



Weston Park Primary School

# **Weston Park Primary School**

## **SEND Graduated Response & Toolkit**

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## **Guidance**

### **Statutory Duties**

The current SEND Code of Practice: 0-25 years (January 2015) (CoP) explains there is a continuum of SEN and that, where necessary, a graduated approach should be used to address SEN.

The CoP states that class and subject teachers should seek to identify pupils making less than expected progress (CoP: 6.17) and that where this is the case the first response to a lack of progress should be high quality teaching targeted at their area of weakness.

While informally gathering evidence schools should not delay in putting in place extra teaching or other interventions designed to secure better progress (CoP: 6.19).

In addition, parents know their children best and it is important that all professionals listen and understand when parents express concerns about their child's development (CoP: 6.20).

Schools may involve specialists at any point but should always involve specialists where a pupil continues to make little or no progress or they are substantially below age-related expectations despite evidenced based SEN support (CoP: 6.59).

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

Each of the 4 areas of need Cognition and Learning (CAL), Communication and Interaction (CAI), Social Emotional and Mental Health (SEMH) & Sensory and Physical (PD) have been broken down into 4 phases of support.



**These are;**

### **Universal Provision - Quality First Teaching**

Typically class based differentiation, part of Quality First Teaching general provision, with some reasonable adjustments where needed to meet needs.

### **Universal Plus Provision - Targeted SEND support**

Carefully planned and targeted interventions, delivered by class / year group teams under the supervision of the SENCO.

### **Universal Partnership Plus Provision – Specialist SEND support**

Input from wider professionals in place and applied to the provision delivered.

### **Statutory Provision**

EHCP in place already to support and guide provision. Also those identified for this level of support and / or alternative pathways or provision is in place for them.

### **Quality First Teaching**

### **Teaching Standards A**

**teacher must:**

1. Set high expectations which inspire, motivate and challenge pupils
  - establish a safe and stimulating environment for pupils, rooted in mutual respect
  - set goals that stretch and challenge pupils of all backgrounds, abilities and dispositions
  - demonstrate consistently the positive attitudes, values and behaviour which are expected of pupils.



## **2. Promote good progress and outcomes by pupils**

- be accountable for pupils' attainment, progress and outcomes
- be aware of pupils' capabilities and their prior knowledge, and plan teaching to build on these
- guide pupils to reflect on the progress they have made and their emerging needs
- demonstrate knowledge and understanding of how pupils learn and how this impacts on teaching □ encourage pupils to take a responsible and conscientious attitude to their own work and study.

## **3. Demonstrate good subject and curriculum knowledge**

- have a secure knowledge of the relevant subject(s) and curriculum areas, foster and maintain pupils' interest in the subject, and address misunderstandings
- demonstrate a critical understanding of developments in the subject and curriculum areas, and promote the value of scholarship
- demonstrate an understanding of and take responsibility for promoting high standards of literacy, articulacy and the correct use of standard English, whatever the teacher's specialist subject
- if teaching early reading, demonstrate a clear understanding of systematic synthetic phonics
- if teaching early mathematics, demonstrate a clear understanding of appropriate teaching strategies.

## **4. Plan and teach well-structured lessons**

- impart knowledge and develop understanding through effective use of lesson time
- promote a love of learning and children's intellectual curiosity
- set homework and plan other out-of-class activities to consolidate and extend the knowledge and understanding pupils have acquired
- reflect systematically on the effectiveness of lessons and approaches to teaching
- contribute to the design and provision of an engaging curriculum within the relevant subject area(s).



## **5. Adapt teaching to respond to the strengths and needs of all pupils**

- know when and how to differentiate appropriately, using approaches which enable pupils to be taught effectively
- have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these
- demonstrate an awareness of the physical, social and intellectual development of children, and know how to adapt teaching to support pupils' education at different stages of development
- have a clear understanding of the needs of all pupils, including those with special educational needs; those of high ability; those with English as an additional language; those with disabilities; and be able to use and evaluate distinctive teaching approaches to engage and support them.

## **6. Make accurate and productive use of assessment**

- know and understand how to assess the relevant subject and curriculum areas, including statutory assessment requirements
- make use of formative and summative assessment to secure pupils' progress
- use relevant data to monitor progress, set targets, and plan subsequent lessons
- give pupils regular feedback, both orally and through accurate marking, and encourage pupils to respond to the feedback.

## **7. Manage behaviour effectively to ensure a good and safe learning environment**

- have clear rules and routines for behaviour in classrooms, and take responsibility for promoting good and courteous behaviour both in classrooms and around the school, in accordance with the school's behaviour policy
- have high expectations of behaviour, and establish a framework for discipline with a range of strategies, using praise, sanctions and rewards consistently and fairly
- manage classes effectively, using approaches which are appropriate to pupils' needs in order to involve and motivate them
  - maintain good relationships with pupils, exercise appropriate authority, and act decisively when necessary.



## 8. Fulfil wider professional responsibilities

- make a positive contribution to the wider life and ethos of the school
- develop effective professional relationships with colleagues, knowing how and when to draw on advice and specialist support
- deploy support staff effectively
- take responsibility for improving teaching through appropriate professional development, responding to advice and feedback from colleagues
- communicate effectively with parents with regard to pupils' achievements and well-being

### Quality First Teaching

**Quality First Teaching** and The Graduated Approach. **Quality First Teaching**(QFT) means high **quality** inclusive **teaching** together with our continuous whole school processes for assessing, planning, implementing, tracking, monitoring and reviewing the child's progress.

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- The teacher has the highest possible expectations for all pupils in their class, including SEND
- All teaching builds on what the child/ren already knows, can do and understand
- Lessons are appropriately differentiated, which means different ways of teaching are in place so that any child can access the lesson and is fully involved in their learning. Some examples of differentiation are: additional resources to support their learning, opportunities for paired work or small group work, different ways of presenting their work and more
- Specific strategies (suggested by the SENCO) to support each child to learn
- On-going assessment within the day-to-day framework of the classroom of each child's progress to identify any gap or gaps in their understanding/learning

The **Graduated Approach** means that provision for a child with a SEND is a continuum between whole class QFT at the one end and highly personalised 1:1 teaching at the other.

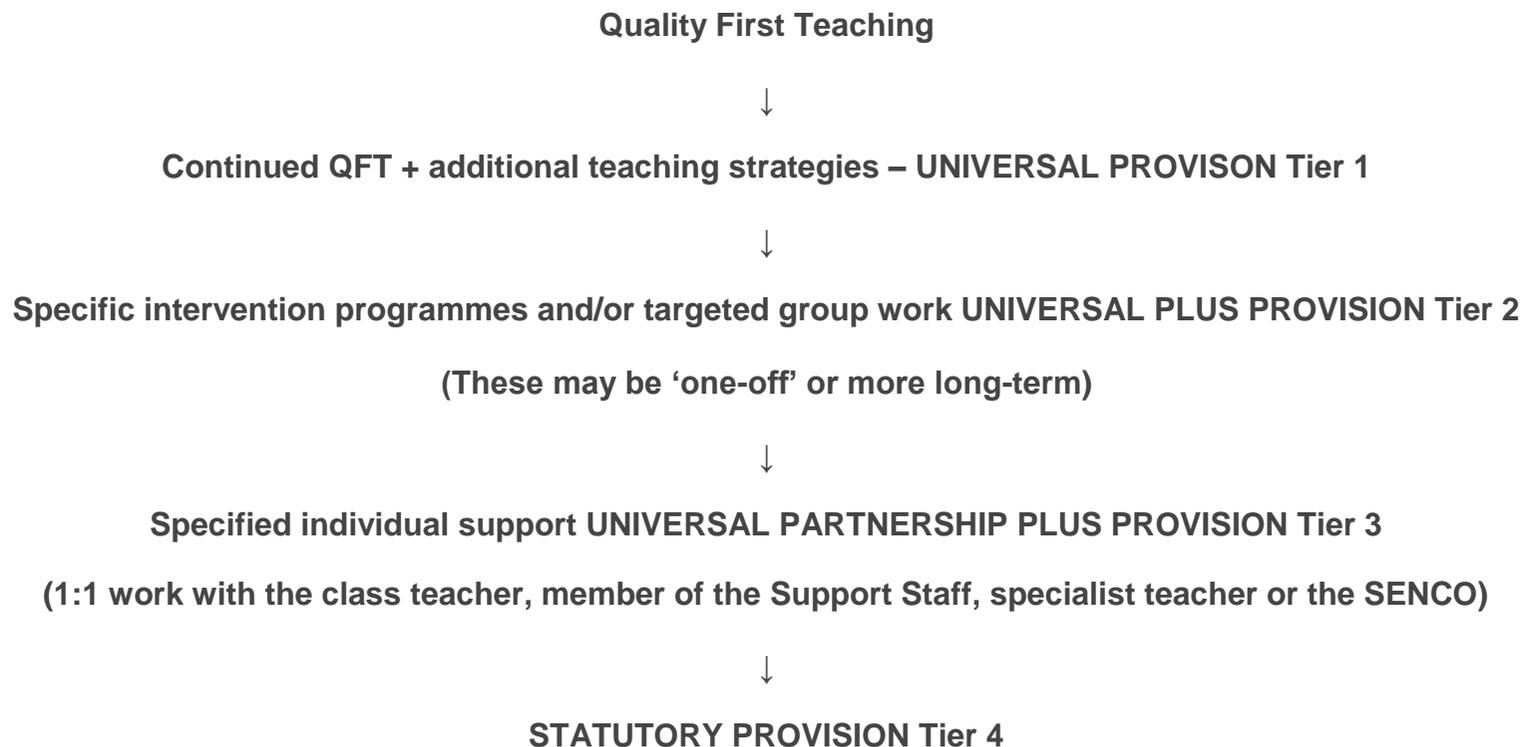




All children **MUST** have access to quality first teaching, but where a potential SEND has been identified, the approach to this child's teaching and learning becomes increasingly personalised as understanding of the child and his/her need grows. Thus, support becomes more targeted as outlined in the flow diagram below.

