



SEND Support and Guidance

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Purpose of this document

This guidance document has been produced by a range of education, health and social care practitioners for use by Gateshead's Special Educational Needs Co-ordinators (SENCO's), Head Teachers and staff providing support to children and young people in mainstream settings and schools with Special Educational Needs and Disabilities (SEND). It is designed to provide absolute clarity about what early years providers and settings and mainstream schools should provide using a graduated response (Assess, Plan, Do, Review) to all pupils (universal entitlement) and to pupils at SEN Support across the four main SEND areas of need:

- **Cognition and Learning**
- **Communication and Interaction**
- **Social, Emotional and Mental Health and;**
- **Sensory and/or Physical needs.**

It also provides information about the specialist services available to help schools and settings to support and meet the needs of children and young people with SEND.

The Local Authority has responsibility for reviewing this guidance and keeping it up to date. To provide feedback on this guidance that will inform its development, please email senteam@gateshead.gov.uk

Our vision for children and young people with Special Educational Needs and Disabilities (SEND)

For all children to have the best start in life, to support them to achieve their best and have high aspirations, to develop their independence to become confident, participating and contributing adults and to live fulfilled and productive lives.

What are special educational needs?

The SEND Code of Practice 2015 states that a child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child or young person has a learning difficulty or disability if he or she:

- (a) Has a significant greater difficulty in learning than the majority of others of the same age, or
- (b) Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

The broad areas of need described in the SEND Code of Practice are:

- **Cognition and Learning**
- **Communication and Interaction**
- **Social, Emotional and Mental Health**
- **Sensory and/or physical.**

Pupils may have needs in more than one area.

Equality Act 2010

The Equality Act 2010 and Children and Families Act 2014 reinforce the right of all children to be educated in mainstream schools. The SEND Code of Practice (CoP) states *“Where a child or young person does not have an Education Health and Care plan they must be educated in a mainstream setting except in specific circumstances ... All schools ...”must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at a substantial disadvantage.”*

The Equality Act 2010 also requires Local Authorities and schools to develop and publish an Accessibility Strategy and Accessibility Plans that outline how they will improve the accessibility of buildings, access to education and information for disabled pupils over time. Schools' Access Plans should also consider access to after school activities and extended school activities if they are based on their school site. There is a requirement for maintained schools, pupil referral units (PRUs), academies and free schools to produce and publish an Access Plan.

Medical conditions

Governing bodies must ensure that schools develop a policy for supporting pupils with medical conditions which is reviewed regularly and is readily available to parents and school staff. The policy should set out the procedures to be followed whenever a school is notified that a child has a medical condition. Under the Child and Families Act 2014, maintained schools and academies have a duty to make arrangements to support pupils with medical conditions. Pupils should be properly supported so that they have full access to education, including school trips and physical education. Governing bodies must ensure that arrangements are in place in schools to support pupils with medical conditions and that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of such children are properly understood and effectively supported. Individual healthcare plans will specify the type and level of support required to meet pupils' medical needs and these should be reviewed annually. The majority of pupils with medical conditions should be able to be supported by schools and settings without the need for an Education, Health and Care Plan.

Statutory guidance about supporting pupils at school with medical conditions can be found online:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

SEND Pyramid of support

The SEND Pyramid of support summarises the different levels of support available to children and young people in Gateshead.

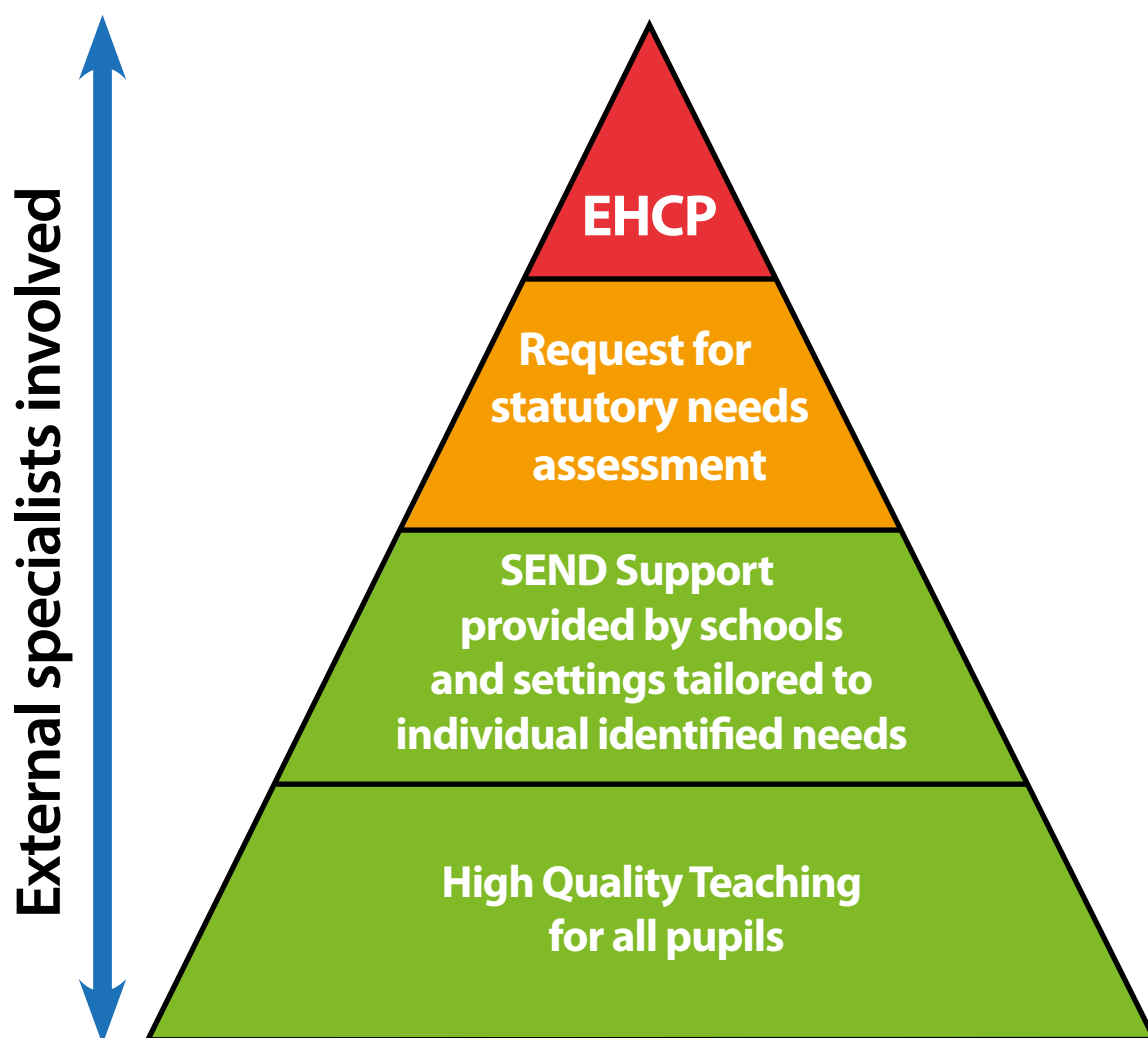
Most children and young people with SEND in Gateshead are taught in mainstream settings. All children and young people should receive High Quality Teaching to support their progress and address any areas for development or gaps in learning. Where progress continues to be less than expected, schools and settings should identify whether the child/young person has special educational needs and if so, implement a cycle of appropriate and meaningful SEND Support following a graduated response.

Only when it can be demonstrated that the graduated response has not resulted in the child/young person making the expected progress should a request for Education, Health and Care Plan (EHCP) needs assessment be submitted. In considering whether an EHCP needs assessment is necessary, the local authority will consider whether there is evidence that despite the school or setting having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child/young person, they have not made expected progress.

In doing so the local authority will pay attention to:

- Evidence of the child/young person's academic attainment (or developmental milestones in younger children) and rate of progress
- Evidence of the action already being taken to meet the needs of the child/young person
- Evidence that where progress has been made, it has only been the result of much additional intervention and support over and above that which is usually provided
- Evidence of the child or young person's physical, emotional and social development and health needs, drawing on relevant evidence from appropriate professionals to find out what efforts have been made to meet these needs.

Only a small minority of pupils in Gateshead require an Education, Health and Care Plan.



SEND Funding

This document should be viewed as good practice around expectations for high quality teaching and provision at SEND Support level. It sets out what schools and settings are expected to provide from their delegated funding (Elements 1 and 2) for children and young people with SEND, which schools receive as part of their whole school budget. This funding is intended to contribute to the costs of providing interventions which are “additional to and different from that made generally for other children or young people of the same age” (SEND Code of Practice) against assessments and priorities identified by the school.

All Mainstream Schools and Settings		
Funding element	Pre-16	Post 16
Element 1: Core education funding (universal)	Mainstream per-pupil approximately £4,000	Mainstream per-student funding (as calculated by the national 16-19 funding system)
Element 2: Additional support funding (SEND Support)	Contribution up to £6000 to additional support required by a pupil from the notional SEN Budget	Contribution up to £6000 to additional support required by a student



SEND Code of Practice

Assess, Plan, Do, Review process

The Children and Families Act 2014 and the SEND Code of Practice make clear that early years settings and schools must meet the needs of children and young people with SEND including those without an Education, Health and Care Plan. This support should be provided using a graduated response using the Assess, Plan, Do, Review process:



In the Early Years - a graduated response

Early identification is critical to the future progress and improved outcomes of a child in an Early Years setting. Delay at this stage can give rise to a delay in development, learning difficulties and subsequently to loss of self-esteem, frustration in learning and behaviour difficulties.

Where a setting identifies a child as having SEND they must work in partnership with parents to establish the support the child needs.

Where a school or setting makes special educational provision for a child with SEND they must inform the parents. All schools and settings should adopt a graduated approach with four stages of action: assess, plan, do and review.

ASSESS

Analyse the child or young person's special educational needs

In identifying a child as needing SEND support, the early years practitioner, working with the setting Special Educational Needs Co-ordinator (SENCO) and the child's parents, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO should contact them, with the parents' agreement.

PLAN

Identify the additional and different support needed

Where it is decided to provide SEND support, the practitioner, parents and the SENCO should agree the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans should take into account the views of the child. The support and intervention provided should be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. Any related staff development needs should be identified and addressed. Parents should be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home.

