition / early intervention to achieve more successful outcomes</li> <li>Staff awareness training of relevant medical conditions on a 'need to know' basis</li> </ul> <p><b>Resources/Provision</b></p> <ul style="list-style-type: none"> <li>Differentiated writing materials and equipment</li> <li>Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope cutlery, via Ed OT</li> </ul>

Stage 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A <b>moderate</b> physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> <li>Moderate or persistent gross and/or fine motor difficulties</li> <li>Recording and/or mobility now impacting more on access to the curriculum</li> <li>Need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times</li> <li>Increased dependence on seating to promote appropriate posture for fine motor activities / feeding</li> <li>Increased dependence on mobility aids i.e. wheelchair or walking aid</li> <li>Increased use of alternative methods for extended recording e.g. scribe, ICT</li> </ul> <p><b>NC Level</b> Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.</p>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>SENDCO seeks advice from HI/VI Team and health care professionals in order to discuss next steps Need handwriting/ fine motor advice from OT</li> <li>Personal care and manual handling assessment in conjunction with HI/VI Team, Educational Occupational Therapy, Physiotherapy and Health Professionals</li> <li>Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs</li> <li>May require environmental assessment re accessibility.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Stage 1 universal provision</li> <li>Normal curriculum planning including group or individual targets</li> <li>Care plan in place, if appropriate, written with specialist nurse/ school nurse</li> <li>Alternative ways of recording to minimise handwriting – assessment available through educational OT</li> <li>Individual targets on support plan following advice from HI/VI Team /OT and health professionals</li> <li>Modified planning for PE/outdoor play curriculum is likely to be needed</li> <li>Involve parents regularly to support targets at home</li> <li>Pupils involved in monitoring and setting targets</li> </ul>	<ul style="list-style-type: none"> <li>Mainstream classroom setting</li> <li>Small group or one to one adult input to practice skills</li> <li>Individual skills-based work may need to take place</li> <li>Nurture group input may be necessary to help with low self-esteem</li> <li>Buddy system</li> <li>Attention to position in classroom</li> </ul>	<p><b>Need the following:</b></p> <ul style="list-style-type: none"> <li>Quality First Teaching</li> <li>Programme to support the development of handwriting skills as advised by Occupational Therapy</li> <li>Differentiated writing materials and equipment</li> <li>A programme to develop fine motor skills</li> <li>Further differentiation to PE curriculum in conjunction with Physiotherapy (Physio needs would be based on assessment on a case by case basis)</li> <li>Dressing and undressing skills programme in conjunction with Educational OT and Health OT for strategies.</li> <li>More dependence on appropriate ICT for recording</li> <li>Schools would make referral to OT if first line strategies / advice and programmes have been trialled and evidenced but achievement is limited</li> <li>These children may form the basis of targeted assessment – assessment and advice to home and school with programme / strategies to follow</li> </ul>	<ul style="list-style-type: none"> <li>Main provision from class teacher or subject specialist with support from SENDCO and/or HI/VI Team</li> <li>Flexible use of classroom support to access curriculum and develop skills in recording up to 16.5h/ week</li> <li>An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</li> <li>Children in this category may require specialist equipment via physio/OT services</li> <li>The school/setting may require moving and handling training</li> </ul> <p><b>Resources/Provision</b></p> <ul style="list-style-type: none"> <li>ICT equipment to aid recording</li> <li>Furniture and equipment assessed jointly by HI/VI Team and Occupational Therapy</li> <li>Adapted site may be necessary to physically access the building – assessment by educational OT will be required.</li> <li>Hygiene / medical room may be necessary</li> <li>May need specialist low tech seating and/ or furniture and equipment</li> </ul>