Within each section of this continuum, a cycle of assessing, planning, doing and reviewing is ongoing. This cycle can become more individualised as the child's needs become more complex. The cycle is driven by the child's needs.

A few children with complex SEND will move through the graduated approach towards more specified individual support. In reality, many children will have a mixture of support and, depending on the lesson, can be placed at any point on this continuum. Similarly, a child who has received a great deal of 1:1 support can move the other way on the continuum as they begin to need less 1:1 support and can manage their learning more independently in the classroom.



**Person Centred Working**



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

## The Graduated Response

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

This toolkit sets out how a school can implement this approach across the 4 categories of SEND (CAL, CAI , SEMH, PD) following the 4 aspects (Assess, Plan, Do, Review).



Assess:



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| <ul style="list-style-type: none"> <li>• Teachers and support assistants, working with the SENCO carry out a clear analysis of the child's needs</li> <li>• Teachers and support assistant's assessment and experience of the child, their previous progress and attainment, as well as information on the school's core approach to pupil progress and attainment, the behaviour is collated</li> <li>• School will liaise and consult with parents / carers and with the child</li> <li>• School will liaise with outside professionals to help inform assessments. Assessments should be reviewed regularly</li> </ul>  | <ul style="list-style-type: none"> <li>• The child and their parent / carer understand and agree on the intervention, support and expected outcomes</li> <li>• Curriculum planning should take account of specialist advice</li> <li>• Targeted provision must be recorded on the schools information system. These recording systems must be able to show evidence based planning, target setting, monitoring, as well as the support that has been delivered for the child</li> <li>• Clear outcomes should be set in discussion with the child and their parents / carers about what the support is intended to achieve</li> <li>• Planning for differentiated resources may be required □ Planned interventions should be evidence based</li> </ul> |
| <p><b>Do:</b></p> <ul style="list-style-type: none"> <li>• Targeted provision and progress is monitored and reviewed by teachers, SENCO and other SLT members to monitor the impact of the plan</li> <li>• Evidence progress and attainment from observed / assessed work against outcomes. This should be reviewed routinely</li> <li>• The school should meet with the child and their parents / carers at least 3 times a year until barriers to learning are resolved – the child has kept up or caught up</li> <li>• Children and their parents / carers must be involved in planning for targeted support and any changes. The school will need to liaise closely with other professionals involved</li> <li>• SEND support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes</li> </ul> | <p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Targets may require individual and / or small group sessions by school staff as well as implementation across the curriculum. The SENCO will oversee the child's targeted support, including how this is being delivered</li> <li>• The child should be effectively supported in the classroom alongside peers for the vast majority of their time in school</li> <li>• Delivery of the targeted support may be required as part of a small group or an individual basis</li> <li>• Access to specialist equipment and resources should be provided as necessary</li> <li>• Support arrangements should be clear and consistent</li> </ul>   |

## COGNITION AND LEARNING - CAL





## **SEND Code of Practice 2015**

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

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

### **Areas of Need:**

#### **General and Complex Learning Difficulties**

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

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

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

#### **Specific Learning Difficulty**

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





| <b>SEND Indicators</b> | <b>Provision / Support Examples</b> | <b>Possible involvement</b> | <b>Expected Outcomes</b> |  |
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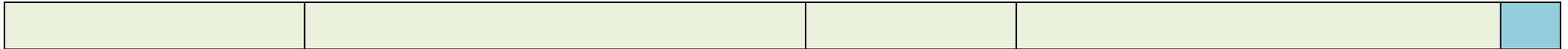
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| <ul style="list-style-type: none"> <li>• Progress is slow, especially compared to age related peers</li> <li>• Unable to demonstrate they can apply and understand the skills and concepts required by the curriculum they are following</li> <li>• Need prompts from class adults to remain on task</li> </ul> <p><b>NB: at this point we do not assume SEND it may be a short term or contextual problem that short term intervention may overcome</b></p> | <ul style="list-style-type: none"> <li>• Views of parents/carers and child (if appropriate) are sought</li> <li>• Broad and balanced curriculum offered, set within an inclusive environment</li> <li>• Tracking and assessment processes in place to identify why children may not be making expected progress</li> <li>• Appropriately differentiated expectations, resources and support</li> <li>• Differentiation is not by outcome alone</li> <li>• Appropriate policies in place for identifying and supporting children with SEND including those with cognition and learning needs</li> <li>• Quality first teaching that utilises a variety of approaches with personalised learning targets</li> <li>• Staff to continually check understanding and use scaffolding / modelling to demonstrate learning</li> <li>• Quality feedback on a regular basis. Include regular praise towards the child's strengths and achievements</li> <li>• Organisation and positioning of the classroom – seating arrangements and peer support for example</li> <li>• Robust assess-plan-do-review process – to be completed by the class teacher</li> <li>• Visual aids and classroom environment modified to support learning, including the use of word banks / timetables etc</li> <li>• Staff trained appropriately to meet presenting need e.g. ASD, SpLD</li> </ul> | <ul style="list-style-type: none"> <li>• Child</li> <li>• Parent / carers</li> <li>• Class teacher</li> <li>• Support staff</li> <li>• Phase leader</li> <li>• SENCO</li> </ul> | <ul style="list-style-type: none"> <li>• Child makes progress as support is appropriate to need and barriers to learning are resolved – ‘gaps’ may be closed</li> <li>• Improved access to the curriculum or chosen learning programme and outcomes</li> <li>• Noticeable improvement in learning and engagement</li> </ul> <p><b>NB: If outcomes not achieved / reached, consider move to Tier 2 (Universal Plus – SEND support) in discussion with the SENCO.</b></p> |
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|  | <ul style="list-style-type: none"><li>□ The child should be effectively supported in the classroom alongside peers for the vast majority of their time in school</li><li>□ Differentiated curriculum developed to meet the individual needs of the child. Consider the individual child's learning styles and ensure they are embedded in the styles of teaching. Increased differentiation of activities</li><li>□ Access to small group targeted work that provides opportunities to work with peers and offer role modelling and peer support</li><li>□ Personalised individual or group based structured reading, spelling or maths programmes</li><li>□ Interventions should be well established and evidence based. Interventions should be delivered regularly and frequently and be delivered across a minimum of 1 full term. Outcomes of an intervention should be recorded and clearly evidenced</li><li>□ Tasks to be simplified and instructions, information and learning to be broken down into small steps</li><li>□ Skills and learning to be broken down into small steps</li><li>□ Visuals used to support instructions / learning</li><li>□ Vocabulary and new concepts may need to be pre taught</li><li>□ Multi-sensory teaching and learning</li></ul> |  |  |  |
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|  | <p>□ Staff to be given individualised training to support the child with their approaches to learning. This training should be developed around the child's needs and shared with parents</p> |  |  |  |
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| <b>SEND Indicators</b> | <b>Provision / Support Examples</b> | <b>Possible involvement</b> | <b>Expected Outcomes</b> |  |
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| <p><b>Universal level support has been put in place but needs cannot be met by using those approaches. The child may continue to have the difficulties indicated in Tier 1 and also:</b></p> <ul style="list-style-type: none"> <li>• Ongoing difficulties and makes limited progress</li> <li>• Greater difficulties than peers with retaining information / concepts / skills and problem solving, understanding, communication and thinking</li> <li>• After sustained support the child is working outside year group programmes of study</li> <li>• The child may have specific learning difficulties (e.g. difficulties with English / Maths and / or physical coordination) which causes them to fall further behind Age Related Expectations (ARE)</li> </ul> | <p><b>As at Tier 1 but also to include the following possible provision;</b></p> <ul style="list-style-type: none"> <li>• The class teacher working with the SENCO should carry out a clear analysis of the child's needs</li> <li>• Must consult the child and their parent / carer and provide an opportunity to meet and review plans regularly – at least 3 times a year</li> <li>• A consistent school approach to assessment and intervention programmes which are used across the whole school by staff with appropriate skills and training</li> <li>• Targeted provision must be recorded on the schools information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child at SEND support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required.</li> <li>• The class teacher working with the SENCO should carry out a clear review of the child's needs</li> <li>• Specialist supports such as sloping writing boards, coloured overlays, specialist equipment from pens / pencils to wobble cushions and alternative methods of recording. Access to specialist ICT as necessary</li> </ul> | <p><b>As Tier 1 as well as possibly;</b></p> <ul style="list-style-type: none"> <li>• Support staff</li> <li>• School Nurse</li> <li>• ELSA</li> <li>• Pastoral support</li> </ul> | <p><b>As for Tier 1 and also:</b></p> <ul style="list-style-type: none"> <li>• Child makes progress with support and interventions provided</li> <li>• Child is able to apply strategies and skills learnt through intervention and support back into the learning environment</li> <li>• Child will have an effective holistic plan of support that considers all needs</li> </ul> <p><b>If progress is made and outcomes achieved, then the child or young person can move back into Universal Provision (Quality First Teaching) or continue to be supported at Universal Plus Provision (Targeted SEND support) in discussion with the SENCO</b></p> <p><b>If outcomes are not reached and progress is not clearly made, consider if support needs to be delivered at Universal Plus Partnership Provision in discussion with the SENCO</b></p> |
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| <p><b>NB: we would now identify the child as SEND</b></p> | <ul style="list-style-type: none"> <li>□ The class teacher in consultation with SENCO will undertake a clear analysis of the child's needs to share with the parents / carers and professionals via the Graduated Approach</li> <li>□ Following a plan-do-assess-review cycle of individualised assessment and intervention. This needs to be completed as soon as the child is identified with SEND as detailed using internal assessments / data tracking / provision mapping</li> <li>□ Differentiation of home learning</li> <li>□ Where further advice is needed, SENCO will lead in seeking and applying advice from specialist services, such as Outreach, EP etc.</li> </ul> |  |  |  |
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**UNIVERSAL PARTNERSHIP PLUS PROVISION – SPECIALIST  
SEND SUPPORT  
TIER 3**