DO

Put the support in place

The Early Years practitioner, usually the child's worker, remains responsible for working with the child on a daily basis. With support from the SENCO, they should oversee the implementation of the interventions or programmes agreed as part of SEN support. The SENCO should support the practitioner in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

REVIEW

Regularly check how well it is working so that they can change the amount or kind of support if needed

The effectiveness of the support and its impact on the child's progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views. They should agree any changes to the outcomes and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps.

This cycle of action should be revisited in increasing detail and frequency, to identify the best way of securing good progress. At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be shared with parents and reviewed with them, along with action taken by the setting, at agreed times.

The graduated approach should be led and co-ordinated by the setting SENCO working with and supporting individual practitioners in the setting and informed by Early Years Foundation Stage Framework and new Development Matters.

Primary and Secondary Schools

– a graduated response

Schools must:

- Prepare a SEND information report containing arrangements for the admission of children with a disability; the steps being taken to prevent disabled children from being treated less favourably than others, the facilities provided to enable access to the school for disabled children and their accessibility plan showing how they plan to improve access progressively over time. For mainstream schools, this should include their arrangements for assessing and identifying pupils as having SEND.
- Make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them from being at a substantial disadvantage. These duties are anticipatory – they require thought to be given in advance to what disabled children and young people might require and what adjustments might need to be made to prevent that disadvantage.
- Inform parents when they are making SEND provision for a child. This should be done at the earliest opportunity.

Curriculum

All pupils should have access to a broad and balanced curriculum. Potential areas of difficulty should be identified and addressed at the outset. Lessons should be planned to address potential areas of difficulty and to remove barriers to pupil achievement. In many cases, such planning will mean that pupils with SEN and disabilities will be able to study the full national curriculum.

Identifying SEND in schools

A pupil has SEND where their learning difficulty or disability calls for special educational provision, which is different from or additional to what is normally available to pupils of the same age. Making higher quality teaching available to the whole class is likely to mean that fewer pupils will require such support.

Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances. This can be characterised by progress which:

- is significantly slower than that of their peers starting from the same baseline
- fails to match or better the child's previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap

It can include progress in areas other than attainment – for instance where a pupil needs to make additional progress with wider development or social needs in order to make a successful transition to adult life.

The first response to such progress should be high quality teaching targeted at their areas for development or gaps in learning. Where progress continues to be less than expected the class or subject teacher, working with the SENCO, should assess whether the child has SEND.

Schools should involve the child/young person at this stage to ascertain their views about how best they could be supported.

Behaviour

Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has Special Educational Needs. Where there are concerns, the school or setting should undertake work to determine the causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues.

If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as Early Help, Common Assessment Framework and Team Around the Family (CAF/TAF) may be appropriate, and a referral should be made.

If it is thought that the child is or has historically suffered Adverse Childhood Experiences (ACE's) due to traumatic events such as abuse, neglect, drug and alcohol abuse in the home, loss of a parent or being a witness to violence or abuse in the home, they are likely to require support from relevant mental health and social care services and a referral should be made to either Early Help or Social Care (see Service Directory for more information).

Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to children having special educational needs but it can have an impact on wellbeing and sometimes this can be severe. Schools and settings should ensure they make appropriate provision for a child's short-term needs in order to prevent problems escalating. Where there are long-lasting social, emotional and mental health difficulties, schools and settings should consider whether the child might have special educational needs.

Slow progress and low attainment

Slow progress and low attainment do not necessarily mean that a child has special educational needs and should not automatically lead to a pupil being recorded as such. However, they may be an indicator of a range of learning difficulties or disabilities. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty or disability. Some learning difficulties and disabilities occur across the range of cognitive ability and, left unaddressed may lead to frustration, which may manifest itself as disaffection, emotional or behavioural difficulties.

English as an additional language

Identifying and assessing special educational needs for children or young people whose first language is not English requires particular care. Schools should look carefully at all aspects of a child or young person's performance in different areas of learning and development or subjects to establish whether lack of progress is due to limitations in their command of English or if it arises from SEN or a disability. Difficulties related solely to limitations in English as an additional language are not SEN.

ASSESS

Analyse the child or young person's special educational needs

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

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

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

PLAN

Identify the additional and different support needed

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

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

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

Parents should be fully aware of the planned support and interventions and, where appropriate, plans should seek parental involvement to reinforce or contribute to progress at home.

DO

Put the support in place

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

REVIEW

Regularly check how well it is working so that they can change the amount or kind of support if needed

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

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

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

Transition

SEN support should include planning and preparation for the transitions between phases of education and preparation for adult life.

To support transition, the school should share information with the school, college or other setting the child or young person is moving to. Schools should agree with parents and pupils the information to be shared as part of this planning process. Where a pupil is remaining at the school for post-16 provision, this planning and preparation should include consideration of how to provide a high-quality study programme.

Involving specialists

Where a pupil continues to make less than expected progress, despite evidence-based support and interventions that are matched to the pupil's area of need, the school should consider involving specialists, including those secured by the school itself or from outside agencies.

Schools may involve specialists at any point to advise them on early identification of SEN and effective support and interventions. A school should always involve a specialist where a pupil continues to make little or no progress or where they continue to work at levels substantially below those expected of pupils of a similar age despite evidence-based SEN support delivered by appropriately trained staff. The pupil's parents should always be involved in any decision to involve specialists.

The involvement of specialists and what was discussed or agreed should be recorded and shared with the parents and teaching staff supporting the child in the same way as other SEN support.

Where assessment indicates that involvement from specialist services is required, it is important that it can be accessed as quickly as possible. A directory of specialist support services is available at the end of this document and Gateshead's Local Offer sets out in more detail what support is available and how it may be accessed.

The SENCO and class teacher, together with the specialists, and involving the pupil's parents, should consider a range of evidence-based and effective teaching approaches, appropriate equipment, strategies and interventions in order to support the child's progress. They should

agree the outcomes to be achieved through the support, including a date by which progress will be reviewed.

The following information gives an overview of the range of needs that should be planned for. The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, individual children or young people often have needs that cut across all these areas and may change over time; the support provided to an individual should always be based on their particular strengths and needs.



SEND Descriptors

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Cognition and Learning: Moderate Learning Difficulties (MLD)

Early Years

Identification

A child with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite effective teaching **which is not due to factors such as:**

- Learning English as an Additional Language (EAL)
- Social deprivation
- Sensory impairment
- Emotional disturbance

The child may present with difficulties in understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in the following areas:

- Attention and listening
- Acquiring literacy and numeracy skills
- Concentration and on task behaviour
- Memory
- Difficulty following simple instructions
- Making links between different areas of learning and generalising to everyday experience
- Motivation to engage
- Sequencing
- Self-organisation
- Visual, practical and spatial/physical learning

Progress

Children with MLD will have attainments well below expected levels across all areas of the curriculum, despite appropriate interventions. They will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills.

Mild learning difficulty levels of delay:

2 years functioning at 8-12 months

3 years functioning at 12-17 months

4 years functioning at 17-23 months

5 years functioning at 20-30 months

Moderate learning difficulty levels of delay:

2 years functioning at 6-8 months

3 years functioning at 9-12 months

4 years functioning at 12-16 months

5 years functioning at 16-20 months

Expected arrangements to meet needs

Please also refer to ICE MATERIALS ON WEBSITE

High Quality Teaching

- Cueing and reinforcing children's listening/attention
- Differentiation of teacher language, i.e use of key vocabulary, short sentences with simple grammar, chunking/sequencing of concepts etc.
- Checking understanding and reinforcing as required through repetition, rephrasing, explaining & demonstration
- Differentiation of questions appropriate for developmental level
- Differentiation of tasks planned to meet individual needs
- Demonstrating tasks (what the finished product looks like)
- Opportunities for pre-teaching, overlearning and reinforcement
- Use of classroom learning aids (e.g., subject specific word mats, writing frames, number lines, ICT, etc.)
- Explicit teaching to support generalisation of skills
- Use of peer support
- Visual cues to support understanding including the use of objects, pictures, signs, symbols, models, examples, ICT
- Supporting personal organisation (e.g., using resources, organising equipment, etc.)
- Physical environment that is organised and well-defined and labelled using written and visual cues

SEN support

Will include individual teaching/teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available to provide:

- Individual/small group programmes reinforced by appropriate targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved
- Classroom support to prompt and generalise skills taught as part of individual/small group programmes

- Support to access the learning environment and curriculum
- Realistic expectations of a child's ability to access the learning environment/activities relative to developmental level
- The engagement of external agencies to advise settings on how best to support the child
- Child's baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted in line with their progress over a sustained period (i.e., at least 2 terms)

Primary and Secondary Schools

Identification

A child with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite effective teaching **which is not due to factors such as:**

- Learning English as an Additional Language (EAL)
- Social deprivation
- Sensory impairment
- Emotional disturbance

The child may present with difficulties in understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in the following areas:

- Attention and listening
- Acquiring literacy and numeracy skills
- Concentration and on task behaviour
- Memory
- Difficulty following simple instructions
- Evidence of an increasing gap between them and their peers
- Making links between different areas of learning and generalising to everyday experience
- Motivation to engage
- Operating significantly below age related expectations
- Sequencing
- Self-organisation and independence
- Visual, practical and spatial/physical learning

Progress

Children with MLD will have attainments well below expected levels across all areas of the curriculum, despite appropriate interventions. They will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills.

Expected arrangements to meet needs

High Quality Teaching:

Differentiated lesson and homework planning/delivery modified in terms of:

- Level (i.e., focusing on key learning outcomes and drawing on earlier programmes of study as appropriate with learning targets broken down into smaller achievable steps)
- Pace (i.e., extra time for responses to questions, contributing to class discussions and to complete activities)
- Approach (i.e., multi-sensory, related to the child's everyday experience, emphasis on direct experience and practical activities including appropriate use of ICT)
- Output (i.e., alternative ways to record learning, e.g., oral, photographic, video, highlighting text, mind maps, etc.)
- Cueing and reinforcing children's listening/attention
- Checking understanding and reinforcing as required through repetition, rephrasing, explaining & demonstration
- Demonstrating tasks (what the finished product looks like)
- Opportunities for pre-teaching of concepts and vocabulary, overlearning and reinforcement
- Special arrangements for SATs and transitions
- Consideration of additional exam arrangements
- Use of classroom learning aids (e.g., subject specific word mats, writing frames, number lines, ICT, etc.)
- Use of topic maps to link current learning to previous learning
- Explicit teaching to support generalisation of skills
- Use of peer support
- Visual cues to support understanding including the use of objects, pictures, signs, symbols, models, examples, ICT
- Modelling and teaching study skills (e.g., having a plan to complete the task, problem solving skills, etc.)
- Supporting personal organisation (e.g., using resources, organising equipment, etc.)