Stage 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>A <b>significant</b> physical disability or medical condition. The pupil will present with many of the following:</p> <ul style="list-style-type: none"> <li>• Significant physical/medical difficulties with or without associated learning difficulties</li> <li>• Physical and/or medical condition will have a significant impact on the ability to access the curriculum, through a combination of physical, communication and learning difficulties</li> <li>• Significant and persistent difficulties in mobility around the building and in the classroom</li> <li>• Significant personal care needs which require adult support and access to a hygiene suite</li> <li>• Developmental delay and/or learning difficulties which impact upon access to curriculum</li> <li>• Primary need is identified as physical / medical</li> <li>• Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate</li> <li>• Where there is a diagnosis of a physical disability or medical condition, the pupil's academic potential should not be underestimated</li> </ul>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• SENDCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate</li> <li>• Personal care assessment</li> <li>• Manual handling assessment</li> <li>• Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs</li> <li>• May require environmental assessment re accessibility</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Stage 1 universal provision</li> <li>• Modified curriculum in some or all areas</li> <li>• Care plan in place, if appropriate, written with specialist nurse/ school nurse</li> <li>• Involve parents regularly to support targets at home</li> <li>• Pupils involved in monitoring and setting targets</li> <li>• Alternative ways of recording to minimise handwriting</li> <li>• Individual targets on support plan following advice from OT and health professionals</li> <li>• Modified planning for PE/outdoor play curriculum is likely to be needed</li> <li>• Interventions should be incorporated across all activities throughout the school day</li> </ul>	<ul style="list-style-type: none"> <li>• Mainstream classroom setting</li> <li>• Individual skills-based work needs to take place</li> <li>• Small group or one to one adult input to practice skills as advised by HI/VI Team /OT</li> <li>• Nurture group input will be necessary to help with low self-esteem</li> <li>• Physiotherapy/ Occupational Therapy programme to be done in school</li> <li>• Attention to position in classroom</li> <li>• Buddy system</li> <li>• Specialist speech and language sessions (via health professionals)</li> <li>• Moving and handling training to be in place if required.</li> </ul>	<p><b>Will need one or more of the following:</b></p> <ul style="list-style-type: none"> <li>• Programme to support the development of handwriting/ fine motor skills</li> <li>• Access to appropriate ICT for recording purposes</li> <li>• Differentiated writing materials and equipment</li> <li>• Differentiation to PE curriculum</li> <li>• Dressing and undressing skills programme</li> <li>• Delivery of physio programme/postural management by trained school staff</li> </ul>	<ul style="list-style-type: none"> <li>• Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 16.5 h/ week to 27h/ week</li> <li>• May need individual adult support for mobility and personal care needs as advised by HI/VI Team / Occupational Therapy, Physiotherapy and Healthcare Professionals</li> <li>• OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An educational occupational therapist may see children at any Stage due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral</li> <li>• Children in this category may require specialist equipment via physio / OT services</li> </ul> <p><b>Resources/Provision</b></p> <ul style="list-style-type: none"> <li>• ICT equipment to aid recording</li> <li>• Specialist seating, furniture and equipment can be applied for under the Specialist Equipment Policy Process</li> <li>• Physio needs would be based on assessment on a case by case basis.</li> <li>• Adapted site will be necessary to physically access the building</li> <li>• Hygiene room/facilities</li> <li>• Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil</li> <li>• Site adaptations/sling/hoisting to be considered in consultation with the Local Authority and Educational OT.</li> </ul>

# **Social, Emotional & Mental Health Needs**

## **Social, Emotional, Mental Health Descriptors**

The children and young people to whom this guidance relates will present with a range of features of social, emotional and mental health difficulties which impact on their learning and social inclusion. Individual pupils may display a range of these features which will vary in severity and intensity and which change over time. It is not expected that any pupils will match all the descriptors listed below. The descriptors may be used to support the identification and assessment of the needs of an individual pupil. It is imperative that the school has an inclusive environment and culture and demonstrates that each pupil's needs are of paramount importance. The voice of the pupil and family must be identified at an early stage and support given by the school and other agencies to the family to enable them to support outcomes and their child at home.

From September 2019 OFSTED will introduce a 'behaviour and attitudes' judgement which will assess whether leaders are creating a calm and orderly environment, where bullying is tackled effectively by leaders when it occurs.

As the severity of mental health difficulties increases, the impact on the child's functioning and ability to access educational environment and activities increases as they move through the Stages'.