**CAL**

| SEND Indicators   | Provision / Support Examples   | Possible involvement  | Expected Outcomes  |
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| <p><b>As per Tier 1 and 2 but might also include;</b></p> <ul style="list-style-type: none"> <li>• Making little or no progress despite targeted intervention being put in place</li> <li>• Professional advice has been followed over time and implemented through the Graduates Approach and appropriate support has been put in place but relative progress is still not being made</li> <li>• Increased adult support is needed to remain focused and complete short activities with prompts</li> <li>• Struggles to access small group activities independently or will only engage in learning where the task or activity is personally meaningful</li> </ul> | <p><b>As at Tier 1 AND 2 but also to include the following possible provision;</b></p> <ul style="list-style-type: none"> <li>• Further specialist intervention to be accessed via outside agencies. Multi professional planning and coordinated support across education, health and social care colleagues to be undertaken</li> <li>• Consider need for Early Help led support at home for joint working approaches</li> <li>• Team Around the Child approach</li> <li>• Adapted curriculum needs to be developed that is even more individualised to the specific needs of the child. Learning within the curriculum needs to be of high interest and purposeful</li> <li>• Home learning must be differentiated and appropriate</li> <li>• Close home school links so that changes within each environment can be understood and impact on learning can be supported</li> </ul> | <p><b>As Tier 1 AND 2 as well as possibly;</b></p> <ul style="list-style-type: none"> <li>• CAMHS</li> <li>• SAOS – outreach □ Children’s Therapy Services</li> <li>• Educational Psychologist (EP)</li> <li>• Paediatrics</li> <li>• Youth support services</li> <li>• PCSOs</li> <li>• Youth Offending teams</li> <li>• Early Help teams □ Social Care</li> </ul> | <p><b>As for Tier 1 AND 2 and also;</b></p> <ul style="list-style-type: none"> <li>• Improved rate of attainment</li> <li>• Positive response to specialist recommendations and advice provided by professionals</li> <li>• New resources, interventions and alternative strategies enable the child to progress and successfully engage in learning</li> <li>• Reduction in negative behaviours and better engagement in learning</li> <li>• School attendance increases and engagement in learning / the learning environment</li> <li>• Child is able to transfer intervention skills into different learning environments and activities – including during less structured times / social times</li> </ul> <p><b>If outcomes are reached then support can be provided back through Universal Provision (Quality First Teaching) or Universal Plus</b></p> |



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| <ul style="list-style-type: none"> <li>□ Needs a lot of adult prompting to recognise errors and self-correct</li> <li>□ Teaching needs to be repeated and delivered in other contexts, particularly concepts and abstract ideas</li> <li>□ Child has difficulty in transferring skills</li> <li>□ Poor memory</li> <li>□ Avoidance strategies and negative behaviours develop and have significant impact on the child's ability to engage and access learning / the learning environment.</li> <li>□ Possible decline in attendance at school</li> <li>□ Child has difficulty in acquiring basic skills of English and Maths, leading to low attainment levels, with the child working 2 years below age related expectations in most areas</li> <li>□ A child with SpLD who has very significant difficulties, with marked</li> </ul> | <ul style="list-style-type: none"> <li>• Personalised provisions such as work stations and designated learning areas where needed with distractions minimised – but this should always be inclusive</li> <li>• Practical resources and visual clues to support learning across all areas</li> <li>• Provide extra time to the child to participate in learning activities / tasks</li> <li>• High levels of adult support for modelling and enabling the child to access learning / the curriculum</li> <li>• High levels of care and supervision are needed</li> <li>• Child must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships</li> <li>• Robust plan-do-assess-review cycle</li> </ul> |  | <p><b>Provision (Targeted SEND Support) again</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to request an Education, Health and Care Plan Assessment. This would be most appropriate where there is evidence of the needs being long term where support has been in place over time with evidence minimum impact and is costly and above reasonable adjustments</b></p> |
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discrepancy between oral and English skills.



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| <p>May also have difficulties in Maths</p> <ul style="list-style-type: none"><li>□ Child may grasp mechanical skills but lack comprehension</li><li>□ Child may have coordination difficulties</li></ul> |  |  |  |  |
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**STATUTORY PROVISION –  
TIER 4**

**CAL**

| SEND Indicators  | Provision / Support Examples  | Possible involvement  | Expected Outcomes   |
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| <p>Despite support and intervention through the Graduated Approach the child's progress is still very limited and indicates that long term specialist input and / or additional resources are required to continue access to the full curriculum and to follow participation in education</p> <ul style="list-style-type: none"> <li>The child's needs are significant and long term. Specialist professional assessments evidence a high level of need</li> <li>The achievements and rates of progress are significantly below expectations despite appropriate evidence based, targeted interventions, or</li> </ul> | <p>As in Tiers 1, 2 AND 3 but also to include the following possible provision;</p> <ul style="list-style-type: none"> <li>Coproduction of an EHCP will address needs and agree outcomes for targeted provision</li> <li>All staff working with the child have read and understood the EHCP</li> <li>Parents / carers and the child understand and agree on the intervention, support and expected outcomes</li> <li>Strategies and approaches to support class differentiation are in place and based on specialists' advice</li> <li>High quality training is provided for all staff involved in delivering and monitoring targeted provision</li> <li>Time and place for targeted provision is established and adhered to</li> <li>Skills learnt during targeted provision are practiced back in class</li> <li>Support staff involved in joint planning of targeted support</li> <li>Support to develop life skills for independent learning e.g. cooking, personal hygiene</li> <li>Focus on the skills being taught including varying level of different prompts which</li> </ul> | <p>As in Tiers 1, 2 AND 3.</p> <ul style="list-style-type: none"> <li>Local Authority input and joint working in respect of EHCPs and PEPs</li> </ul> | <p>As for Tiers 1, 2 AND 3;</p> <ul style="list-style-type: none"> <li>Child is able to make informed choices</li> <li>Child has their needs met</li> <li>Child achieves increasing independence in their learning and self-help skills</li> <li>Child or young person is prepared to the next stages in their education and development</li> </ul> <p><b>If outcomes are reached following discussions with the parents, school and SEND team support can be provided back through Universal Plus Provision or Universal Partnership Plus Provision without the needs for an EHCP</b></p> <p><b>Outcomes and provision to be updated through the annual (or sooner) review process</b></p> |

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| <p>some improvements but are still well below expectations despite evidence of consistently high levels of interventions over time. ideally 2 cycles of the plan-do-assessreview will have been completed</p> <p>The level of need impacts on personal and social development and can be evidenced over time Advice from outside agencies and wider professionals has been</p> <ul style="list-style-type: none"> <li>□ accessed, implemented, and impact evaluated over a period of time using the plan-do-assess-review cycle</li> </ul> | <p>are faded and enhanced as appropriate, for example hand over hand, modelling, visual strategies</p> <ul style="list-style-type: none"> <li>□ Use of specific ICT programmes and specialist equipment to enhance recording and presentation of work</li> <li>□ Structured teaching strategies should be embedded into programmes of work</li> <li>□ Work presented in a manner that is appropriate to the child' level of development</li> <li>□ Visual supports are embedded to aid language understanding across all aspects of the environment, such a pictorial information, use of symbols, objects of reference, concrete physical resources, signing, gesture etc. to help access the curriculum</li> <li>□ Appropriate adjustments to the environment to meet the individual needs and preferred learning styles</li> <li>□ Significant assistance with self-help skills / needs</li> <li>□ Use of a total communication approach</li> <li>□ A multii-sensory approach to the curriculum</li> <li>□ The EHCP must be followed completely and is formally reviewed through the annual review process</li> <li>□ The EHCP must be reviewed at least once every 12 months through the annual review process</li> </ul> |  |  |  |
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|  | <ul style="list-style-type: none"><li>□ LAC reviews and PEPs to be consider in a similar vein to the EHCPs</li><li>□ Reviews must be undertaken in partnership with the child and their</li></ul> |  |  |  |
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## COMMUNICATION AND INTERACTION - CAI

### SEND Code of Practice 2015 – Broad Areas of Need

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

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

#### Areas of Need:

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

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

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



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

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| <b>UNIVERSAL PROVISION – QUALITY FIRST TEACHING<br/>TIER 1</b> | <b>CAI</b> |
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| SEND Indicators   | Provision / Support Examples  | Possible involvement   | Expected Outcomes   |
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| <p><b>Many children have difficulties expressing themselves and understanding others. This can present as difficulties with social understanding, the pronunciation of words, attention difficulties and fluency of speech. At this stage, it may mean that children need short term support but it should not be assumed that they have special educational needs</b></p> <p>□ Staff and parents raise concerns over the child’s language development</p> <p><b>Receptive Language and Memory Indicators</b></p> | <ul style="list-style-type: none"> <li>• High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting</li> <li>• Teaching strategies that consider difficulties with language and communication needs as well as social understanding</li> <li>• Carefully planned differentiated support that considers individual pupil’s communication needs</li> <li>• Visual resources and prompts (picture cues, word banks etc.)</li> <li>• Personalised learning goals, including for language and communication</li> <li>• Staff/peer modelling to promote communication/social skills and interaction</li> <li>• Instructions/information should be clear and simple with supporting visuals if necessary</li> <li>• Structured approaches to tasks and learning activities</li> <li>• Whole staff training and awareness of the implications of communication and interaction difficulties, supporting them to</li> </ul> | <ul style="list-style-type: none"> <li>• Child</li> <li>• Parents / carers</li> <li>• Teacher</li> <li>• Phase leader</li> <li>• Support staff</li> <li>• SENCO</li> </ul> | <p>Child will make improved progress with their learning</p> <ul style="list-style-type: none"> <li>• Child will demonstrate better engagement and participation in their learning</li> <li>• Children will be better able to develop positive relationships with adults and peers.</li> </ul> <p><b>NB: If outcomes not achieved / reached, consider move to Tier 2 (Universal Plus – Targeted SEND support) in discussion with the SENCO.</b></p> |





- Child may have difficulties with understanding implied meaning and may also have difficulty attaching meaning to words and developing concepts
- Inattentive during learning/activity time and has difficulties following verbal instructions in the setting
- Difficulties in starting and completing tasks
- Unwilling to volunteer verbal responses during learning activities
- Difficulties with learning new language
- Difficulties recalling information including the names of staff and peers