- Physical environment that is organised and well-defined and labelled using written and visual cues e.g. visual timetable
- Multi-sensory approach to teaching and learning
- Use of play/study partners and access to good role models

SEN support

Will include individual teaching/teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available to provide:

- Individual/small group programmes reinforced by appropriate targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved
- Classroom support to prompt and generalise skills taught as part of individual/small group programmes
- Support to access the learning environment and curriculum
- Realistic expectations of a child's ability to access the learning environment/activities relative to developmental level
- Classroom support to prompt development, consolidation and use of skills
- Adaptations to the timetable to consider access to the most appropriate lessons
- All staff to be aware of the individual needs so lessons can be adapted including homework, in a consistent manner
- The engagement of external agencies to advise settings on how best to support the child
- Child's baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted in line with their progress over a sustained period (i.e. at least 2 terms)

Cognition and Learning: Specific Learning Difficulties (SpLD)

Primary and Secondary Schools

Identification

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This can include difficulties with literacy, numeracy and developmental co-ordination.

The child presents with greater difficulty than the majority of other children of their age in the following areas:

- Organisation and planning, including motor planning
- Understanding and use of number
- Auditory/visual memory
- Auditory processing speed
- Single word reading
- Phonological awareness

Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation.

Progress

SpLD likely to lead to uneven attainment with learning mediated by literacy and/or numeracy skills adversely affected compared to stronger attainment in other curriculum areas.

Expected arrangements to meet needs

High Quality Teaching:

- Differentiation of literacy and numeracy tasks drawing on literacy and numeracy skills across the curriculum
- Use of common intervention packages e.g. Lexia, Read, Write Inc, PAT etc
- Support to further develop fine motor skills and writing
- Activities to develop manual dexterity e.g. finger exercises, handwriting, warm up exercises
- Use of strategies to support memory capacity e.g. chunking
- Opportunities to experience success in areas of difficulty e.g. easy to access tasks that can be completed at the same time as the rest of the class

- Allowing the child to forego unnecessary writing e.g. not having to copy and learning intentions prior to task
- Occupational Therapy to be consulted regarding how best to support DCD
- Ice pack – skills for life
- Consideration of exam arrangements

SEN support

Will include individual teaching/ teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available for:

- An assessment of child's needs (not SpLD) by schools or outside agency where involved
- Targeted programmes for individual pupils for literacy and numeracy; programmes reinforced by appropriate ICT on phonological awareness, phonics including letter sounds and blending, sight vocabulary, reading strategies, comprehension and inference skills, letter formation, handwriting, spelling, sentence formation, grammar, writing/composition skills, study skills, etc. as appropriate and using evidence-based interventions programmes
- Classroom support to develop literacy and numeracy skills and generalisation of skills taught as part of individual/small group programmes
- Child's baselines and subsequent progress accurately monitored and provision regularly.

Communication and Interaction: Speech, Language and Communication Needs (SLCN)

Early Years

Identification

A child with delayed and/or disordered SLCN development **that is not due to factors such as:**

- Learning English as an Additional Language (EAL)
- Social deprivation and impoverished language experience
- Sensory impairment

The child presents with greater difficulty than the majority of other children of their age in speech and language and communication:

- Communicating their basic needs **appropriate to their developmental level**
- Understanding and using vocabulary, sentences (grammar and syntax) and concepts as part of curriculum learning
- Understanding and participating in group discussions and age appropriate social interaction
- Speech impairments (e.g., phonological disorder) that makes their spoken language difficult to understand except for those who are familiar with the child's speech
- SLCN may also impact upon social & emotional development (and behaviour)

Progress

SLCN is likely to impact progress due to difficulties with speaking and listening, access to learning, literacy development and social interaction. Children with SLCN can have strengths in practical and visual based learning. However, SLCN can be more pervasive with levels similar to MLD.

Expected arrangements to meet needs

High Quality Teaching

- Cueing and reinforcing children's listening/attention
- Differentiation of teacher language, i.e., use of key vocabulary, short sentences with simple grammar, chunking/ sequencing of concepts, etc.
- Differentiation of tasks, use of task planners/schedules to meet individual needs
- Differentiated use of questions, appropriate for developmental level

- Schemes of work are differentiated including content from earlier years as appropriate
- Intention for learning is explicit and simplified
- Use of peer support
- Visual cues to support understanding including objects, pictures, signs, symbols, models, examples, etc.
- Using word webs, concept/ topic maps to illustrate/reinforce key language
- Modelling, prompting and reinforcing children's language, e.g., provide a framework or model for a response
- Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration
- Giving the child take up time to process language and to respond
- Use of schedules and routines, support for transitions including unexpected change
- Physical environment that is organised and well-defined and labelled using written and visual cues
- Use of appropriate areas of the room to support speaking and listening skills
- Opportunities for direct experience and practical activities including use of ICT.
- Opportunities for pre-teaching, overlearning and reinforcement and generalisation of key language
- Opportunities to develop speaking and listening skills, social skills and relationships with other children
- Use relevant High-Quality Teaching to support learning as per MLD section

SEN support

Will include individual teaching/ teaching assistant support (or a mix of the two as appropriate) and/ or the provision of equipment that is not normally available for:

- An assessment of child's SLCN (e.g., observation, language samples, screens and checklists) leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved
- Individual/small group programmes to teach attention and active listening skills, speech sounds, expressive and/ or receptive vocabulary, sentence formation, sequencing, comprehension and inference skills, study skills, social interaction skills, alternative communication skills (e.g., signing, PECS) etc.,
- Classroom support to develop speech and language skills and generalisation of skills taught as part of individual/ small group programmes
- Use of appropriate ICT to reinforce skills
- Child's baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted in line with their progress over a sustained period (i.e., at least 2 terms)

Primary Schools

Identification

A child with delayed and/or disordered SLCN development **that is not due to factors such as:**

- Learning English as an Additional Language (EAL)
- Social deprivation and impoverished language experience
- Sensory impairment

The child presents with greater difficulty than the majority of other children of their age in speech and language and communication:

- Communicating their basic needs **appropriate to their developmental level**
- Understanding and using vocabulary, sentences (grammar and syntax) and concepts as part of curriculum learning
- Understanding and participating in group discussions and age appropriate social interaction
- Speech impairments (e.g., phonological disorder) that makes their spoken language difficult to understand except for those who are familiar with the child's speech
- SLCN may also impact upon social & emotional development (and behaviour)

Progress

SLCN is likely to impact progress due to difficulties with speaking and listening, access to learning, development in reading, writing, literacy skills and social interaction. Children with SLCN can have strengths in practical and visual based learning. However, SLCN can be more pervasive with levels similar to MLD.

Expected arrangements to meet needs

High Quality Teaching

- Cueing and reinforcing children's listening/attention
- Differentiation of teacher language, i.e., use of key vocabulary, short sentences with simple grammar, chunking/ sequencing of concepts, etc.
- Differentiation of tasks, use of task planners/schedules to meet individual needs
- Differentiated use of questions, appropriate for developmental level
- Schemes of work are differentiated including content from earlier years as appropriate
- Intention for learning is explicit and simplified
- Use of peer support
- Visual cues to support understanding including objects, pictures, signs, symbols, models, examples, etc.

- Using word webs, concept/ topic maps to illustrate/reinforce key language
- Modelling, prompting and reinforcing children's language, e.g., provide a framework or model for a response
- Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration
- Giving the child take up time to process language and to respond
- Use of schedules and routines, support for transitions including unexpected change
- Physical environment that is organised and well-defined and labelled using written and visual cues
- Use of appropriate areas of the room to support speaking and listening skills
- Opportunities for direct experience and practical activities including use of ICT.
- Opportunities for pre-teaching, overlearning and reinforcement and generalisation of key language
- Opportunities to develop speaking and listening skills, social skills and relationships with other children
- Use relevant High-Quality Teaching to support learning as per MLD section

SEN support

Will include individual teaching/ teaching assistant support (or a mix of the two as appropriate) and/ or the provision of equipment that is not normally available for:

- An assessment of child's SLCN (e.g., observation, language samples, screens and checklists) leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved
- Individual/small group programmes to teach attention and active listening skills, speech sounds, expressive and/ or receptive vocabulary, sentence formation, sequencing, comprehension and inference skills, study skills, social interaction skills, alternative communication skills (e.g., signing, PECS) etc.,
- Classroom support to develop speech and language skills and generalisation of skills taught as part of individual/ small group programmes
- Use of appropriate ICT to reinforce skills

Child's baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted in line with their progress over a sustained period (i.e., at least 2 terms).

Secondary Schools

Identification

A child with delayed and/or disordered SLCN development **that is not due to factors such as:**

- Learning English as an Additional Language (EAL)
- Social deprivation and impoverished language experience
- sensory impairment

The child presents with greater difficulty than the majority of other children of their age in speech and language and communication:

- Communicating their needs **appropriate to their developmental level**
- Understanding and using words and phrases (semantics), sentences (grammar and syntax) and concepts as part of curriculum learning
- Understanding and participating in group discussions and age appropriate social interaction
- Speech impairments (e.g., phonological disorder) that makes their spoken language difficult to understand except for those who are familiar with the child's speech
- SLCN may also impact upon social & emotional development (and behaviour)

Progress

SLCN is likely to impact progress due to difficulties with speaking and listening, access to learning, development in reading, writing, literacy skills and social interaction. Children with SLCN can have strengths in practical and visual based learning. However, SLCN can be more pervasive with levels similar to MLD.

Expected arrangements to meet needs

High Quality Teaching

- Cueing and reinforcing children's listening/attention
- Differentiation of teacher language, i.e., use of key vocabulary, short sentences with simple grammar, chunking/ sequencing of concepts, etc.
- Differentiation of tasks, use of task planners/schedules to meet individual needs
- Differentiated use of questions, appropriate for developmental level
- Schemes of work are differentiated including content from earlier years as appropriate
- Intention for learning is explicit and simplified
- Use of peer support
- Visual cues to support understanding including objects, pictures, signs, symbols, models,

examples, etc.