### **Social**

#### **Pupil may**

- Be socially vulnerable, withdrawn or isolated within their peer group
- Have immature social skills, or may not have had the opportunity to develop resilience and positive social and emotional skills needed within a whole school environment
- Follow some but not all school rules/routines in the school environment
- Have difficulties in social interactions/relationships with both adults and peers
- Have difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance
- Struggle to maintain positive relationships with peers and adults
- Be slow to develop age appropriate self-care skills due to levels of maturity or degree of learning difficulties
- Refuse to engage, be abusive towards staff and peers, may present as disengaged with the curriculum and routines of the school
- Damage property

### **Emotional**

#### **Pupil may:**

- Show signs of stress and anxiety and/or difficulties managing their emotions
- Have difficulty identifying their emotions or triggers and may need support to self-regulate, or self-regulate in self-harming or anti-social ways
- Have fluctuating moods which might indicate depression or boredom, or heightened states such as excitement or hyperactivity, and be unable to prevent these from affecting their ability to positively socially interact with their peers

- Exhibit crises which may be one off, prolonged or regular responses to anxiety, or they may be learned responses to undesired or stressful situations
- Be at risk of leaving the school premises or absconding during the school day
- Show patterns of stress or anxiety related to a specific context or a specific time of the day
- Have difficulties expressing empathy or be emotionally detached
- Engage in high risk-taking activities both at school and within the community
- Need to be in control exhibiting bullying behaviours either as victim or perpetrator
- Be over-friendly or withdrawn with strangers and at risk of exploitation
- Be provocative in appearance and behaviour, and there could be evidence of over sexualised language or behaviours. This is not blaming the pupil but describing what they might present as a result of their SEMH

## **Mental Health**

### **Pupil may:**

- Be unpredictable and may exhibit patterns of behaviour that impact on learning and inclusion
- Be disruptive or overactive and lack concentration in the classroom setting
- Be under assessment for mental health difficulties; acute anxiety or attachment needs may have been identified
- Have a tendency to hurt others, self or animals
- Have issues around identity and belonging
- Experience acute anxiety, fear, isolation, bullying or harassment, leading to controlling behaviours
- Present with self-harming behaviour
- Have attempted suicide
- Engage in persistent substance abuse

### **Presenting behaviour may also include:**

- A preference for own agenda and reluctance to follow instruction
- Presenting with different behaviour with different members of staff
- Patterns of regular school absence
- Disengaged from learning and significantly under-performing
- Verbally and physically aggressive
- Subject to neglect, with basic needs unmet or they may be preoccupied with hunger, illness, lack of sleep
- Identified as being at risk of CSE

The school will need to demonstrate that the provision, systems and training that are in place are effective in meeting the needs of pupils with SEMH. Consistency of approach in supporting positive behaviour is essential. Communication between staff and joint strategies in a behaviour/personalised plan must be in evidence. The school must have a graduated response to working with pupils with SEMH so that low level behaviour does not escalate into high level behaviours too quickly thus causing an inappropriate response.