**Expressive Language (talking) Indicators**

- Child may have difficulties organising ideas, structuring sentences, acquiring and accessing

- differentiate activities effectively to support speaking, listening skills and understanding the curriculum
- Learning environments that offer security, structure and safety
- Visual timetables and visuals to support instructions
- Chunking - organising or grouping pieces of information together
- Slowing down pace of delivery and encouraging the child to repeat out loud the information back to themselves (verbal rehearsal)
- Defining key words simply and recording visually
- Using pictures/drawings/mind maps to record information given verbally

**Expressive Language (talking) Support**

- Staff to offer forced choices e.g. “Is it A or is it B?” and model back correct language
- Use pre-emptive questions and narrative resources (writing prompt sheets/writing packs etc.)
- Use of Alternative and Augmentative Communication Aids

**Semantic and Pragmatic Language Support**

- Say the child’s name to gain attention prior to an instruction
- Attention and listening prompt cards

• Adult modelling





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| <p>vocabulary and expressing meaning</p> <ul style="list-style-type: none"> <li>• Child might confuse words with similar meanings (uses cat when talking about a dog) or similar sounds</li> <li>• Uses lots of nonspecific language</li> <li>• Can find organising speech difficult and will often get pronouns and verb tenses incorrect in their spoken language</li> <li>• Difficulty sequencing and organising story telling/retelling of events e.g. information might be given in the wrong order, may miss out who, where or what happened</li> </ul> <p><b>Semantic and Pragmatic Language Indicators</b></p> <ul style="list-style-type: none"> <li>• Child may have difficulty with the meaning of what is being said and the ability to use language in social situations</li> </ul> | <ul style="list-style-type: none"> <li>□ Support during less structured times</li> <li>□ If a child with English as an additional language is not developing English at the expected rate, a mother tongue assessment could be completed initially to determine age appropriateness in home language</li> <li>□ Additional differentiation and scaffolding of tasks</li> <li>□ Time and place for targeted provision is established and adhered to</li> <li>□ Focus on the skills being taught including varying levels of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies</li> <li>□ Use of specific ICT programmes and specialist equipment to enhance communication and recording and presentation of work</li> <li>□ Structured teaching strategies should be embedded into programmes of work</li> <li>□ Work presented in a manner appropriate to the child's level of language and communication development</li> <li>□ Consistent, structured and predictable classroom routines with preparation in advance for changes and transitions, including to next year or phase</li> <li>□ Consistent delivery of the curriculum with attention to the child's areas of special interest or skills</li> </ul> |  |  |
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- Child may have difficulties with eye contact, taking turns



and staying on topic when speaking

- Difficulty with sharing objects and talk space with their peers
- Child cannot always understand how others feel and may have difficulties with social skills. This may be affecting their relationships with unfamiliar adults and peers
- Holding conversations may be difficult for the child, including initiating conversations
- Social and non-verbal cues are often missed and the child may frequently interpret language literally
- Due to difficulties with understanding meaning, the child may experience social anxiety and frustration when communicating





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| <b>UNIVERSAL PLUS PROVISION – TARGETED SEND SUPPORT<br/>TIER 2</b> | <b>CAI</b> |
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| SEND Indicators  | Provision / Support Examples   | Possible involvement   | Expected Outcomes   |
|--|--|--|---|
| <p><b>Despite Universal level support and individualised support over a sustained period of time, there are persistent difficulties with the indicators above and:</b></p> <ul style="list-style-type: none"> <li>• The child may plateau with their learning or the gap between them and their peers may continue to increase</li> <li>• There may be further difficulties in the child accessing the curriculum and this may also impact on their social, emotional and mental health</li> </ul> | <p><b>As at prior Tier but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• Individuals are monitored by class teacher and the SENCO. With the inclusion of parents/ carers and the child, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review</li> <li>• Liaison and consultation with external support services and professionals where appropriate – to include SALT referral. Advice to be gathered and implemented as recommended, including SALT programmes (training may be necessary)</li> <li>• Consider a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed</li> </ul> | <p><b>As Tier 1 as well as possibly;</b></p> <ul style="list-style-type: none"> <li>• Support staff</li> <li>• School Nurse</li> <li>• ELSA</li> <li>• Pastoral support</li> </ul> | <p><b>As for prior phase and also:</b></p> <ul style="list-style-type: none"> <li>• Child will make improved progress with their learning Skills learnt during targeted provision are practiced back in class and generalised throughout the day</li> <li>• Child will demonstrate better engagement and participation in their learning</li> <li>• Child will be better able to develop positive relationships with adults and peers If progress is made and outcomes</li> </ul> <p><b>If progress is made and outcomes achieved, then the child or young person can move back into Universal Provision (Quality First Teaching) or continue to be supported at Universal Plus Provision (SEND support) in discussion with the SENCO</b></p> |





- An escalation in negative behaviours within the setting
- Recent assessment/diagnosis for an Autistic Spectrum Disorder(ASD)

**Receptive Language and Memory Indicators**

- Difficulties in processing orally presented information at reasonable speed
- Poor understanding of complex grammar
- Difficulties with implied meaning and colloquialism (words/sentences without literal meaning)

**Expressive Language Indicators**

- The child's language may be particularly hesitant or sound immature. Spoken words might not always be clear or easily understood

- Staff training on supporting children specific communication and interaction needs
- Small group work in class which supports the differentiated curriculum. This could include the teaching of specific social interaction skills and language
- Visuals to support verbal information and instructions, including those aimed at social understanding (such as social stories)
- The use of key words. Instructions to be simplified and repeated as necessary
- Differentiation between spoken and written language, including the use of alternative learning resources such as ICT
- Additional adult support at transition and unstructured times
- Use of a personalised work area to be accessed as necessary on a child led basis
- The child should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting

**If outcomes are not reached and progress is not clearly made, consider if support needs to be delivered at Universal Plus Partnership Provision in discussion with the SENCO**

- Difficulties in expressing their meaning or themselves

on the first attempt with more time being needed to do so than their peers

**Semantic and Pragmatic Language Indicators**

- The child may display inappropriate interaction with others and may have difficulties with social relationships. This could be due to having difficulties understanding social cues and non-verbal cues. There may be an escalation in negative and inappropriate behaviours
- The pupil often needs support for activities that place demand on creative planning, organisational skills or work that needs reviewing

**NB: we would now identify the child as SEND**



**UNIVERSAL PARTNERSHIP PLUS PROVISION – SPECIALIST SEND SUPPORT TIER 3**

**CAI**

| SEND Indicators  | Provision / Support Examples   | Possible involvement  | Expected Outcomes  |
|--|--|---|--|
| <p><b>Over time professional advice has been followed and implemented but appropriate progress is still not seen</b></p> <p>□ There is a demonstrable and significant effect on pupil progress over time despite appropriate advice being taken and appropriate support being provided by the school Significant</p> | <p><b>As at prior Tier but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• A highly-modified learning environment that meets their individual needs</li> <li>• A high level of adult support, offering high level care and supervision</li> <li>• Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person’s emotional and behavioural needs throughout the day</li> <li>• More specialist assessment and advice from Outreach, EPs, SALT etc.</li> <li>• Where there is evidence of a possible ASD the child may need assessment through CAMHS</li> </ul> | <p><b>As Tier 1 AND 2 as well as possibly;</b></p> <ul style="list-style-type: none"> <li>• CAMHS</li> <li>• SAOS – outreach □ Children’s Therapy Services</li> <li>• Educational Psychologist (EP)</li> <li>• Paediatrics</li> <li>• Youth support services</li> <li>• PCSOs</li> <li>• Youth Offending teams</li> </ul> | <p><b>As for prior Tiers and also:</b></p> <ul style="list-style-type: none"> <li>• Positive response to specialist recommendations and advice provided by professionals</li> <li>• New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning</li> <li>• Reduction in negative behaviours and better engagement in learning</li> <li>• School attendance increases and improved engagement in learning</li> <li>• Child is able to transfer intervention skills into different learning environments and activities – including during social times</li> </ul> |



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| <p>□ needs have been identified<br/>A few difficulties are severe and longstanding and have not responded to focussed and</p> <p>□ wellfounded interventions over a period of time<br/>The severity of their difficulties may have a</p> <p>□ considerable impact on their ability to access the curriculum<br/>In these cases, the child's difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex</p> | <ul style="list-style-type: none"> <li>• Outreach and advisory support for those with ASD</li> <li>• Access to trained and skilled staff that is able to respond to challenging behaviours associated with communication and Interaction difficulties</li> <li>• Very close home to school liaison so that both parties are aware of changes that can impact on communication and interaction</li> <li>• Speech and language therapy programmes as identified by the SALT service Resources, including staff and materials to deliver and implement professionals' recommendations and programmes</li> <li>• Referral to Early Help where appropriate because needs are having a wider impact</li> </ul> <p><b>Receptive Language and Memory Support</b></p> <ul style="list-style-type: none"> <li>• Pre-teaching to introduce new and reinforce specific vocabulary and concepts</li> <li>• Alternative ways to record work/learning, to include photographic or video recording</li> </ul> <p><b>Expressive Language (talking) Support</b></p> | <p>□ Early Help teams</p> <p>□ Social Care</p> | <p><b>If outcomes are reached then support can be provided back through Universal Provision (Quality First Teaching) or Universal Plus Provision (Targeted SEND Support) again</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to request an Education, Health and Care Plan Assessment. This would be most appropriate where there is evidence of the needs being long term where support has been in place over time with evidence minimum impact and is costly and above reasonable adjustments</b></p> |
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difficulty requiring  
alternative  
communication modes

- Visual resources to reinforce verbal learning/instructions, such as mind



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| <ul style="list-style-type: none"> <li>□ Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties</li> <li>□ Social interaction difficulties and pupil is not able to transfer strategies/skills between situations</li> <li>□ Difficulties with sustaining engagement whilst undertaking learning activities</li> <li>□ May display a limited repertoire of interests and play skills that affect the child's friendships</li> <li>□ Difficulties in accessing whole setting teaching and unstructured periods of time</li> </ul> | <p>maps, word maps, sound maps and writing frames</p> <p><b>Semantic and Pragmatic Language Support</b></p> <p>Targeted support to understand emotions in others and develop self-regulation of own emotions</p> |  |  |  |
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**STATUTORY PROVISION  
TIER 4**