- Using word webs, concept/ topic maps to illustrate/reinforce key language
- Modelling, prompting and reinforcing children's language, e.g., provide a framework or model for a response
- Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration
- Giving the child take up time to process language and to respond
- Use of schedules and routines, support for transitions including unexpected change
- Physical environment that is organised and well-defined and labelled using written and visual cues
- Use of appropriate areas of the room to support speaking and listening skills
- Opportunities for direct experience and practical activities including use of ICT.
- Opportunities for pre-teaching, overlearning and reinforcement and generalisation of key language
- Opportunities to develop speaking and listening skills, social skills and relationships with other children
- Use relevant High-Quality Teaching to support learning as per MLD section

SEN support

This will include individual teaching/ teaching assistant support (or a mix of the two as appropriate) and/ or the provision of equipment that is not normally available for:

- An assessment of child's SLCN (e.g., observation, language samples, screens and checklists) leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved
- Individual/small group programmes to teach attention and active listening skills, speech sounds, expressive and/ or receptive vocabulary, sentence formation, sequencing, comprehension and inference skills, study skills, social interaction skills, alternative communication skills (e.g., signing, PECS) etc.,
- Classroom support to develop speech and language skills and generalisation of skills taught as part of individual/ small group programmes
- Use of appropriate ICT to reinforce skills

Child's baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted in line with their progress over a sustained period (i.e., at least 2 terms)

Communication and Interaction: Complex Social Communication Needs including Autism Spectrum Disorder (ASD)

Early Years

Identification

The child presents with greater difficulty than the majority of other children of their age in the following areas (the child may or may not have a diagnosis of ASD or is on the assessment pathway):

- Understanding social situations, responding to social cues and intuitively sensing other people's feeling and intentions
- Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships
- Poor or inappropriate eye contact and non-verbal language for social interaction
- Impaired expressive or receptive language including unusual intonation, idiosyncratic phrases, literal interpretation, limited conversational skills
- Rigidity of thinking and a tendency to follow agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others
- Difficulty in open-ended or unstructured situations and with change/transitions
- Obsessive interests or repetitive activities
- High susceptibility to anxiety and stress
- High susceptibility to hyper/hypo sensory stimuli

Attainment

Depending on the nature of the communication and interaction difficulties, attainment can be 'spiky' with some good skills for visual/ factual memory and precision/ accuracy for rote/ repetitive learning compared to weaker comprehension and creative skills. Can also be more pervasive with similar levels to MLD.

Expected arrangements to meet needs

High Quality Teaching

- Teacher language is explicit, unambiguous and avoids non-literal language and inferred meaning
- Visual prompts (e.g. personal visual timetables, now/next cards etc.)
- Visual cues to support understanding of language
- Structured and consistent routines reinforced by visual timetable, support for transitions and for managing unpredicted changes to the routine
- Explicit teaching of comprehension, concepts, inferential understanding, perspective taking, empathetic thinking and generalisation of skills
- Explicitly naming emotions and thoughts of self and others and prompting appropriate social interaction skills
- Managing, supporting and differentiating collaborative learning (e.g. opportunities to work alongside/outside of a group as appropriate)
- Providing greater structure for open ended/creative activities (e.g., choice from options instead of prediction, writing about actual experience instead of imaginative writing, etc.)
- Use reading to support understanding of characters' emotions, thoughts, intentions and social interactions
- Opportunities of support to develop relationships and social skills with other children
- Manage behaviour difficulties by addressing possible underlying issues in relation to social anxiety and/or difficulties in understanding and/or communication
- Use of an individual work station and task planners and schedules
- Access to a planned safe haven/time out at times of heightened anxiety
- Access to calming toys/activities when required
- Awareness and planning to manage sensory sensitivities, issues, e.g., light, noise, texture, temperature, etc.
- Use relevant High-Quality Teaching to support learning as per SLCN and MLD sections

SEN support

This will include individual teaching/teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available for:

- Assessment of the child's communication and interaction needs leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved, for example PECS
- Individual/small group teaching on programmes to support the development of attention and active listening skills, turn taking, conversation skills, comprehension, concepts, inferential

understanding, idioms, perspective taking, empathetic thinking, social understanding, social skills, emotional regulation, study skills, management of sensory needs and to provide specific interventions/approaches such as play interaction, circle of friends, TEACCH, social stories, etc.

- Use of appropriate ICT to reinforce skills
- Classroom support to develop communication and interaction skills and generalisation of skills taught as part of individual/small group programmes
- Support for unstructured parts of the day to provide routines and support for social interaction
Child's baselines and subsequent progress accurately monitored and provision regularly reviewed and adjusted in line with their progress over a sustained period (ie, at least 2 terms)

Primary Years

Identification

The child presents with greater difficulty than the majority of other children of their age in the following areas (the child may or may not have a diagnosis of ASD or is on the assessment pathway):

- Understanding social situations, responding to social cues and intuitively sensing other people's feeling and intentions
- Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships
- Poor or inappropriate eye contact and non- verbal language for social interaction
- Impaired expressive or receptive language including unusual intonation, idiosyncratic phrases, literal interpretation, limited conversational skills
- Rigidity of thinking and a tendency to follow agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others
- Difficulty in open-ended or unstructured situations and with change/transitions
- Obsessive interests or repetitive activities
- High susceptibility to anxiety and stress
- High susceptibility to hyper/hypo sensory stimuli

Attainment

Depending on the nature of the communication and interaction difficulties, attainment can be 'spiky' with some good skills for visual/ factual memory and precision/ accuracy for rote/ repetitive learning compared to weaker comprehension and creative skills. Can also be more pervasive with similar levels to MLD.

Expected arrangements to meet needs

High Quality Teaching

- Teacher language is explicit, unambiguous and avoids non-literal language and inferred meaning
- Visual prompts (e.g. personal visual timetables, now/next cards etc.)
- Visual cues to support understanding of language
- Structured and consistent routines reinforced by visual timetable, support for transitions and for managing unpredicted changes to the routine
- Explicit teaching of comprehension, concepts, inferential understanding, perspective taking, empathetic thinking and generalisation of skills
- Explicitly naming emotions and thoughts of self and others and prompting appropriate social interaction skills
- Managing, supporting and differentiating collaborative learning (e.g. opportunities to work alongside/outside of a group as appropriate)
- Providing greater structure for open ended/creative activities (e.g., choice from options instead of prediction, writing about actual experience instead of imaginative writing, etc.)
- Use reading to support understanding of characters' emotions, thoughts, intentions and social interactions
- Opportunities of support to develop relationships and social skills with other children
- Manage behaviour difficulties by addressing possible underlying issues in relation to social anxiety and/or difficulties in understanding and/or communication
- Use of an individual work station and task planners and schedules
- Access to a planned safe haven/time out at times of heightened anxiety
- Access to calming toys/activities when required
- Awareness and planning to manage sensory sensitivities, issues, e.g. light, noise, texture, temperature, etc.
- Use relevant High-Quality Teaching to support learning as per SLCN and MLD sections

SEN support

This will include individual teaching/teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available for:

- Assessment of the child's communication and interaction needs leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved, for example PECS
- Individual/small group teaching on programmes to support the development of attention and active listening skills, turn taking, conversation skills, comprehension, concepts, inferential

understanding, idioms, perspective taking, empathetic thinking, social understanding, social skills, emotional regulation, study skills, management of sensory needs and to provide specific interventions/approaches such as play interaction, circle of friends, TEACCH, social stories, etc.

- Use of appropriate ICT to reinforce skills
- Classroom support to develop communication and interaction skills and generalisation of skills taught as part of individual/small group programmes
- Support for unstructured parts of the day to provide routines and support for social interaction
Child's baselines and subsequent progress accurately monitored and provision regularly reviewed and adjusted in line with their progress over a sustained period (ie, at least 2 terms)

Secondary Years

Identification

The child presents with greater difficulty than the majority of other children of their age in the following areas (the child may or may not have a diagnosis of ASD or is on the assessment pathway):

- Understanding social situations, responding to social cues and intuitively sensing other people's feeling and intentions
- Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships
- Poor or inappropriate eye contact and non- verbal language for social interaction
- Impaired expressive or receptive language including unusual intonation, idiosyncratic phrases, literal interpretation, limited conversational skills
- Rigidity of thinking and a tendency to follow agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others
- Difficulty in open-ended or unstructured situations and with change/transitions
- Obsessive interests or repetitive activities
- High susceptibility to anxiety and stress
- High susceptibility to hyper/hypo sensory stimuli

Attainment

Depending on the nature of the communication and interaction difficulties, attainment can be 'spiky' with some good skills for visual/ factual memory and precision/ accuracy for rote/ repetitive learning compared to weaker comprehension and creative skills. Can also be more pervasive with similar levels to MLD.

Expected arrangements to meet needs

High Quality Teaching

- Teacher language is explicit, unambiguous and avoids non-literal language and inferred meaning
- Visual prompts (e.g. personal visual timetables, now/next cards etc.)
- Visual cues to support understanding of language
- Structured and consistent routines reinforced by visual timetable, support for transitions and for managing unpredicted changes to the routine
- Explicit teaching of comprehension, concepts, inferential understanding, perspective taking, empathetic thinking and generalisation of skills
- Explicitly naming emotions and thoughts of self and others and prompting appropriate social interaction skills
- Managing, supporting and differentiating collaborative learning (e.g. opportunities to work alongside/outside of a group as appropriate)
- Providing greater structure for open ended/creative activities (e.g. choice from options instead of prediction, writing about actual experience instead of imaginative writing, etc.)
- Use reading to support understanding of characters' emotions, thoughts, intentions and social interactions
- Opportunities of support to develop relationships and social skills with other children
- Manage behaviour difficulties by addressing possible underlying issues in relation to social anxiety and/or difficulties in understanding and/or communication
- Use of an individual work station and task planners and schedules
- Access to a planned safe haven/time out at times of heightened anxiety
- Awareness and planning to manage sensory sensitivities, issues, e.g. light, noise, texture, temperature, etc.
- Use relevant High-Quality Teaching to support learning as per SLCN and MLD sections

SEN support

This will include individual teaching/teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available for:

- Assessment of the child's communication and interaction needs leading to an appropriately targeted intervention programme planned in partnership with the child and their family and as advised by an outside agency where involved, for example PECS
- Individual/small group teaching on programmes to support the development of attention and active listening skills, turn taking, conversation skills, comprehension, concepts, inferential understanding, idioms, perspective taking, empathetic thinking, social understanding, social

skills, emotional regulation, study skills, management of sensory needs and to provide specific interventions/approaches such as play interaction, circle of friends, TEACCH, social stories, etc.