**SEMH Stages Guidance**  
**Stage Descriptors Overview**

<p><b>Stage 1</b> <b>Mild</b></p>	<p><b>MILD</b></p> <ul style="list-style-type: none"> <li>• Children will have been identified as presenting with some low-level features of behaviour, emotional, social difficulties</li> <li>• They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration</li> <li>• They may follow some but not all school rules/routines around behaviour in the school environment</li> <li>• They may experience some difficulties with social /interaction skills</li> <li>• They may show signs of stress and anxiety and/or difficulties managing emotions on occasions</li> </ul>
<p><b>Stage 2</b> <b>Mild - Moderate</b></p>	<p><b>MILD – MODERATE</b></p> <p>Difficulties identified at Stage 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Stage 1 interventions being in place.</p> <ul style="list-style-type: none"> <li>• SEMH continues to interfere with pupil’s social/learning development across a range of settings and pupil does not follow routines in school consistently</li> <li>• Pupil beginning to be at risk of exclusion and may have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions</li> <li>• Pupil may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge</li> <li>• Pupil may show patterns of stress/anxiety related to specific times of the day</li> <li>• Pupil may have a preference for own agenda and be reluctant to follow instructions</li> <li>• Pupil may have begun to experience short term behavioural crises</li> </ul>
<p><b>Stage 3</b> <b>Moderate</b></p>	<p><b>MODERATE</b></p> <p>Difficulties identified at Stage 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Stage 1 and 2 interventions being in place.</p> <ul style="list-style-type: none"> <li>• SEMH interfere more frequently with pupil’s social/learning development across a range of settings and pupil does not follow routines in school without adult support</li> <li>• Pupil may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions</li> <li>• Pupil remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning</li> <li>• Pupil patterns of stress/anxiety related to specific times of the day have become more common</li> <li>• Pupil may have a preference for own agenda and may be reluctant to follow instructions</li> <li>• Short-term behavioural crises have become more frequent and are more intense</li> </ul>
<p><b>Stage 4a</b> <b>Significant</b></p>	<p><b>SIGNIFICANT</b></p> <p>Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex, and which necessitate a multi-agency response.</p> <ul style="list-style-type: none"> <li>• Pupil is more likely to have experienced fixed term exclusion from school</li> <li>• Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day</li> <li>• Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance</li> <li>• Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers</li> <li>• Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning</li> </ul>

Stage 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Pupil experiences low level / low frequency difficulties with behavioural, emotional and social difficulties which mildly affect curriculum access. Pupil may have difficulties with some or all of the following:</p> <ul style="list-style-type: none"> <li>• Following classroom routines</li> <li>• Complying with adult direction</li> <li>• Responding appropriately to social situations</li> <li>• Forming and sustaining relationships with peers</li> <li>• Immature social/emotional skills e.g. difficulties with turn-taking, reciprocal attention, sharing resources etc.</li> <li>• Some social isolation e.g. tends to play alone</li> <li>• Low-level anxiety in social situations</li> <li>• Feeling sad or down.</li> </ul>	<p>Assessment will continue as part of normal school and class assessments.</p> <ul style="list-style-type: none"> <li>• Monitoring of the pupil's response to feedback, change in routine or environment</li> <li>• Assessment for learning opportunities can be used to record observations and assessment of behaviour/anxiety levels</li> <li>• Consideration of the pupil's learning style, including active engagement activities.