**CAI**

| SEND Indicators   | Provision / Support Examples  | Possible involvement   | Expected Outcomes   |
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| <p>Despite support and intervention through the graduated approach the child/young person's progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation education</p> <p>□ The child has complex, long-term speech and language difficulties that cause substantial</p> | <p>As at prior Tiers but also to include the following possible provision:</p> <ul style="list-style-type: none"> <li>• Co-production of EHC Plan will address needs and agree outcomes for targeted provision</li> <li>• All staff working with the child have read and understood EHC Plan</li> <li>• Parents/carers and child understand and agree on the intervention, support and expected outcomes</li> <li>• Strategies and approaches to support class differentiation are in place and based on specialists' advice</li> <li>• High quality training is provided for all staff involved in delivering and monitoring targeted provision</li> </ul> | <p>As in Tiers 1, 2 AND 3.</p> <p>□ Local Authority input and joint working in respect of EHCPs and PEPs</p> | <p>As for Tiers 1, 2 AND 3;</p> <ul style="list-style-type: none"> <li>• Child achieves or is progressing towards outcomes in EHC Plan</li> <li>• Child is making academic progress as a result of effective support arrangements Other indicators may include:</li> <li>• Measurable improvement in communication and interaction skills Improved social participation and confidence</li> <li>• Better able to deal with a range of social situations</li> </ul> <p><b>If outcomes are reached following discussions with the parents, school and SEND team support can be provided back through Universal Plus</b></p> |





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| <ul style="list-style-type: none"> <li>□ barriers to learning and social relationships<br/>The child has severe or moderate language impairment which may include</li> <li>□ comprehension, expression, phonology<br/>Social isolation, frustration and peer isolation is evident<br/>The child may not understand social situations and so may respond inappropriately</li> <li>□ Highly atypical behaviours such as being obsessive, challenging and withdrawn may be evident</li> <li>□ Has language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties</li> <li>□ Children will experience severe,</li> </ul> | <ul style="list-style-type: none"> <li>□ SENCO will oversee the child/young person's targeted support, including how this is being delivered</li> <li>□ Speech therapist will provide/oversee therapy on a regular basis and have close involvement with the delivery by other staff of speech therapy recommendations and targets for the child/young person's individual action plan</li> <li>□ School or SALT will liaise with parents/carers and provide advice and resources so that they can continue to support language development at home</li> <li>□ Use of Total Communication approach to enable access to all areas of the curriculum</li> <li>□ The child should be effectively supported in the classroom alongside peers for the vast majority of their time and skills learnt during targeted provision practised back in class</li> <li>□ Additional support needed to develop emotional vocabulary using visual and real-life situations</li> <li>□ In line with the recommendations in the EHCP, a regular programme of 121 support may be required to implement the programme provided by the speech and language therapist or other specialist</li> <li>□ Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or Sensory Sensitivity, with monitoring of behavioural responses</li> </ul> |  | <p><b>Provision or Universal Partnership Plus Provision without the needs for an EHCP</b></p> <p><b>Outcomes and provision to be updated through the annual (or sooner) review process</b></p> |
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persistent and complex  
difficulties associated

with an Autistic Spectrum Disorder.

**These difficulties will include:**

- Severe difficulties with social interaction, (this includes developing and maintaining relationships)
- Severe difficulties with social communication (e.g. initiating /maintaining conversations, using/understanding non-verbal communication) and /or understanding emotions
- Severe difficulties in the area of imaginative skills and may rely more heavily on re-enacting learned scenarios, which may result in highly ritualised and repetitive behaviours
- Limited expressive language, or spoken language that is repetitive and does not follow the social rules



- Severe sensory processing difficulties, (hypo/hyper sensitivity) (See Physical and Sensory area of Need)
- Severe anxiety experienced on a regular basis and across different situations, in response to unpredictable situations, deviations from routines, sensory processing, and/or difficulties which relate to ASD
- Severe difficulties engaging in tasks/activities other than those linked to the child's particular interests

□ The child's difficulties may be made complex by the presence of additional factors, such as difficulties associated with psychological wellbeing and emotional development, extreme rigidity in behaviour, extreme difficulties with sensory modulation, and additional

physical/medical conditions. These are likely to make it significantly more difficult to manage the child's behaviour and safety than for most children with ASD

## SOCIAL EMOTIONAL AND MENTAL HEALTH - SEMH

### SEND Code of Practice 2015

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

**6.33** Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools.

### Areas of Need:

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

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

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

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| <b>UNIVERSAL PROVISION – QUALITY FIRST TEACHING<br/>TIER 1</b> | <b>SEMH</b> |
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| SEND Indicators   | Provision / Support Examples  | Possible involvement   | Expected Outcomes  |
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| <p><b>The child presents persistent behavioural/emotional difficulties that are impacting on progress and have not been ameliorated by differentiated learning opportunities or by the whole school behaviour management techniques.</b></p> <p><b>Difficulties may include:</b></p> <ul style="list-style-type: none"> <li>• Underdeveloped skills in listening and attending to the teaching and learning process</li> <li>• Failure to make progress anticipated across areas of the curriculum accompanied by signs of mood swings, frustration,</li> </ul> | <p><b>Whole School and Class Support</b></p> <ul style="list-style-type: none"> <li>• High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting</li> <li>• A behaviour policy with a consistent behaviour management approach adopted by all staff. Reasonable adjustments are considered in relation to individuals' need</li> <li>• Pupils have clear understanding of rules and expectations</li> <li>• Close liaison with pupils and their families so staff are aware of significant relevant life or family events</li> <li>• Staff/peer modelling to promote social skills and interaction</li> </ul> <p>Instructions/information should be clear and unambiguous with supporting visuals and prompts if necessary</p> | <ul style="list-style-type: none"> <li>• Child</li> <li>• Parents / carers</li> <li>• Teacher</li> <li>• Phase leader</li> <li>• Support staff</li> <li>• SENCO</li> </ul> | <ul style="list-style-type: none"> <li>• Children will make improved progress with their learning</li> <li>• Children will demonstrate better engagement and participation in their learning</li> <li>• Children will be better able to develop positive relationships with adults and peers</li> <li>• Good attendance and punctuality</li> <li>• Reduced behavioural incidents</li> </ul> <p><b>NB: If outcomes not achieved / reached, consider move to Tier 2 (Universal Plus – Targeted SEND support) in discussion with the SENCO.</b></p> |





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| <p>non-co-operation, withdrawal or isolation, disillusionment, or nonattendance</p> <p>Difficulty with social relationships including peer/group relationships which affect classroom dynamics and require teacher intervention</p> <p>Difficulty acquiring and applying basic social skills</p> <p>Emotional immaturity</p> <p>Low self-esteem and a lack of confidence in their ability to cope with new demands and change to their routines</p> <p>Lack of emotional management skills e.g. anger, anxiety, openly tearful</p> <p>Emotional intelligence/development underdeveloped in relation to chronological age</p> <p>Requiring frequent adult prompting</p> <p>Needing support to make and sustain appropriate relationships</p> <p>Displaying unpredictable responses to a range of situations e.g. anxiety,</p> | <ul style="list-style-type: none"> <li>□ Classrooms need to be appropriately calm and ordered learning environments</li> <li>□ Whole staff training and awareness of the causes and implications of SEMH needs</li> <li>□ Motivational rewards and incentives available Learning Support</li> <li>□ Careful assessment to identify and address any unmet learning needs</li> <li>□ Teaching strategies that consider social and emotional needs as well as social understanding</li> <li>□ Visual resources and prompts (picture cues, change of activity prompts etc)</li> <li>□ Personalised learning goals including social and behavioural goals and independent learning</li> <li>□ Teacher instructions are clear and unambiguous, including choices</li> <li>□ Environmental Support</li> <li>□ Staff organise furniture, grouping and seating to promote positive relationships and behaviour and in accordance with individual needs</li> <li>□ Support and activities offered for unstructured times</li> <li>□ Focused use of peer and adult support</li> <li>□ Peer support systems, including buddy schemes</li> <li>□ Access to universal health services such as school nurse or GP services</li> </ul> |  |  |
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| <p>anger, unhappiness, selfharm</p> <ul style="list-style-type: none"> <li>☐ Expressing their point of view verbally and/or talking about their feelings without intervention, including refusal to speak</li> <li>☐ Engaging in attention seeking behaviour and regularly seeking approval from adults and peers</li> <li>☐ Showing signs of being withdrawn and may need encouragement to take part in activities</li> <li>☐ Signs of emotional turbulence (for example tearfulness, withdrawal from social situations)</li> <li>☐ Being frequently disruptive in class</li> <li>☐ Being a subject of or perpetrator of bullying</li> <li>☐ Being unable to manage unstructured settings such as lunchtimes</li> <li>☐ Absence and lateness including school refusal</li> <li>☐ Displaying regular episodes of anger and agitation</li> </ul> |  |  |  |
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Frequently challenging practitioner's/teacher's

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| <p>requests but will back down</p> <ul style="list-style-type: none"><li>□ Frequent attention seeking behaviour, often inappropriate or challenging</li><li>□ An apparent lack of motivation and the need for frequent encouragement to stay on task</li><li>□ Flitting between activities and materials with little attention (younger child/children)</li><li>□ No regular group of friends</li></ul> |  |  |  |  |
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**UNIVERSAL PLUS PROVISION – TARGETED SEND SUPPORT  
TIER 2**