- Use of appropriate ICT to reinforce skills
- Classroom support to develop communication and interaction skills and generalisation of skills taught as part of individual/small group programmes
- Support for unstructured parts of the day to provide routines and support for social interaction
Child's baselines and subsequent progress accurately monitored and provision regularly reviewed and adjusted in line with their progress over a sustained period (ie, at least 2 terms)



Social, Emotional and Mental Health Needs (SEMH)

Early Years

Identification

Children 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:

- difficulties with learning or communication
- mental health difficulties such as anxiety or depression, hidden behaviours such as self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained
- emotionally based school avoidance (EBSA)
- disorders such as attention deficit hyperactive disorder (ADHD) or attachment difficulties
- trauma, domestic violence, abuse and neglect as well as issues such as housing, family or other domestic circumstances.

The child may present with the following difficulties:

- An inability to communicate their emotional and social needs in a way that is socially appropriate compared to their peers
- Difficulties in making and maintaining friendships & relationships with children & adults
- Verbal and physical aggression as a result of difficulties in self-regulating emotional responses
- Refusal to comply with reasonable requests from adults and whole school expectations and inability to accept consequence
- Withdrawn, depressed and uncommunicative
- Self-harming (threats or actual)
- High levels of anxious/obsessive behaviour
- Low self-esteem
- Hypervigilance
- Flitting between activities
- Poor attention and concentration
- Reluctance to leave parents or get out of the car

Progress

SEMH is likely to impact on social interactions, access to learning, attendance and risk of exclusion which will impact attainment and social and emotional maturity leaving gaps in learning.

Expected arrangements to meet needs

High Quality Teaching

All children should be educated in a socially and emotionally differentiated learning environment and taught the social and emotional skills which underpin good behaviour. The key areas are:

- An appropriate whole school/nursery ethos
- A positive focus on attendance
- A positive behaviour policy which is socially and emotionally differentiated to meet the needs of all pupils
- A classroom and playground environment which focuses on positive relationships and the development of social skills
- The provision of planned opportunities for pupils to learn social and emotional skills
- Introduction of a resilience curriculum
- The recognition that some pupils may experience short term difficulties managing their emotions and behaviour
- Developing positive relationships and connections with the child
- Consistent approach by all staff working with the child
- Effective adult language that is appropriate to the child's developmental stage
- Modelling, prompting and reinforcing the child's positive behaviour and interactions
- Nurturing practices
- Supporting personal organisation
- Opportunities for support to develop relationships with other children, emotional literacy, social, co-operation and reflection skills, including activities such as emotional check-ins/talk time/circle time, emotional wellbeing programmes
- Transition days/weeks
- Managing the immediate environment to reduce distraction and minimise potential for conflict or disruption
- Calming area within classroom, calming toys/activities
- Visual timetables, now and next board if necessary
- Use relevant high quality teaching to support learning
- Meeting stage, not age

- Setting realistic expectations
- Instructions to be short and concise (chunking)
- Genuine praise
- Consistent use of personalised rewards and motivators which are reflected upon and adapted regularly
- Social stories / comic strips to support understanding
- Managing inappropriate behaviour through:
 - Tactical ignoring / Non-verbal signals (e.g., 'the look') / Moving closer
 - Restate relevant rule/tell child what you want them to do (i.e., clear and simple statement of behaviour)
 - Catch child behaving appropriately and praise
 - Praise appropriate behaviour of nearby pupil (proximity praise)
 - Distract onto task/away from inappropriate behaviour
 - Re-explain and organise task for them/modify or change activity/ Informally move or change group setting
 - Use the language of choice, remind of consequences ('If you choose to....then...')
 - Take up time, clear choices, schedules and consistent routines and boundaries
 - Effective adult language, e.g., 'I... when.... because', 'I am looking for...','when/then' statements

SEN support – will include individual teaching/ teaching assistant support (or a mix of the two as appropriate) and/ or the provision of equipment that is not normally available for:

- An assessment of child's SEMH needs leading to an appropriately targeted intervention programme or individualised support plan (e.g. Pastoral support Plan (PSP), Positive Handling Plan) developed in partnership with the child and their family and as advised by an outside agency where involved.
- Modelling of play skills/social skills
- Support to focus and develop play
- Supporting children who have difficulties communicating e.g. PECS, Makaton
- Supporting children with toileting difficulties
- 1:1 support during particular times of stress, out of class if necessary
- Support with interaction
- Support with routines
- Individual meet and greet
- Modification of timings to avoid busy times of the day
- Sensory diets e.g. deep pressure activities

Child's baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted in line with their progress over a sustained period (i.e., at least 2 terms).

Primary Years

Identification

Children 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:

- difficulties with learning or communication
- mental health difficulties such as anxiety or depression, hidden behaviours such as self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained
- emotionally based school avoidance (EBSA)
- disorders such as attention deficit hyperactive disorder (ADHD) or attachment difficulties
- trauma, domestic violence, abuse and neglect as well as issues such as housing, family or other domestic circumstances.

The child may present with the following difficulties:

- An inability to communicate their emotional and social needs in a way that is socially appropriate compared to their peers
- Difficulties in making and maintaining friendships & relationships with children & adults
- Verbal and physical aggression as a result of difficulties in self-regulating emotional responses
- Refusal to comply with reasonable requests from adults and whole school expectations and inability to accept consequence
- Withdrawn, depressed, isolated and uncommunicative
- Self-harming (threats or actual)
- High levels of anxious/obsessive behaviour
- Low self-esteem and lack of confidence
- Hypervigilance
- Impulsivity and risk taking behaviour
- Controlling behaviour
- Flitting between activities
- Poor attention and concentration
- Difficulty in attending school with periods of prolonged absences
- A reluctance to leave home
- Reluctance to leave parents or to get out of the car
- Regular absences without indication of anti-social behaviour
- Frequent absences for minor illnesses

- Patterns in absences e.g. particular days and/or subjects after weekends and holidays
- Reluctance to attend school trips
- An expressed desire to attend school but is unable to do so
- Anxiety of separation and inappropriate dependence on family members
- Social isolation and avoidance of peer group/class mates
- Severe emotional upset with excessive fearfulness, outbursts of temper and complaints of feeling ill on school days
- Confusion/extreme absence mindedness
- Physical changes i.e. sweating, sickness, aching limbs, headaches, panic attacks, abdominal pain. Rapid weight loss or gain

Progress

SEMH is likely to impact on social interactions, access to learning, attendance and risk of exclusion which will impact attainment and social and emotional maturity leaving gaps in learning.

Expected arrangements to meet needs

High Quality Teaching

All children should be educated in a socially and emotionally differentiated learning environment and taught the social and emotional skills which underpin good behaviour. The key areas are:

- An appropriate whole school ethos
- A positive focus on attendance
- A positive behaviour policy which is socially and emotionally differentiated to meet the needs of all pupils
- A classroom and playground environment which focuses on positive relationships and the development of social skills
- The provision of planned opportunities for pupils to learn social and emotional skills
- The recognition that some pupils may experience short term difficulties managing their emotions and behaviour
- Develop positive relationship and connection with the child
- Consistent approach by all staff working with the child
- Effective adult language that is appropriate to the child's developmental stage
- Modelling, prompting and reinforcing the child's positive behaviour and interactions
- Nurturing practices
- Supporting personal organisation
- Opportunities of support to develop relationships with other children, emotional literacy, social,

co-operation and reflection skills, including activities such as emotional check-ins/talk time/ circle time, emotional wellbeing programmes

- Transition days/weeks
- Managing the immediate environment to reduce distraction and minimise potential for conflict or disruption
- Calming area within classroom, calming toys/activities
- Visual timetables, now and next board if necessary
- Use relevant high quality teaching to support learning
- Meeting stage, not age
- Setting realistic expectations
- Identification of learning styles, incorporate into teaching
- Instructions to be short and concise (chunking)
- Movement breaks regularly
- Genuine praise
- Consistent use of personalised rewards and motivators which are reflected upon and adapted regularly
- Social stories / comic strips to support understanding
- A whole school resilience curriculum
- Resilience programmes e.g. FRIENDS
- Managing inappropriate behaviour through:
 - Tactical ignoring / Non-verbal signals (e.g., 'the look') / Moving closer
 - Ask about relevant rule/routine/behavioural expectation
 - Restate relevant rule/tell child what you want them to do (i.e., clear and simple statement of behaviour)
 - Catch child behaving appropriately and praise
 - Praise appropriate behaviour of nearby pupil (proximity praise)
 - Distract onto task/away from inappropriate behaviour
 - Re-explain and organise task for them/modify or change activity/ Informally move or change group setting
 - Use the language of choice, remind of consequences ('If you choose to...then...')
 - Take up time, clear choices, schedules and consistent routines and boundaries
 - Effective adult language, e.g., 'I... when.... because','I am looking for...','when/then' statements

SEN support Will include individual teaching/ teaching assistant support (or a mix of the two as

appropriate) and/or the provision of equipment that is not normally available for:

- An assessment of child's SEMH needs including EBSA, leading to an appropriately targeted intervention programme or individualised support plan (e.g. Pastoral Support Plan (PSP), Positive Handling Plan) developed in partnership with the child and their family and as advised by an outside agency where involved.
- Individual/small group programmes on attention and concentration skills, emotional literacy, anxiety management, self-esteem, turn-taking and cooperation skills, social interaction skills, resilience building etc., according to need
- Classroom support to prompt attention and repeat and reinforce class teacher's instructions and routines, develop social and emotional skills, build resilience and generalise skills taught as part of individual/small group teaching, support agreed opt out strategies in situations that would otherwise escalate including planned responses to undesirable behaviour, provide meet and greet arrangements, implement agreed arrangements as part of a positive behaviour programme and for unstructured parts of the day to provide routines & support for social interaction.
- Support during unstructured times of the day e.g. playtime/lunchtime, including daily transitions
- 1:1 support during particular times of stress, out of class if necessary
- Counselling from a qualified professional counsellor if appropriate
- Social stories around a specific difficulty, time to discuss and reflect 1:1
- Access to a key worker to develop a safe base within school
- Access to a mental health assistant
- Access to a nurture group
- Support from an Emotional Literacy Support Assistant (ELSA)
- Support with attendance from home-school liaisons
- Modification of timings to avoid times of day
- Sensory diets e.g. deep pressure activities

Child's baselines and subsequent progress accurately monitored and provision regularly reviewed and adjusted in line with their progress.