</li> <li>• Information from the pupil regarding their views using person-centred approaches</li> <li>• Observations by Teacher/class Teaching Assistant /Key Stage Coordinator</li> <li>• School is proactive in identifying individual needs and monitors that action is taken</li> <li>• SENDCO may initiate more specific assessments and observations if required</li> <li>• SEMH training for all staff</li> </ul>	<p>The teacher is held to account for the learning and progress of the pupil in the mainstream class.</p> <ul style="list-style-type: none"> <li>• Quality First Teaching meets the needs of all pupil including SEMH</li> <li>• Flexible teaching groups</li> <li>• Some differentiation of activities and materials</li> <li>• Differentiated questioning</li> <li>• Use of visual, auditory and kinaesthetic approaches</li> <li>• Awareness that a pupil may need more time to complete tasks and that equality of access may mean that they need to do some things differently (chunking)</li> <li>• Resources and displays that support independence</li> <li>• Routine feedback to pupils</li> <li>• Environmental consideration to classroom organisation, seating and group dynamics</li> <li>• Transparent system of class/school rewards and sanctions</li> <li>• Rules and expectations consistent across staff</li> <li>• Use of different teaching styles</li> <li>• Clear routines e.g. for transitions</li> <li>• Nurturing classroom approaches offering pupil opportunities to take on responsibilities e.g. class monitors, prefects, school council reps</li> </ul>	<p>The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all children and young people.</p> <ul style="list-style-type: none"> <li>• Positive whole school attendance ethos</li> <li>• The wider curriculum promotes positive examples of diversity</li> <li>• Well-planned and stimulating PSHEE/ Citizenship curriculum, differentiated to needs of cohort/class</li> <li>• Anti-bullying is routinely addressed and pupils are confident in reporting incidents</li> <li>• SEAL styled materials and interventions available for staff use in the classroom</li> <li>• Provision of planned opportunities to learn and practice social and emotional skills during structured activities</li> <li>• Restorative Practice approaches</li> <li>• Educational visits are planned well in advance and take into account the needs of all pupils</li> <li>• Close links with Parents/Carers</li> </ul>	<p>The pupil's SEMH needs can be managed in a mainstream class within an inclusive setting, with differentiation of task and teaching style:</p> <ul style="list-style-type: none"> <li>• Regularly updated policies for SEND, Behaviour and Anti-bullying</li> <li>• Regularly monitored inclusion policies are implemented consistently and underpin practice</li> <li>• Stimulating classroom and playground environments</li> <li>• Access to 'quiet areas' in school</li> <li>• The school employs additional adults to support the needs of all pupils e.g. Midday Supervisory Assistants (MSAs), Family Support Worker</li> <li>• All staff have received training in managing SEMH needs and understanding how to support pupils effectively</li> <li>• Staff are familiar with current DfE guidance</li> <li>• Staff access LA training to keep informed of meeting the needs of pupil</li> <li>• Designated time is allocated to TAs for planning and liaison with teachers</li> <li>• Use of playground buddies, peer mediators, peer mentors</li> <li>• Lunchtime clubs</li> <li>• 'Social and Emotional Learning through Circle Time' curriculum (Primary)</li> <li>• Staff access support e.g. via solution-focused conversations/supervision</li> <li>• Time to establish liaison with parents/ carers in line with school procedures e.g. parent consultation evenings</li> <li>• Staff 'meet and greet' their pupils daily</li> <li>• Structured system in place to support internal transitions</li> <li>• Early years learning journals at foundation stage</li> </ul>