**SEMH**

| SEND Indicators  | Provision / Support Examples   | Possible involvement   | Expected Outcomes  |
|--|--|--|--|
| <p><b>Some child/young person's emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time. Progress through the curriculum is affected by their social and/or behavioural difficulties which may include:</b></p> <p>□ Social, emotional and/or mental health issues which substantially and regularly interfere with their own learning or that of the class group</p> | <p><b>As at prior Tiers but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• A graduated approach which draws on increasingly detailed interventions and support approaches in successive cycles of assessment, planning, intervention and review</li> <li>• Assessment to identify any unmet learning needs as well as specific skill deficits that are contributing to the child's difficulties as part of a holistic assessment undertaken with the inclusion of parents/carers and the child/young person</li> <li>• A detailed individual plan reflecting the assess-plan-do-review steps</li> <li>• Interventions that are evidence based and linked to assessed needs with measurable outcomes</li> <li>• Close monitoring by class teachers and the SENCO</li> </ul> | <p><b>As Tier 1 as well as possibly;</b></p> <ul style="list-style-type: none"> <li>• Support staff</li> <li>• School Nurse</li> <li>• ELSA</li> <li>• Pastoral support</li> </ul> | <p><b>As for prior phase and also:</b></p> <ul style="list-style-type: none"> <li>• Child will make improved progress with their learning Skills learnt during targeted provision are practiced back in class and generalised throughout the day</li> <li>• Individual targets in plan are met Child will demonstrate better engagement and participation in their learning</li> <li>• Child will be better able to develop positive relationships with adults and peers</li> <li>• Incidents of challenging or disruptive behaviour will reduce</li> <li>• Child will work with increasing focus and independence</li> <li>• Child and their parents report feeling more positive about school</li> <li>• Fewer incidents in unstructured times</li> <li>• Child can work and socialise appropriately with peers</li> </ul> |





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| <ul style="list-style-type: none"> <li>□ Little or no progress despite interventions designed to improve aspects of their social, emotional and/or mental health development</li> <li>□ Inability to self-regulate</li> <li>□ A lack of a range of social skills e.g. taking turns, working cooperatively and accepting the ideas of others</li> <li>□ A poor view of self and low self-confidence, difficulty in working independently</li> <li>□ Unsettled behaviour in class, limited concentration and organisation in relation to age expectations</li> <li>□ Avoidance or upset when faced with new and unfamiliar tasks or people</li> <li>□ Seeking to gain and maintain inappropriate or frequent close physical contact with adults (generally at primary age)</li> <li>□ Overreacting when disapproval is shown,</li> </ul> | <ul style="list-style-type: none"> <li>□ A high level of liaison with parents/carers to aid joint planning, monitoring and consistency of approach</li> <li>□ More targeted staff training on supporting children and young people with Social, Emotional or Mental Health needs</li> <li>□ Small group work in class which supports the differentiated curriculum and individual goals. This could include the teaching of specific social skills and language</li> <li>□ Further modifications to the setting and environment to take account of individual needs</li> <li>□ Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc. Support through flexible grouping strategies.</li> <li>□ Additional focused adult support may be required at an individual level or within a small group</li> <li>□ Structured activities to develop specific social skills in small groups</li> <li>□ Consistent approaches in place to manage behaviour by all staff; this should be laid out in a clear behaviour plan</li> <li>□ Support to develop emotional security and sense of belonging</li> <li>□ Placement in a nurture group</li> <li>□ Access to ELSA intervention</li> <li>□ Visuals to support appropriate behaviour choices, including for social</li> <li>□</li> </ul> |
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- Improved attendance or punctuality

**If progress is made and outcomes achieved, then the child or young person can move back into Universal Provision (Quality First Teaching) or continue to be supported at Universal Plus Provision (SEND support) in discussion with the SENCO**

**If outcomes are not reached and progress is not clearly made, consider if support needs to be delivered at Universal Plus Partnership Provision in discussion with the SENCO**

understanding (such as social stories)  
Additional adult or peer support at  
transition and unstructured times



|   |   |  |  |
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| <p>attention is withdrawn or when thwarted</p> <ul style="list-style-type: none"> <li>☐ Unsettled and disruptive behaviour in class which interrupts the progress of the lesson</li> <li>☐ Loss of temper or tantrums</li> <li>☐ Difficulty in maintaining relationships with members of staff e.g. more than once daily refuses to complete work, challenges teacher's requests, but sometimes backs down</li> <li>☐ Difficulty in maintaining relationships with child/children e.g. minor scuffles in playground or classroom</li> <li>☐ Being a victim of bullying or intimidation or bullying or intimidating others</li> <li>☐ Social isolation; usually appearing to be on the edge of activities</li> <li>☐ High demand of adult attention</li> </ul> | <ul style="list-style-type: none"> <li>☐ Use of a personalised work area to be accessed as necessary on a child led basis</li> <li>☐ The child is effectively supported in the class alongside peers for the vast majority of their time in setting</li> <li>☐ Targeted use of pupil premium</li> <li>☐ Consideration of referrals to outside agencies</li> </ul> |  |  |
|---|---|--|--|

- Being easily rebuffed and sensitive

- to disapproval
- Sullen, resentful and unhappy attitude and mood.
- High self-criticism; puts self-down
- Identified safety issues in relation to child, or as a risk to others

**UNIVERSAL PARTNERSHIP PLUS PROVISION – SPECIALIST**

**SEND SUPPORT  
TIER 3**

review; **previous phases**, ensuring interventions match needs **indicators might also** □ Assessment and advice from

external support services and professionals

**include:**

where appropriate – to include for example Outreach or EP referral. Advice  
**SEMH**

**Possible involvement**

**Expected Outcomes**

**As Tier 1 AND 2 as As for prior Tiers and also: well as possibly;**

**SEND Indicators**

**Provision / Support Examples**

**Progress through the curriculum is following possible provision: significantly affected by their social and/or behavioural difficulties despite robust programmes of support modifications to the learning environment. In addition to the assessment, indicators outlined in**

□ More in-depth assessment of the child's underlying SEMH needs with advice or input from outside professionals  
□ A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of planning, intervention and

- Majority of outcomes in plan are □ CAMHS achieved
- SAOS – □ Positive response to specialist outreach recommendations and advice provided
- Children's by professionals  
Therapy Services □ New resources, interventions and alternative strategies enable the child to
- Educational make progress and successfully Psychologist engage in learning  
(EP) □ Attendance increases and improved □ Paediatrics engagement in learning
- Youth support □ Child is able to transfer intervention services skills into different learning
- PCSOs environments and activities – including during social times

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| <ul style="list-style-type: none"> <li>□ Extremely withdrawn, disengaged, selfharming or anxious behaviours over a period of time</li> <li>□ Persistent challenging, uncooperative, destructive and disruptive behaviours</li> <li>□ Significant physical and verbal aggression in response to adults and peers</li> <li>□ Frequent verbal and/or physical aggression towards others in general</li> <li>□ Unusual, harmful or dangerous behaviour which poses a significant threat to self or others</li> <li>□ The experience of a significant level of rejection by peers leading to an increase in social isolation</li> <li>□ A high level of dependency and possible significant difficulties relating to their peer group</li> </ul> | <ul style="list-style-type: none"> <li>□ to be gathered and implemented as recommended</li> <li>Consideration of a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed</li> <li>□ A highly structured Individual Behaviour Plan drawn up and agreed with parents/carers' input and shared/implemented by all staff and may involve outside agencies</li> <li>□ A high level of care and supervision while encouraging independence and selfmanagement</li> <li>□ Access to high quality individual or group programmes used to develop social and emotional skills</li> <li>□ Access to staff trained and skilled in supporting children with exceptionally challenging behaviour</li> <li>□ Flexible arrangements to provide a secure, structured and safe learning environment including making 'reasonable adjustments' to policies such as the uniform policy</li> <li>□ Clear plans for the use of support to achieve agreed outcomes in their Individual Learning Plan/Behaviour Plan or similar</li> <li>□ Flexible approach around access to curriculum e.g. access to time out, start and end -of -day arrangements</li> <li>□ Planned activities at lunch/break times</li> </ul> | <ul style="list-style-type: none"> <li>□ Youth Offending teams</li> <li>□ Early Help teams</li> <li>□ Social Care</li> </ul> | <ul style="list-style-type: none"> <li>• Reduction in high level behavioural incidents</li> <li>• Reduction in potentially harmful behaviours to self or others</li> <li>• Child and parent report improvement</li> </ul> <p><b>If outcomes are reached then support can be provided back through Universal Provision (Quality First Teaching) or Universal Plus Provision (Targeted SEND Support) again</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to request an Education, Health and Care Plan Assessment. This would be most appropriate where there is evidence of the needs being long term where support has been in place over time with evidence minimum impact and is costly and above reasonable adjustments</b></p> |
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Frequent  
prolonged mood  
swings

and

Access to mentoring/buddy systems/peer  
support



|   |   |  |  |  |
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| <ul style="list-style-type: none"> <li>□ Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning and may lead to a period of absence</li> <li>□ Signs of selective mutism</li> <li>□ Difficulty following rules and highly challenging of authority</li> <li>□ Refusal to attend school /significant absence periods</li> <li>□ Breakdown in attendance</li> <li>□ Exclusion or high risk of exclusion</li> </ul> | <ul style="list-style-type: none"> <li>□ Close liaison and joint planning with relevant professionals e.g. social care, CAMHS</li> <li>□ Additional training for key staff on specific SEMH issues</li> <li>□ For some children a holistic multi -agency plan will be required, co -ordinated by the SENCO</li> <li>□ For some children, a co -ordinated multiagency social care assessment should be considered</li> </ul> |  |  |  |
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**STATUTORY PROVISION TIER**