Secondary Years

Identification

Children 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:

- difficulties with learning or communication
- mental health difficulties such as anxiety or depression, hidden behaviours such as self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained
- emotionally based school avoidance (EBSA)
- disorders such as attention deficit hyperactive disorder (ADHD) or attachment difficulties
- trauma, domestic violence, abuse and neglect as well as issues such as housing, family or other domestic circumstances.

The child may present with the following difficulties:

- An inability to communicate their emotional and social needs in a way that is socially appropriate compared to their peers
- Difficulties in making and maintaining friendships & relationships with children & adults
- Verbal and physical aggression as a result of difficulties in self-regulating emotional responses
- Refusal to comply with reasonable requests from adults and whole school expectations and inability to accept consequence
- Withdrawn, depressed, isolated and uncommunicative
- Self-harming (threats or actual)
- High levels of anxious/obsessive behaviour
- Low self-esteem and lack of confidence
- Hypervigilance
- Impulsivity and risk taking behaviour
- Controlling behaviour
- Flitting between activities
- Poor attention and concentration
- Difficulty in attending school with periods of prolonged absences
- A reluctance to leave home

- Reluctance to leave parents or to get out of the car
- Regular absences without indication of anti-social behaviour
- Frequent absences for minor illnesses
- Patterns in absences e.g. particular days and/or subjects after weekends and holidays
Reluctance to attend school trips
- An expressed desire to attend school but is unable to do so
- Anxiety of separation and inappropriate dependence on family members
- Social isolation and avoidance of peer group/class mates
- Severe emotional upset with excessive fearfulness, outbursts of temper and complaints of feeling ill on school days
- Confusion/extreme absence mindedness
- Physical changes i.e. sweating, sickness, aching limbs, headaches, panic attacks, abdominal pain. Rapid weight loss or gain

Progress

SEMH is likely to impact on social interactions, access to learning, attendance and risk of exclusion which will impact attainment and social and emotional maturity leaving gaps in learning.

Expected arrangements to meet needs

High Quality Teaching

All children should be educated in a socially and emotionally differentiated learning environment and taught the social and emotional skills which underpin good behaviour. The key areas are:

- An appropriate whole school ethos
- A positive focus on attendance
- A positive behaviour policy which is socially and emotionally differentiated to meet the needs of all pupils
- A classroom and playground environment which focuses on positive relationships and the development of social skills
- The provision of planned opportunities for pupils to learn social and emotional skills
- The recognition that some pupils may experience short term difficulties managing their emotions and behaviour
- Develop positive relationship and connection with the child
- Consistent approach by all staff working with the child

- Effective adult language that is appropriate to the child's developmental stage
- Modelling, prompting and reinforcing the child's positive behaviour and interactions
- Nurturing practices
- Supporting personal organisation
- Opportunities of support to develop relationships with other children, emotional literacy, social, co-operation and reflection skills, including activities such as emotional check-ins/talk time/ circle time, emotional wellbeing programmes
- Transition days/weeks
- Managing the immediate environment to reduce distraction and minimise potential for conflict or disruption
- Calming area within classroom, calming toys/activities
- Visual timetables, now and next board if necessary
- Use relevant high quality teaching to support learning
- Meeting stage, not age
- Setting realistic expectations
- Identification of learning styles, incorporate into teaching
- Instructions to be short and concise (chunking)
- Movement breaks regularly
- Genuine praise
- Consistent use of personalised rewards and motivators which are reflected upon and adapted regularly
- Social stories / comic strips to support understanding and social skills
- A whole school resilience curriculum
- Resilience programmes e.g. FRIENDS
- Provision of a key teacher/named adult e.g. form tutor
- Lunchtime and homework clubs and access to online homework
- After school activities
- Growth mindset, metacognition.
- Managing inappropriate behaviour through:
 - Tactical ignoring / Non-verbal signals (e.g., 'the look') / Moving closer
 - Ask about relevant rule/routine/behavioural expectation
 - Restate relevant rule/tell child what you want them to do (i.e., clear and simple statement of behaviour)

- Catch child behaving appropriately and praise
- Praise appropriate behaviour of nearby pupil (proximity praise)
- Distract onto task/away from inappropriate behaviour
- Re-explain and organise task for them/modify or change activity/ Informally move or change group setting
- Use the language of choice, remind of consequences ('If you choose to...then...')
- Take up time, clear choices, schedules and consistent routines and boundaries
- Effective adult language, e.g., 'I... when... because', 'I am looking for...'; 'when/then' statements

SEN support

This will include individual teaching/ teaching assistant support (or a mix of the two as appropriate) and/or the provision of equipment that is not normally available for:

- An assessment of child's SEMH including EBSA, needs leading to an appropriately targeted intervention programme or individualised support plan (e.g. Pastoral support Plan (PSP), Positive Handling Plan) developed in partnership with the child and their family and as advised by an outside agency where involved.
- Individual/small group programmes on attention and concentration skills, emotional literacy, resilience building, anxiety management, self-esteem, turn-taking and cooperation skills, social interaction skills, etc., according to need
- Classroom support to prompt attention and repeat and reinforce class teacher's instructions and routines, develop social and emotional skills, build resilience and generalise skills taught as part of individual/small group teaching, support agreed opt out strategies in situations that would otherwise escalate including planned responses to undesirable behaviour, provide meet and greet arrangements, implement agreed arrangements as part of a positive behaviour programme and for unstructured parts of the day to provide routines & support for social interaction.
- Access to a small group environment for time limited intervention
- Access to an alternative curriculum
- Access to the Young Women's Project
- Access to a mental health assistant
- Access to a key person to develop a safe base within school
- Counselling from a qualified professional counsellor if appropriate
- Support from an Emotional Literacy Support Assistant
- Support during unstructured times e.g. break time, lunchtime.

Child's baselines and subsequent progress accurately monitored and provision regularly reviewed and adjusted in line with their progress.

Hearing Impairment (HI)

Early Years, Primary and Secondary Schools

Identification

A hearing impairment affects a child/young persons (CYP) ability to access auditory information. It can be uni or bi- lateral and mild, moderate, severe or profound. A person may be given audiological equipment such as hearing aids, a BAHA (Bone Anchored Hearing Aid) or a Cochlear Implant depending upon the level and type of hearing loss. Hearing aids, BAHAs and Cochlear Implants do not restore normal hearing levels. A hearing loss can be temporary or permanent, occurring from birth or at any time. Glue ear and the insertion of grommets are not deemed as a hearing impairment.

Hearing impairment is a low incidence disability and most CYP with HI meet the criteria for SEND.

Degrees of Deafness:

The British Society of Audiological descriptors are used to define degrees of hearing loss.

Mild hearing loss	Unaided threshold 21-40dBHL
Moderate hearing loss	Unaided threshold 41-70dBHL
Severe hearing loss	Unaided threshold 71-95dBHL
Profound hearing loss	Unaided threshold in excess of 95dBHL

There are different types of deafness:

- **Conductive hearing loss** (can be temporary or permanent) – when sound can't pass efficiently through the outer and middle ear to the cochlear and auditory nerve. E.g. glue ear
- **Sensorineural deafness** – when there is a fault in the inner ear or auditory nerve (permanent loss)
- **Mixed hearing loss** – a combination of conductive and sensorineural loss
- **Auditory Neuropathy Spectrum Disorder (ANSO)** – when sounds are received normally by the cochlear but become disrupted as they travel to the brain

Hearing impairment has an impact on a CYP's attention & listening, language and communication and access to learning and can affect their social and emotional development. CYP with permanent sensorineural and aided conductive hearing loss are identified by local audiology departments and referred directly to the Low Incidence Needs Team. The specialist support and intervention offered is based on the Eligibility Framework.

Audiology departments will decide upon which audiological equipment to offer patients – hearing aids, BAHA or Cochlear Implants depending on their level of hearing loss and if they meet the criteria for this technology.

Ear, Nose and Throat or Audiology professionals will refer to Cochlear Implant Teams. The referral will be checked by a locality team lead and if it appears to meet NICE guidelines then the referral will be processed and further test will be done to ensure the CYP is suitable for a cochlear implant. Children and young people with Cochlear Implants function at different levels. Some who have been implanted early and have had successful intervention programmes are achieving alongside their hearing peers when they reach school age and use spoken English as their preferred language and method of communication. Others may struggle and even with implants prefer a visual approach to learning such as SSE (Sign Supported English) or BSL (British Sign Language)

A pupil with a hearing impairment may have difficulties with:

- Accessing spoken language and therefore the curriculum without specialist intervention
- Managing their own audiological equipment
- Attention and listening, concentration, confidence and class participation
- Language and communication (receptive, pragmatic and expressive)
- Literacy and numeracy skills
- Making links across areas of learning and generalising learning to everyday experience
- Developing reciprocal relationships
- Understanding subject specific language
- Learning new concepts
- Clarity of speech
- Social and emotional development
- General confidence and self-advocacy

Progress

HI can significantly impact on attainment due to difficulties of accessing learning. However, with the right intervention (including audiology aids) attainment should be age appropriate in time.

The nature of LINT involvement will vary depending upon several factors:

- The degree of hearing impairment
- Implications of the impairment
- The needs of the parents and family
- The existing provision and expertise in the educational establishment
- The involvement of other agencies
- Equipment needs

Expected arrangements to meet needs

High Quality Teaching

- Use of audiological equipment in the classroom with a designated member of school staff to monitor and manage the use of specialist equipment e.g. hearing aids, BAHA, Cochlear Implant or Radio Aid

Differentiated lesson planning/delivery modified in terms of:

- Class/subject teachers to take responsibility for acting upon personalised educational advice supplied by Qualified Teacher of the Deaf (QToD) around individual pupil's needs (adaptations and curriculum delivery to facilitate access).
- Daily procedure for using audiological equipment and undertaking listening checks to ensure in good working order
- Provision of consumables e.g. cleaning kits
- All staff and supply staff, visiting speakers, sport, drama groups etc. are informed of pupil's needs at the planning stage of activities.
- Support for inclusion with extra-curricular activities, modified homework resources and newsletters.
- Modifying language and scaffolding of subject-specific vocabulary.
- Provision of a range of multi-sensory tasks by school teacher; ensuring that teaching styles are matched to the pupil's style of learning and support alternative ways of accessing and recording work e.g. note taker
- Consideration of seating position – pupil positioned in close proximity to teacher/learning facilitator/ point of learning.
- Adaptation of teaching and learning environment to take account of sources of light and sound, glare and reverberation, and background noise.
- Attention to the speed of lesson delivery i.e., extra time for responses to questions, contributing to class discussions and activities.
- Cueing and reinforcing children's listening/attention
- Management of turn taking in classroom discussions with repetition of key points made by others.
- Checking understanding and reinforcing by repetition, rephrasing, explanation/ demonstration.
- Provide good language role models - adults and other CYP
- Visual aids to support understanding including objects, pictures, gesture, signs, symbols, models, examples, ICT and use of specialist equipment, demonstrations, use of subtitles or transcripts, visual/written instructions for homework etc.
- Physical environment: background noise is reduced as far as reasonably possible; good room acoustics, lighting is considered, and seating plan is used to optimise listening and visual access to lip patterns.