Stage 2 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Pupil experiences low / medium level ongoing behavioural, emotional and social difficulties which are <b>mild and moderate</b>. These may affect curriculum access.</p> <ul style="list-style-type: none"> <li>• Pupil may have a preference to follow own agenda</li> <li>• Difficulties following adult direction e.g. regular incidences of non-compliance/ uncooperative behaviour</li> <li>• Difficulties with self-regulating e.g. emotional outbursts, hyperactive, impulsivity, mood swings, feeling anxious/worried</li> <li>• Difficulties with appropriate learning behaviour e.g. sustaining attention and concentration, motivation to engage with work-related tasks</li> <li>• Low self-esteem and low general resilience</li> <li>• May experience difficulties responding to social situations, leading to social isolation from peers e.g. may be fearful or anxious in new situations</li> <li>• Hiding under furniture.</li> <li>• Immature social skills affecting ability to establish and maintain friendships</li> <li>• Reliance on adults for reassurance</li> <li>• Difficulties forming relationships with adults.</li> <li>• Confused thinking.</li> <li>• Problems sleeping.</li> </ul>	<p>As Stage 1 plus</p> <ul style="list-style-type: none"> <li>• More detailed and targeted observation and assessment relating to Support Plan formulation and intervention choice</li> <li>• Observations by SENDCO/ Pastoral Lead</li> <li>• Pupil involved in setting and monitoring their own SMART targets for individual provision map and review</li> <li>• Parents/carers involved regularly to support targets at home</li> <li>• Behaviour records analysed to consider triggers and patterns</li> <li>• 'Assess/ Plan/ Do/ Review' 'Cycle of Behavioural Change' used to give a context to behaviour</li> <li>• Close monitoring to identify 'hot spots'</li> </ul>	<ul style="list-style-type: none"> <li>• Information about pupils needs/difficulties is shared with relevant staff (support plan and meetings)</li> <li>• Sharing of advice on successful strategies and targets e.g. use of visual supports, developing organisational skills</li> <li>• Classroom teaching assistance is targeted towards support for specific tasks/settings, based on agreed SMART targets</li> <li>• Personalised reward systems covering targeted lessons/ activities</li> <li>• Careful consideration of group dynamics within class</li> <li>• Careful consideration of preferred learning style and motivational levers for the pupil when differentiating</li> <li>• Opportunities for small group work based on identified need</li> <li>• Time-limited intervention groups</li> <li>• Opportunities for creative play activities, drama etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Access to small group support e.g. SILVER SEAL, Circle of Friends, self-esteem group</li> <li>• Group work to be planned and tailored to meet identified need and to include good role models</li> <li>• Teaching effective problem-solving skills</li> <li>• Individual or small group support for emotional literacy e.g. recognising emotions</li> <li>• Learning tasks differentiated by task and outcome to meet individual needs</li> <li>• Preparation for changes to activities/routines/ staffing</li> <li>• Supervision when moving between locations/ classrooms</li> <li>• Pupil encouraged to participate in extracurricular activities</li> <li>• Educational visits planned well in advance and contingency plans in place to meet the needs of the pupil, should they be needed</li> </ul>	<p>The child or young person's SEMH needs require flexible use of additional support from within school resources:</p> <ul style="list-style-type: none"> <li>• Support/advice from SENDCO/ Pastoral Lead</li> <li>• Personalised programme with SMART targets reviewed and updated regularly</li> <li>• Additional adults routinely used to support flexible groupings</li> <li>• Access to targeted small group work with class Teaching Assistant</li> <li>• Access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this</li> <li>• Additional adults (Teaching Assistant) for focused support during unstructured times e.g. lunchtime supervision/ targeted extra-curricular activities</li> <li>• Access to a quiet area for 'chill-out' time</li> <li>• Access to visual cues/ timetable if needed</li> <li>• Access to in-school support base (e.g. Nurture Group) if available</li> <li>• Staff access targeted LA training</li> <li>• Consultation with support services</li> <li>• Home-school communication book</li> <li>• Time for scheduled meetings with parents / carers on a regular basis</li> <li>• Self-regulation strategies such wobble cushion, stress balls and tangles</li> </ul>