**4**

**SEMH**

| SEND Indicators  | Provision / Support Examples   | Possible involvement   | Expected Outcomes   |
|--|--|--|---|
| <p><b>Little measurable achievement despite a carefully planned and appropriately resourced series of interventions through the graduated response</b></p> <ul style="list-style-type: none"> <li>• The child is likely to have an identified medical or mental health condition that impacts upon their behaviour</li> <li>• There is evidence of extreme, complex emotional and</li> </ul> | <p><b>As at prior Tiers but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• Co-production of EHC Plan to address needs and agree outcomes for targeted provision</li> <li>• Key staff working with the child/young person have read and understood EHC Plan</li> <li>• All staff understand key areas of need, targets and agreed support, e.g. 'pupil passport'</li> <li>• Parents, child understand and agree on the intervention, support and expected outcomes</li> </ul> | <p><b>As in Tiers 1, 2 AND 3.</b></p> <ul style="list-style-type: none"> <li>□ Local Authority input and joint working in respect of EHCPs and PEPs</li> </ul> | <p><b>As for Tiers 1, 2 AND 3;</b></p> <p><b>Progress is evaluated against outcomes specified in EHC Plan and shorter-term goals in intervention plans</b></p> <p><b>These may include:</b></p> <ul style="list-style-type: none"> <li>• Improved engagement and progress in learning</li> <li>• Reduction in significant behaviour incidents</li> <li>• Improved attendance</li> <li>• Ability to work for longer periods without direct supervision</li> <li>• Compliance with adult instructions</li> <li>• Ability to sustain positive friendships</li> </ul> |





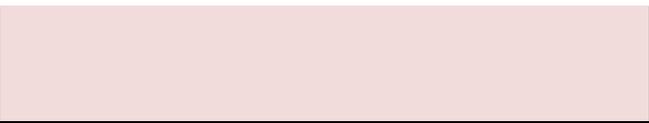
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| <p>behavioural difficulties of a long-term duration and frequency in a variety of educational facilities resulting in extreme difficulties for the child and severely affecting other children and/or adults</p> <ul style="list-style-type: none"> <li>• Ongoing assessment has indicated the pupil's difficulties are due to SEMH needs and are not primarily due to an unmet learning, communication or physical need</li> </ul> <p><b>Difficulties may include:</b></p> <ul style="list-style-type: none"> <li>• Significant long-term difficulty in maintaining relationships with staff and peers which has a substantial impact on learning</li> <li>• Extremely low self-esteem and emotional neediness through social withdrawal</li> <li>• Highly competitive in search for attention</li> </ul> | <ul style="list-style-type: none"> <li>□ Strategies and approaches to support individual needs are in place and based on specialist's advice</li> <li>□ High quality training is provided for all staff involved in delivering and monitoring targeted provision</li> <li>□ Time and place for targeted provision is established and adhered to</li> <li>□ Support staff are involved in joint planning of targeted support with class/subject teacher</li> <li>□ Structured teaching/ behavioural strategies should be embedded into programmes of work</li> <li>□ Work presented in a manner to the child's level of development</li> <li>□ Appropriate adjustments to the environment to meet the individual needs and preferred learning styles (settings may need to access training)</li> <li>□ Contingency plans in case of changes to routine or staff absence</li> </ul> |  | <ul style="list-style-type: none"> <li>□ Child and family more positive about school</li> </ul> <p><b>If outcomes are reached following discussions with the parents, school and SEND team support can be provided back through Universal Plus Provision or Universal Partnership Plus Provision without the needs for an EHCP</b></p> <p><b>Outcomes and provision to be updated through the annual (or sooner) review process</b></p> |
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Destruction of own  
work or hard won  
social achievements



- Demonstration of high levels of anxiety; clings and is tearful
- Behaviour, emotional, social difficulty requiring planned positive/restrictive intervention /uncontrolled ADHD/ Anxiety Disorders i.e. medication required/taken but not effectively controlling behaviour in school
- Frequent and significantly challenging and disruptive behaviour which includes refusal to accept the Teacher's appropriate sanctions
- Behavioural outbursts generally on a daily basis or more
- Significant difficulty in following basic classroom routines and is exceptionally restless and inattentive for much of the school day over a sustained period of time

Initiates aggressive confrontations with peers





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| <ul style="list-style-type: none"><li>□ Has few constructive relationships with peers and seems isolated</li><li>□ Unpredictable emotional outbursts</li><li>□ Shows a high level of disaffection or anxiety which impacts on attendance</li><li>□ The child requires a high level of supervision to ensure their own safety and that of peers and/or adults</li><li>□ Very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff</li></ul> |  |  |  |  |
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## SENSORY AND PHYSICAL - PD

### SEND Code of Practice 2015

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

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

### Areas of Need

#### Sensory Impairment

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



educational development, resulting in some cases in learning delay and language disorders. This requires careful assessment and intervention by schools as part of their SEND provision. Students whose learning difficulties are associated with mild visual or hearing difficulties, such as monocular vision or mild conductive hearing loss, should be provided for within a mainstream setting, at the SEND Support level of intervention. Where correction is made for a minor visual (e.g. glasses) or hearing (e.g. grommets) conditions, the student should not require SEND Support. Those with more significant needs may require the support of external agencies and input from specialist teachers to enable them to access the curriculum.

### **Sensory Processing**

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

### **Physical Difficulties**

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

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

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



through speech and other forms of language. Emotional stress, physical fatigue, complex learning and social needs and multisensory difficulties can also be experienced.

**UNIVERSAL PROVISION – QUALITY FIRST TEACHING  
TIER 1**

**PD**

| SEND Indicators   | Provision / Support Examples   | Possible involvement   | Expected Outcomes   |
|---|--|--|---|
| <p><b>Sensory Impairment:</b></p> <p><b>The child:</b></p> <ul style="list-style-type: none"> <li>• May have mild hearing or visual impairment</li> <li>• May use hearing aids or glasses</li> <li>• May be colour blind</li> </ul> <p><b>Sensory Processing:</b></p> <p><b>The child:</b></p> <ul style="list-style-type: none"> <li>• May have sensory processing difficulties including for example hyper/hypo sensitivity to touch, taste, sound, smell, visual stimuli, and/or proprioception</li> </ul> | <ul style="list-style-type: none"> <li>• The child has opportunities to be active and develop their coordination, control and movement</li> <li>• The child is helped to understand the importance of physical activity and to make healthy choices in relation to food</li> <li>• Whole school ethos celebrates difference and promotes inclusion and independence</li> <li>• Staff understand the child/young person's condition, regarding both their abilities and difficulties</li> <li>• Opportunities are maximised for child to join in physical activities and develop their independence</li> <li>• The curriculum is differentiated and presented to take account of individual needs (for example size of text, methods</li> </ul> | <ul style="list-style-type: none"> <li>• Child</li> <li>• Parents / carers</li> <li>• Teacher</li> <li>• Phase leader</li> <li>• Support staff</li> <li>• SENCO</li> </ul> | <ul style="list-style-type: none"> <li>• Improved access and participation</li> <li>• Child makes expected progress</li> </ul> <p><b>NB: If outcomes not achieved / reached, consider move to Tier 2 (Universal Plus – Targeted SEND support) in discussion with the SENCO.</b></p> |





and vestibular feedback.

**Physical:**

**The child:**

- May have some difficulties undertaking certain tasks due to their fine or gross motor skills
- May have DCD - dyspraxia
- May have stability problems but can walk unaided
- May have low muscle tone May have hypermobile joints
- May be delayed in achieving early milestones (KS1)

**Children have a wide range of physical and medical disabilities covering the whole ability range. Some children are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may**

of recording, and expectations regarding work rate)

- The environment is planned and adapted to maximise accessibility to the curriculum and premises for every child e.g. toileting facilities, ramps and grab rails
- The child/young person may require access and space to use specialist seating, walking or standing aids or a wheelchair, as advised
- Staff working with child/ young person to have basic manual handling training and follow child's individual manual handling plan if required
- School day may require adaptation if the child experiences physical fatigue, which impacts upon their ability to learn
- Seating arrangements are considered in the class and in other parts of the school e.g. assembly/lunchtimes
- Risk assessments are in place as appropriate and necessary
- Policies are in place to describe accessibility, and support for those who need it
- A sensory audit is used to identify possible sensory stressors
- Staff ensure child/young person wears hearing aids or glasses if these are required
- Staff ensure child/young person is included and fully participates in groups and has access to all being said Health care plan if appropriate

**mean they need some short-term support, but**



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| <p>it should not be assumed that they have special educational needs.</p> | <ul style="list-style-type: none"> <li>☐ Child's attention is gained before starting to speak names of pupils and responses from others are reiterated</li> <li>☐ Child's understanding is frequently checked</li> <li>☐ Supportive work buddies</li> <li>☐ Some individual and/or small group teaching to reinforce learning Provision of short rest breaks</li> <li>☐ Support is given to promote confidence and emotional wellbeing</li> </ul> |  |  |
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| <b>UNIVERSAL PLUS PROVISION – TARGETED SEND SUPPORT<br/>TIER 2</b> | <b>PD</b> |
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| SEND Indicators  | Provision / Support Examples  | Possible involvement  | Expected Outcomes   |
|--|---|---|---|
| <p>Despite quality first teaching and individualised support there are persistent difficulties which impact upon learning and progress</p> <p><b>Sensory Impairment:</b></p> <ul style="list-style-type: none"> <li>☐ Moderate hearing or visual impairment which has a sustained impact on their ability to access the</li> </ul> | <p>As at prior Tiers but also may include the following provision:</p> <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>• Advice and staff training from specialist professionals, e.g. Hearing and Vision Support Service, audiologist, OT / Physio</li> <li>• CPD for key staff about meeting sensory needs</li> <li>• Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout</li> <li>• Labels and teaching materials in classroom clear and appropriate size</li> </ul> | <p>As Tier 1 as well as possibly;</p> <ul style="list-style-type: none"> <li>• Support staff</li> <li>• School Nurse</li> <li>• ELSA</li> <li>• Pastoral support</li> </ul> | <p>As for prior phase and also:</p> <ul style="list-style-type: none"> <li>• The gap between the child's progress in their areas of difficulty and areas unaffected by their sensory, physical or medical needs is closing or being maintained</li> <li>• Greater participation in classroom activities</li> </ul> <p><b>If progress is made and outcomes achieved, then the child or young person can move back into Universal</b></p> |

| curriculum and / or<br>comply with class |  |  | <b>Provision (Quality First Teaching) or<br/>continue to be supported at Universal</b> |
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|  |  |  |  |





routine and expectations (may use hearing aids)