- Social interaction is encouraged through sensitive grouping arrangements, provision of a mentor/buddy and inclusion of HI pupils in the wider life of the school.
- Some pupils with HI may need the intervention of school-based mentor in line with the Healthy Minds agenda to support their social communication or emotional and personal development.
- Timetable adjustments to accommodate specialist interventions.
- Provision of additional quiet workspace for 1:1, small group work.
- Provision of storage and being responsible for charging of audiological equipment – Radio Aids.
- Taking advantage of any training offered re the needs of the pupils and ensures all relevant staff attend.
- Relevant information and strategies relating to learning and access needs of HI pupils to be disseminated to all staff by the SENDCo (with parental permission).
- Considering the needs of HI pupil when out of school in unfamiliar environments and providing appropriate support on school trips and residential (risk assessments).
- Taking responsibility for the organisation of access arrangements for statutory assessments/ external examinations based on the last functional LINT report.
- Provides a PEEP (Personal Emergency Evacuation Plan) to ensure the pupil is safe.

SEN support

- School staff provide individual specialist teaching/ teaching assistant support (or a mix of the two as appropriate) for pre and post teaching and consolidation of language and social interaction.
- School staff provide regular liaison with a QToD to support pupil and school staff to understand the impact of Deafness/hearing loss and promote independent use of audiological equipment through training, regular checks and monitoring and ensure that reasonable adjustments are reflected in their formative and summative assessment procedures.
- QToD will assess and advise on the impact of the pupil's hearing loss on language & learning.
- QToD to support pupil's personal understanding of their hearing impairment and develop their confidence and independence into adulthood.
- School considers timetabling and location of rooms for those with HI and appropriate work station for 1:1 intervention.
- QToD will support and advise on pupil's language, social emotional needs and access to the curriculum.
- School responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed and adjusted in liaison with QToD to reflect reasonable adjustments.
- QToD advice offered to school through training, in-class observations, modelling and coaching (ranging from annual to termly visits).
- Individual/small group programmes reinforced by appropriate language activities, literacy and numeracy skills, pre/post teaching and reinforcement of curriculum learning, study skills, etc.

- QToD completes language assessments to inform an annual report and provide input into graduated response/ statutory assessment and review meetings as appropriate.
- School supports the provision of special examination arrangements and allows pupils time to develop the discreet skills associated with their use.
- School responsible for baselines and subsequent progress accurately monitored, and provision regularly reviewed and adjusted with QToD to reflect reasonable adjustments.
- School supports the provision of special examination arrangements and allows pupils time to develop the discreet skills associated with their use.



Vision Impairment (VI)

Early Years, Primary and Secondary Schools

Identification

Vision impairment refers to medical conditions that result in reduced vision through to blindness occurring from birth or at any time. A 'vision impairment' can include difficulties throughout the visual system including the eye itself, the optic pathways and/or parts of the brain.

A child/young person (CYP) can be considered to have a VI if their visual condition interferes with optimal development, learning and achievements, unless adaptations are made in the methods of presenting learning experiences, the nature of the materials used and/or the learning environment. This definition includes children and young people with other disabilities/ impairments in addition to VI, including those with profound and complex needs. NB The term 'learning' includes not just academic learning but the acquisition of mobility, independent living and social skills that in the case of a CYP with VI may be provided through habilitation teaching.

Vision impairment refers to medical conditions that result in reduced vision through to blindness occurring from birth or at any time. A 'vision impairment' can include difficulties throughout the visual system including the eye itself, the optic pathways and/or parts of the brain.

Vision impairment is a low incidence disability and most CYP with VI meet the criteria for SEND.

Degrees of vision impairment:

The following classification applies to corrected vision with both eyes open.

Mild vision loss	Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48) Near: N14-18
Moderate vision loss	Less than 6/18 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78) Near: N18-24
Severe vision loss	Less than 6/36 - 6/60 Snellen/Kay (LogMAR 0.8 – 1.00) Near: N24-36
Profound vision loss	Less than 6/60 Snellen/Kay (LogMAR 1.02)

(NB: These degrees of vision impairment are not appropriate for CYP with Cerebral Vision Impairment (CVI). Acuity criteria are for guidance purposes only. The professional judgement of the QTVI should be applied as necessary to decide on the classification. Depending on the severity, age and level of development of the CYP, alternative assessments may be used to identify level of need.

Vision impairment can impact on all areas of learning and development (80% of learning occurs through the eyes). CYP with vision impairment are usually identified by local Ophthalmology departments /Paediatricians and referred directly to the Low Incidence Needs Team. The specialist support and intervention offered is based on an Eligibility Framework.

A pupil with a VI may have difficulties with:

- Attention and listening, concentration and memory.
- Accessing learning materials at the same pace as their peers.
- Learning at the same pace as their peers.
- Learning new concepts
- Making links across areas of learning and generalising learning to everyday experience.
- Physical tiredness.
- Making and maintaining relationships.
- Managing their equipment and maintaining physical safety.
- Reading and writing skills (may require enlarged print or Braille)
- General self-confidence and self-advocacy.
- Social and emotional development
- Hand eye coordination
- Fine and gross motor skills
- Receptive, pragmatic and expressive language skills
- Visual skills
- Study skills
- Incidental learning.
- Understanding what is happening around them due to the quality and quantity of information being reduced
- Completing life skills i.e. eating, dressing etc.
- Orientation and mobility skills

Progress

VI can significantly impact attainment due to the difficulties of accessing learning activities. However, with the right support, attainment should be age appropriate in time.

The nature of LINT involvement will vary depending upon several factors:

- The degree of vision impairment
- The existence of additional needs or disabilities
- Implications of the impairment (e.g. if it is a progressive condition)
- The needs of the parents and family
- The existing provision and expertise in the educational establishment
- The involvement of other agencies
- Equipment needs

Expected arrangements to meet needs

High Quality Teaching:

- Use of specialist low vision aids (LVAs) and IT equipment in the classroom with a designated member of school staff to monitor and manage the use of specialist equipment e.g. CCTV, ipad, magnifiers
- Low Vision Aids such as hand-held magnifiers provided (low cost) to meet assessed need.

Differentiated lesson planning/delivery modifications

- Class/subject teachers to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual pupil's needs (adaptations and curriculum delivery to facilitate access).
- Procedures for contact lens wearers (for pupils who are aphakic) and implementing the wearing and cleaning of glasses.
- All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed needs at the planning stage of activities.
- Support for inclusion with extra-curricular activities, modified homework resources and newsletters.
- Clear classroom routines supported by cues, e.g., objects of reference, auditory timetables
- Provision of consumables, e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/ dark leaded pencils, (exemption from learning a cursive script.) Use of a sloping desk or board.
- Adherence to reasonable adjustments i.e. exemption from learning a cursive script.
- Teacher verbalising work on the board and all written information within the classroom environment adheres to advice provided by VI Team (Specialist Strategies).
- Provision of additional quiet workspace for 1:1, small group work
- Consideration of seating position – pupil positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning.
- Adaptation of teaching and learning environment to take account of sources of light and sound, glare and reverberation, visual and auditory clutter and contrast, as well as the subtleties of the tactile environment and adaptations to ensure pupil is safe e.g. highlighting step edges
- Provision of a range of multi-sensory tasks by school teacher ensuring that teaching styles are matched to the pupil's style of learning and support alternative ways of accessing and recording work.
- Clear and tidy classroom with good organisation and labelling of resources.
- Implementing visual fatigue rest breaks within the school day and a shaded outdoor area as appropriate.
- Attention to speed of lesson delivery and speed of working of the pupil with a VI.

- Some in-class support – especially in lessons where health and safety requires consideration.
- Timetable adjustments to accommodate specialist interventions
- Encouragement of social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including pupils with VI in the wider school life including in the playground and at busier times of the day school trips, school council etc.
- Provision of additional workspace/storage for specialist equipment. School will ensure pupil has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.
- Taking advantage of any training offered re the needs of pupils and ensures all relevant staff attend.
- Relevant information and strategies relating to learning and access needs of VI pupils to be disseminated to all staff by the SENDCO (with parental permission).
- Considering the needs of pupil with VI when out of school, risk assessing unfamiliar environments. Providing appropriate support on school trips.
- Taking responsibility for the organisation of access arrangements for statutory assessments based on the last functional vision assessment report.
- Providing additional transition visits for pupils between classrooms/key stages.
- Providing a PEEP (Personal Emergency Evacuation Plan) to ensure the pupil is safe.

SEN support

- School staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations, clutter free diagrams, all modified resources onto A4 paper only/or use of LVAs.
- School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre and post teaching for consolidation and generalisation of skills.
- School have regular liaison with QTVI to support pupil and themselves in understanding the impact of vision loss, promote independent use of specialist equipment through training, regular checks and monitoring and ensure that reasonable adjustments are reflected in their formative and summative assessment procedures.
- QTVI supports school in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood.
- School considers timetabling and location of rooms for those with VI and appropriate work station for 1:1 intervention.
- QTVI advice offered to school through training, in-class observations, modelling and coaching (ranging from annual to termly visits).
- School responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed and adjusted in liaison with QTVI to reflect reasonable adjustments.

- School supports the provision of special examination arrangements and allows pupils time to develop the discreet skills associated with their use.
- Risk assessments to take account of the needs of pupils with VI.
- School supports VI specialists in practising and consolidating skills taught discreetly within additional curriculum as well as delivering visual training as appropriate which is embedded within the curriculum.
- Environmental advice is applied within the setting in relation to Orientation and Mobility.