Stage 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The pupil experiences <b>frequent and persistent</b> difficulties with behavioural, emotional and social difficulties which will <b>significantly</b> affect curriculum access.</p> <ul style="list-style-type: none"> <li>• Incidences of non-compliant and uncooperative behaviour e.g. refusal to work, disrupting the learning of others</li> <li>• Difficulties self-regulating e.g. frequent emotional or aggressive outbursts, sexualised language, excessive periods of anxiety, mood swings, unpredictable behaviour, which affect relationships.</li> <li>• Challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service)</li> <li>• Inappropriate responses to fears and worries.</li> <li>• Significant self-esteem issues affecting relationships and behaviour patterns ('acting in' or 'acting out')</li> <li>• Low levels of resilience when faced with adversity.</li> </ul>	<p>Support plan with asses-plan-do-review cycles implemented. Outcomes agreed and monitored with pupil and parents/carers.</p> <ul style="list-style-type: none"> <li>• Consideration of Family Early Help Assessment</li> <li>• Consider further specialist assessment</li> <li>• 'Round Robins' to relevant staff to gain overview of behaviour to inform planning</li> <li>• Pastoral/Teaching Assistants/SENDCO are routinely included in planning to ensure their input is effective</li> <li>• Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns etc. in order to plan appropriate strategies</li> <li>• Consultation and assessment with Behaviour Support, Educational Psychologist, School Wellbeing Worker</li> <li>• Proactive assessments of potentially tricky situations to inform adaptations to learning environment</li> <li>• Careful planning and review of needs at transition, including effective liaison e.g. starting school, transfer to secondary or post-16 provision</li> </ul>	<ul style="list-style-type: none"> <li>• Identified daily support to teach social skills and address behavioural targets and outcomes on Support Plan throughout day</li> <li>• Use of key-working approaches to ensure the pupil has a trusted adult to offer support during vulnerable times</li> <li>• Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum</li> <li>• Regular/daily small group teaching of social skills</li> <li>• Individualised support to implement recommendations from support services</li> <li>• Visual systems in place: prompt cards, behaviour plans, risk assessment, diaries</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching style adapted to suit pupil's learning style e.g. level/pace/amount of teacher talk reduced, access to practical activities</li> <li>• Personalised timetable introduced in negotiation with the pupil, parents/carers and staff. This may include temporary withdrawal from some activities e.g. assemblies, specific non-core lessons.</li> <li>• Alternative curriculum opportunities at KS4 e.g. vocational/college/work placements</li> <li>• Time-limited intervention programmes with staff who have knowledge and skills to address specific needs, may include withdrawal for individual programmes (e.g. understanding anger, therapeutic stories) or targeted group work (e.g. FRIENDS)</li> <li>• More formal meetings/conferences using Restorative Practices, to include parents/carers</li> <li>• Educational visits planned well in advance and risk assessments in place as appropriate and shared with key staff</li> </ul>	<p>The pupil is struggling to cope with aspects of his/her local mainstream school, requiring increasing levels of individual additional support from within school resources and a multi-agency approach:</p> <ul style="list-style-type: none"> <li>• School is offering provision that is additional to and different from that of peers</li> <li>• School feel direct involvement of support services would be beneficial</li> <li>• Access to 1:1 support for re-tracking, mentoring, motivational approaches etc.</li> <li>• Additional individual support for tricky situations and 'hotspots', in line with risk assessments</li> <li>• Access to small group support outside mainstream classes</li> <li>• Sustained access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this</li> <li>• Personalised timetable providing access to a Teaching Assistant / mentor staff for up to 12.5 hours per week</li> <li>• Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies</li> <li>• Internal exclusion/'time-out' facilities</li> <li>• Specialist Staff Training (e.g. Positive Handling programmes /Team Teach).</li> <li>• Advice from support services e.g. Child Adolescent Mental Health Service, Social Care, Educational Psychologist, School Wellbeing Worker, Behaviour Support Worker, Youth Services</li> <li>• Allocation of appropriate space for professionals to work with the pupil,</li> </ul>