**Sensory Processing:**

- The child has difficulty managing their sensory needs to an extent that is having a sustained impact on their ability to access the curriculum and / or comply with class routine and expectations. The child's sensory sensitivities are raising their anxiety and arousal levels to a level where it is starting to impact on their emotional health and/or ability to access the curriculum and classroom appropriately

**Physical:**

- Severe trauma, perhaps as a result of an accident, amputation or serious illness

- Ensure contrast where necessary to identify hazards in environment or on stairs
- Some class resources may need to be individualised e.g. name labels etc. and the provision of high contrast on whiteboards
- Use of resources and new technologies to support learning and recording (e.g.: adapted books, interactive books, magnifying equipment, assistive listening devices, loop systems, dictation programmes)
- Teaching of particular skills to improve curriculum access e.g. touch typing (e.g.: 'BBC Dance Mat Typing') or dictation (for possible use with programmes such as 'Dragon Dictate')
- Provision of appropriate equipment eg sloping board, pencil grips and adaption to resources
- Assistance or supervision may be required at break and lunchtimes for mobility/safety
- Small group intervention or fine/gross motor programmes (e.g.: the Fizzy Training Programmes by OTs)
- Advice and staff training from specialist professionals e.g. OT, Physiotherapist or SALT for swallowing difficulties.
- Use of strategies to promote social inclusion e.g. buddy system/circle of friends
- 

**Plus Provision (SEND support) in discussion with the SENCO**

**If outcomes are not reached and progress is not clearly made, consider if support needs to be delivered at Universal Plus Partnership Provision in discussion with the SENCO**

• Developmental delay

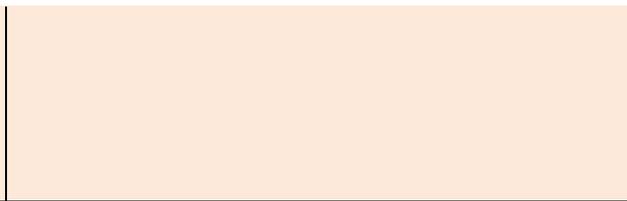
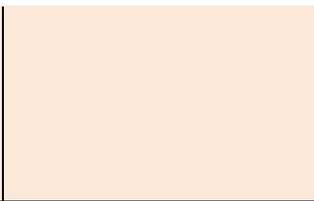
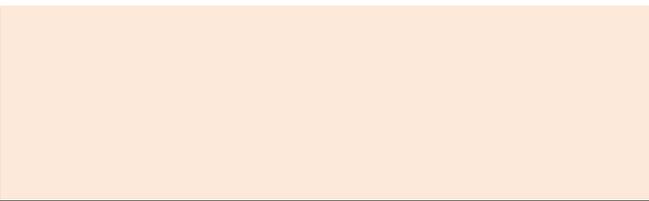
Support with developing independent self-help skills and preparation for transitions and next stage





- DCD – dyspraxia that is at a level that it has a sustained impact on curriculum access and progress
- Degenerative conditions like muscular dystrophy e.g. Duchenne
- Moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorder
- Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes
- Physical difficulties may result in difficulties in safely accessing the physical environment, facilities and equipment and/or difficulty in achieving independent self-care skills.

□ Difficulties in communicating through speech and other forms of language





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| <ul style="list-style-type: none"> <li>☐ Emotional stress and physical fatigue</li> <li>☐ Child is not able to independently access the curriculum</li> </ul> |  |  |  |
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| <b>UNIVERSAL PARTNERSHIP PLUS PROVISION – SPECIALIST SEND SUPPORT<br/>TIER 3</b> | <b>PD</b> |
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| SEND Indicators  | Provision / Support Examples  | Possible involvement   | Expected Outcomes  |
|--|---|--|--|
| <p><b>Sensory Impairment:</b></p> <ul style="list-style-type: none"> <li>• Despite support and intervention at previous phases, the child’s sensory impairment continues to have a significant and ongoing impact upon their learning</li> </ul> <p><b>Sensory Processing:</b></p> <ul style="list-style-type: none"> <li>• The child has difficulty managing their sensory needs to an extent that is having a detrimental and</li> </ul> | <p><b>As at prior Tiers but also may include the following provision:</b></p> <ul style="list-style-type: none"> <li>• Implementation of motor skill or therapeutic programmes as prescribed by a Children’s Occupational Therapist or Children’s Physiotherapist</li> <li>• May need to further differentiate the physical curriculum and incorporate exercises into general class/PE lessons</li> <li>• Additional time and equipment may be required for toileting and personal care</li> <li>• Assistance may be required for eating and drinking at break or lunchtimes</li> <li>• Planning of school trips with reasonable adjustments to ensure inclusion</li> </ul> | <p><b>As Tier 1 AND 2 as well as possibly;</b></p> <ul style="list-style-type: none"> <li>• CAMHS</li> <li>• SAOS – outreach ☐ Children’s Therapy Services</li> <li>• Educational Psychologist (EP)</li> <li>• Paediatrics</li> <li>• Youth support services</li> <li>• PCSOs</li> </ul> | <p><b>As for prior Tiers and also:</b></p> <ul style="list-style-type: none"> <li>• Positive response to specialist recommendations and advice provided by professionals</li> <li>• New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning</li> <li>• Reduction in negative behaviours and better engagement in learning</li> <li>• Education setting attendance increases and improved engagement in learning</li> <li>• Child is able to transfer intervention skills into different learning environments and activities – including during social times</li> </ul> |





ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations

- The child's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a detrimental and ongoing impact on their emotional health and/ or ability to access the curriculum and classroom appropriately

**Physical:**

- Despite support and intervention at previous phases, the child continues to demonstrate physical difficulties, which have a significant and ongoing impact upon their learning
- Pupil has a known physical disability or medical condition which impacts upon

- Youth Offending teams
- Early Help teams
- Social Care

**If outcomes are reached then support can be provided back through Universal Provision (Quality First Teaching) or Universal Plus Provision (Targeted SEND Support) again**

**If outcomes over a reasonable period are not reached, consideration should be made to request an Education, Health and Care Plan Assessment. This would be most appropriate where there is evidence of the needs being long term where support has been in place over time with evidence minimum impact and is costly and above reasonable adjustments**

their ability to  
participate in school





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| life and learning if not provided with significant support. The child / young person may already be under the care of Children's Therapy Services |  |  |  |
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| <b>STATUTORY PROVISION<br/>TIER 4</b> | <b>PD</b> |
|---------------------------------------|-----------|

| SEND Indicators   | Provision / Support Examples   | Possible involvement   | Expected Outcomes  |
|---|--|--|--|
| <p><b>Sensory Impairment:</b></p> <ul style="list-style-type: none"> <li>• Bilateral Sensory hearing loss is severe and/or profound</li> <li>• Information perceived through hearing aids is more fragmented with significant features of speech barely audible or missing altogether</li> <li>• Expressive, receptive and functional use of language is significantly limited and speech intelligibility is variable</li> <li>• A severe and/or profound visual</li> </ul> | <p><b>As at prior Tiers but also may include the following provision:</b></p> <ul style="list-style-type: none"> <li>• Co-production of EHC Plan to address needs and agree outcomes for targeted provision</li> <li>• All staff working with the child/young person have read and understood EHC Plan</li> <li>• Parents/carers and child understand and agree on the intervention, support and expected outcomes</li> <li>• Strategies, equipment and approaches to support individual needs are in place and based on specialist advice</li> <li>• High quality training is provided for all staff involved in delivering and monitoring</li> </ul> | <p><b>As in Tiers 1, 2 AND 3.</b></p> <ul style="list-style-type: none"> <li>□ Local Authority input and joint working in respect of EHCPs and PEPs</li> </ul> | <p><b>As for Tiers 1, 2 AND 3;</b></p> <p><b>Progress is evaluated against outcomes specified in EHC Plan and shorter-term goals in intervention plans These may include:</b></p> <ul style="list-style-type: none"> <li>• Child is making reasonable progress towards EHCP outcomes and shorter term targets</li> <li>• Child is increasingly able to use specialist equipment and aids</li> <li>• Communication and social skills are developing</li> <li>• Progress is made towards independence targets</li> <li>• Parents and child are confident about the next steps e.g. transition to next phase</li> </ul> |





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| <p>impairment and registered visually impaired</p> <ul style="list-style-type: none"> <li>The child's visual difficulty impairs mobility, emotional and social development</li> <li>The child is likely to require weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum</li> </ul> <p><b>Sensory Processing:</b></p> <ul style="list-style-type: none"> <li>The child/young person has difficulty managing their sensory needs to an extent that is having a significant, severe and ongoing impact on their ability to access the curriculum and/or comply with class routine and expectations. (e.g.: significantly impacting on their attendance, their ability to be educated alongside</li> </ul> | <ul style="list-style-type: none"> <li>targeted provision and using specialist technology and equipment<br/>Time and place for targeted provision is established and adhered to with targeted</li> <li>provision and its impact recorded on the school's information system<br/>Support staff are involved in joint</li> <li>planning of targeted support with class/subject teacher<br/>The amount of work set, how it is presented and recorded, is adapted according to the child's concentration, stamina, physical abilities and health.</li> </ul> |  | <p><b>If outcomes are reached following discussions with the parents, school and SEND team support can be provided back through Universal Plus Provision or Universal Partnership Plus Provision without the needs for an EHCP</b></p> <p><b>Outcomes and provision to be updated through the annual (or sooner) review process</b></p> |
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their peers, their own  
and others' safety)

□ The child's sensory sensitivities are raising their anxiety and arousal levels to a level where it is having a significant, severe and ongoing impact on their emotional health and/or ability to access the curriculum and classroom appropriately

**Physical:**

□ The child is likely to have physical conditions that are complex, severe and long-term, requiring specialist support to access the curriculum

□ The child will have significant additional learning, communication and/or behavioural difficulties

□ The child may need significant support with: equipment, in the management of self - help, and the development of independence

□ Rate of learning is limited and is likely to



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| <p>be affected by absences, fatigue and medication</p> <p>☐ The child is likely to require at least weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum</p> |  |  |  |  |
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## Appendix Document

- Specific SEND 'conditions' checklist
- Specific SEND 'conditions' strategy banks ☐