Directory of services

Service name	Description	Contact details and website
Education Support Services		
Primary Behaviour Support Team (Gateshead Council)	The Primary Behaviour Support Team are a small, highly skilled team providing support and advice when a child is referred for behavioural, emotional or social difficulties. They work mainly in the school concerned working directly with children and staff.	0191 433 8572 andreariley@gateshead.gov.uk
Fair access team (Gateshead Council)	Supports the implementation of the primary and secondary Fair Access Protocols- The purpose of the Fair Access Protocols is to ensure that - <i>outside the normal admissions round</i> - unplaced children/young people, especially the most vulnerable, are found and offered a place quickly, so that the amount of time any child/young person is out of school is kept to the minimum	0191 433 8644 Juliemcdowell@gateshead.gov.uk
Legal Intervention Team	The Legal Intervention Team is responsible for a range of services provided to schools, including: <ul style="list-style-type: none"> • Penalty Notices (Non-attendance, Unauthorised leave of absence, Exclusions) • Prosecution in Magistrates Court • School Attendance Orders • Education Supervision Orders in Family Court • Child Performance Licences • Chaperone Approvals • Child Employment Permits • Multi-agency risk Assessment Conference (MARAC) • Multi-agency Tasking and Coordinating Conference (MATAC) • Children Missing Education (CME); including migration returns 	0191 433 8644 Juliemcdowell@gateshead.gov.uk
SEND Consultant/ Virtual School Headteacher	<ul style="list-style-type: none"> • Support and advice to SENCOS • Co-ordinator of SENCO group/network • SENCO training • Advice on the Education of Children in Care 	0191433 8732 jeanthompson@gateshead.gov.uk
Psychological Service (Gateshead Council)	Supports schools, early years settings and colleges to achieve positive outcomes for all children and young people through the application of psychological theory and the principles of psychology to teaching, learning and an understanding of mental health. They promote early identification, inclusive practice and the use of evidence-based interventions in educational settings.	0191 433 8550 dianegroves@gateshead.gov.uk

Service name	Description	Contact details and website
Education Support Services <i>continued</i>		
Early Years Assessment and Intervention Team (EYAIT) (Gateshead Council)	<p>The EYAIT works with children aged 0-4 who have been identified as having special educational needs and disabilities (SEND).</p> <p>They can provide intervention, strategies and support for children who are experiencing significant barriers to their development and learning, and work collaboratively with parents/carers, staff in settings and other professionals. This can include home visits, group interventions, and coaching and modelling for staff</p>	<p>Contact 0191 433 8734</p> <p>christinabirkinshaw@gateshead.gov.uk</p>
High Incidence Needs Team (HINT) (Gateshead Council)	<p>We provide advice and recommendations to schools and settings for children and young people aged 4-25 years with High Incidence Needs. This includes speech, language and communication needs (including social communication), specific learning difficulties and physical and/or medical needs.</p>	<p>Contact 0191 433 8530</p> <p>senitsupportteam@gateshead.gov.uk</p>
Low Incidence Needs Team (LINT) (Gateshead Council)	<p>Includes the Hearing Impairment Team and Vision Impairment Team, both of which provide support to pre-school and school-age children, including home teaching for pre-school children, teaching support for school-age children, information and advice, support with hearing/vision assessments and technologies, assistance with access to specialist equipment, teaching in sign language and Braille and supporting participation in leisure and social activities outside of school.</p>	<p>0191 433 8530</p> <p>http://educationgateshead.org/lint/</p>
Early Years Area SENCOS	<p>Advice on inclusive practice in settings and nurseries</p> <p>Training and resources</p> <p>Advice based on expertise in young children with special educational needs</p>	<p>0191 433 8661</p> <p>Melanie Vincent Katie Moran-Parker</p>

Service name	Description	Contact details and website
Health Services		
Gateshead Growing Healthy 0-19 Service (NHS)	Team of health visitors and public health school nurses providing expert health assessments, advice and interventions for children aged 0-5 and their families. The 5-19 team includes School Nurses, School Staff Nurse, Screeners and an emotional and wellbeing resilience nurse. The team are the first point of contact for schools when there are concerns about a child's health and wellbeing.	03000 031 918
Occupational Therapy Service (NHS)	Occupational Therapists work with children aged 0-18 years to help them achieve their maximum level of function in all aspects of their daily life and help them to promote their health and wellbeing.	0191 433 5058
Children and Young People's Service (CYPS) (NHS)	CYPS provides a single service to children aged 0-18 years who present with mental health difficulties or a degree of psychological distress, including those living in difficult and challenging circumstances e.g. neglect, abuse, LAC and adopted from care, chronic or enduring illness, homelessness, domestic violence, drug and alcohol dependency or addiction, at risk of or involved in offending and minority ethnic background including travellers.	0191 246 6913 NTAWNT.NoTCYPS@nhs.net
Emotional Wellbeing Team (NHS)	<p>Work with children aged 4-18 years who are experiencing mild to moderate emotional, behavioural and psychological difficulties such as low mood, anxiety and depression, eating distress, sleep difficulties, self-harm, bereavement and loss, relationship difficulties and bullying.</p> <p>Parents can also access the Talking Therapies Programme delivered by the team, for those aged 16 and over experiencing mild to moderate anxiety and/or depression.</p>	0303 123 1147 0191 283 2541 gatesheadtalkingtherapies@stft.nhs.uk
Child Development Team (NHS)	<p>The Child Development Team provides an assessment service bringing together professionals with specialist experience at Chowdene Children's Centre. A child may be seen by any of the following as appropriate to the child's needs:</p> <ul style="list-style-type: none"> • Consultant paediatrician • Physiotherapist • Speech and language therapist • Occupational therapist • Dietician • Specialist teacher/portage 	
Speech and Language Therapy Service (NHS)	Helps children and young people aged 0-18 with communication and/or eating and drinking difficulties. This could include speech and sound difficulties, developmental language disorder, stammering, social communication and voice disorders.	0191 445 6667

Service name	Description	Contact details and website
Health Services <i>continued</i>		
School Nursing Team (SEND) (NHS)	Share public health information with children and young people with SEND and their parents to maintain good health. Works alongside health visitors and school nurses in Gateshead who can deliver one to one support for children with presenting issues during transition, for example, bed wetting, behaviour, anxiety.	The Public Health Nurse SEND 0300 003 1918 Debra.sprawling-sales@nhs.net
Children's Emotional Health and Resilience Nurse (NHS)	Delivers whole class and targeted group work to schoolchildren aged 5-19 on emotional health and wellbeing and resilience.	The Children's Emotional Health and Resilience Nurse 0300 003 1918 lynseyrobson@nhs.net
Counselling Services		
Kalmer Counselling	Provides therapeutic counselling for children, young people and their families. Work with a number of schools across the North East. Currently commissioned to deliver a counselling service for children and young people aged 9-25 with learning disabilities and difficulties.	0191 241 6731 info@kalmercounselling.co.uk
North East Counselling	Provide counselling for children aged 4 and over on an ad-hoc or contractual basis. Also provide a counselling service for school staff, crisis support, conflict resolution, workshops for staff and pupils and peer support training for pupils.	0191 466 1314 info@necounselling.org.uk
Kooth – FREE counselling app and online support	Free, safe and anonymous online support for young people experiencing mental health difficulties or those in crisis. On the Kooth app and website, young people can chat to a counsellor, read articles written by young people, get support from the Kooth community and write in a daily journal.	www.kooth.com

Service name	Description	Contact details and website
Autism		
High Incidence Needs Team (HINT) (Gateshead Council)	We provide advice and recommendations to schools and settings for children and young people aged 4-25 years with High Incidence Needs. This includes speech, language and communication needs (including social communication), specific learning difficulties and physical and/or medical needs.	0191 433 8530 senitsupportteam@gateshead.gov.uk
Autism Information Hub (Gateshead Council)	Offers a wide range of resources and books about autism and a monthly face to face drop-in information and signposting service to people with autism, their families/carers and practitioners. Drop-ins are held at the Elgin Children's Centre on the 3rd Monday every month 9.30-11.30am. A community café, sensory space, play areas and toy library is also on site. Parents and carers are welcome to drop in and meet informally to relax and share experiences.	0191 433 6300 gatesheadchildrenscentre@gateshead.gov.uk
Autism Hub parent support group	A spin-off of the Autism Information Hub; this group of parents/carers meets monthly on the first Friday each month 9.30-11.30am at the Elgin Children's Centre in Deckham. All parents and carers are welcome to join the group for mutual support and information-sharing about their autism experiences.	karen.thirlaway@blueyonder.co.uk
Support for vulnerable children		
Gateshead Virtual School (aka REALAC)	Monitors and supports looked after children's (LAC) educational attainment and attendance including reviewing Personal Education Plans (PEPs), supporting transitions between educational settings and/or alternative provision, provide training to schools and offer advice when an alternative placement is required for a LAC.	0191 433 8732 virtualschool@gateshead.gov.uk
Ethnic Minority and Traveller Achievement Service (EMTAS)	EMTAS works with schools and settings to develop their capacity to meet the needs of ethnic minority and traveller pupils. The team provides assessment, consultation and advice, support and training in relation to pupils who have English as an Additional Language (EAL) or are from Gypsy Roma and Traveller communities (GRT).	0191 433 8539 jennyedwards@gateshead.gov.uk

Service name	Description	Contact details and website
Family Support		
Barnardo's Intensive Family Support Service	<p>Family Support: Supporting parents, carers and families in Gateshead and in diverse cultural circumstances. Guidance and advice aimed at supporting vulnerable children and their families.</p> <p>Parenting programmes: training programmes and workshops, family learning activities, community-based development support and mediation services.</p>	0191 478 4667
Early Help Service (Gateshead Council)	<p>Provide practical help, advice and advocacy to families using a CAF/TAF approach needing extra support with:</p> <ul style="list-style-type: none"> • family relationships • children's behaviour • home conditions • parenting and introducing routines/boundaries • health and wellbeing • household budgets • leisure and learning • help from other professionals 	<p>0191 433 3319</p> <p>earlyhelpservice@gateshead.gov.uk</p> <p>https://www.gateshead.gov.uk/article/4023/Early-Help-Service</p>
Children's Social Care (Gateshead Council)	<p>If you are worried about the safety of a child or you think a child requires social care support, you can contact the Integrated Referral and Assessment Team (IRAT); a first point of contact for referrals to social care services for children in need of protection or support to live safely with their family.</p>	<p>0191 433 2653</p> <p>https://www.gateshead.gov.uk/article/9369/Professional-referral-worried-about-a-child-form</p>

For more information please contact:

Lynne Kilford, SEND Monitoring and Quality Assurance Manager

Lynnekilford@gateshead.gov.uk

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