<ul style="list-style-type: none"> <li>• Behaviour causing a barrier to learning e.g. pupil disengaging, may destroy own / others' work, use work avoidance strategies, concentration very limited</li> <li>• At risk of low level offending or anti-social behaviour.</li> <li>• Socialising with peers and adults e.g. lack of empathy, victim or perpetrator of bullying</li> <li>• May show low mood or refuse to communicate for periods of time</li> <li>• Difficulties forming and sustaining quality relationships with adults.</li> <li>• Risk of isolation or becoming socially vulnerable.</li> <li>• Struggling with bereavement issues, feelings of guilt.</li> </ul> <p>The pupil's SEMH needs may co-exist with other secondary needs.</p>				<p>taking into account safeguarding issues</p> <ul style="list-style-type: none"> <li>• Multi-agency support to plan and review interventions</li> <li>• Access to time-limited short- term interventions in Alternative Hubs (not PRU)</li> <li>• Signposting parents/carers to parenting courses or offering access to drop-ins</li> <li>• Home-school communication book</li> <li>• Time for formal meetings with parents on a regular basis</li> <li>• Weekly mindfulness/individual wellbeing sessions</li> <li>• Sensory processing approaches</li> </ul>
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Stage 4a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The pupil experiences <b>frequent and persistent difficulties with</b> behavioural, emotional and social difficulties which will <b>significantly</b> affect curriculum access.</p> <ul style="list-style-type: none"> <li>Challenging behaviour requiring a continuous range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service)</li> <li>Incidences of non-compliant and uncooperative behaviour e.g. refusal to work, disrupting the learning of others</li> <li>Self-regulating e.g. frequent emotional or aggressive outbursts, sexualised language, anxiety, mood swings, unpredictable behaviour, which affect relationships</li> <li>Significant self-esteem issues affecting relationships and behaviour patterns ('acting in' or 'acting out')</li> <li>Emerging concerns around mental health e.g. self-harm, irrational fears, risk-taking, and substance misuse</li> <li>Low levels of resilience when faced with adversity</li> <li>Behaviour causing a barrier to learning e.g. pupil disengaging, may destroy own / others' work, may use work avoidance strategies, concentration very limited</li> <li>Change in attendance patterns that requires in school interventions.</li> <li>Socialising with peers and adults e.g. lack of</li> </ul>	<ul style="list-style-type: none"> <li>Specialist assessments e.g. Behaviour Support Worker, Educational Psychologist, Primary Mental Health Worker, Youth Offending Service</li> <li>Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle</li> <li>Risk assessment to identify dangers and need for additional support</li> <li>Use of Social Emotional Behaviour Competencies profile for measuring impact of interventions</li> <li>Completion of 'pupil passport' for Behaviour &amp; Attendance Partnership if 'managed move' or Pupil Referral Unit place needed</li> <li>Personalised transition planning is prioritised (e.g. Rec/Y1, Y6/Y7, Y9, Y11/post-16). This will include a transition plan in Y9-14, updated on a regular basis</li> </ul>	<ul style="list-style-type: none"> <li>The class/subject teacher remains accountable for the progress of the pupil within the mainstream class</li> <li>Identified individual support across the curriculum in an inclusive mainstream setting.</li> <li>Daily teaching of social skills to address behavioural targets and outcomes on support plan</li> <li>Use of key-working approaches to ensure the pupil has a trusted adult to offer support/withdrawal during vulnerable times</li> <li>Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum</li> <li>Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address pupil's specific needs; may include withdrawal</li> <li>Individualised support to implement recommendations from relevant professionals</li> </ul>	<ul style="list-style-type: none"> <li>Teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day</li> <li>Targets informed by specialist assessment</li> <li>Regular/daily small group teaching of social emotional and behaviour skills</li> <li>Teaching style and tasks are adapted to suit the pupils' learning style e.g. level/pace/amount of teacher talk reduced, access to practical activities</li> <li>Personalised timetable introduced in negotiation with pupil, parents and staff. This may include temporary withdrawal from some activities.</li> <li>Alternative curriculum opportunities at KS4 e.g. ALPs/vocational/college/work placements</li> <li>Formal meetings/conferences using Restorative Practices, to include parents/carers</li> <li>Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios</li> <li>Support through solution-focused approaches, for staff working with the pupil</li> <li>Where the pupil is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in</li> </ul>	<p>The pupil is struggling to cope in a local mainstream setting, requiring considerable individualised support / resources above the delegated SEN budget. A multi-agency approach is needed.</p> <ul style="list-style-type: none"> <li>Pastoral Leader and/or SENDCO provides support to Teacher and Teaching Assistants and takes responsibility for arranging appropriate CPD and quality assuring the learning experience</li> <li>Access to 1:1 support within school for re-tracking, mentoring/ coaching, motivational approaches, understanding anger etc.</li> <li>Additional individual support in line with risk assessments, incl. unstructured times</li> <li>Access to small group support outside mainstream classes</li> <li>Personalised timetable providing access to a suitably trained Teaching Assistant / mentor</li> <li>Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies</li> <li>Time to discuss, develop and review individual reward systems and report cards</li> <li>Internal exclusion/'time-out' facilities</li> <li>Specialist Staff Training (e.g. Positive Handling programmes/ Team Teach)</li> <li>Direct involvement from support services e.g. Educational Psychologist in reviewing progress</li> <li>Therapeutic intervention e.g. family therapy/ counselling/ play therapy/ art therapy if appropriate</li> <li>Non-educational input e.g. YOS, and Keyworkers from the Local Area Teams to re-engage in education / training</li> <li>Multi-agency support to plan and review interventions</li> <li>Time and appropriate space for joint planning with pupil, parents/ carers, staff and other agencies to facilitate 'Team Around the Family' (TAF) approach</li> <li>Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g. vocational/practical or college/work placements within timetable</li> </ul>

<p>empathy, victim or perpetrator of bullying</p> <ul style="list-style-type: none"> <li>• May show low mood or refuse to communicate for periods of time</li> <li>• Risk of isolation, exploitation or becoming socially vulnerable</li> <li>• Inability to cope with day to day problems or stress.</li> <li>• Significant tiredness.</li> </ul> <p>The pupil's SEMH needs may co-exist with other secondary needs.</p>			<p>learning associated with SEMH needs</p> <ul style="list-style-type: none"> <li>• Consideration to access arrangements for internal and external examinations</li> </ul>	<ul style="list-style-type: none"> <li>• Support for parents/carers through access to targeted evidence-based parenting programmes</li> </ul>
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