

# Guidance for Children with SEND in the Early Years

## Early Years Best Practice: Guiding Principles

The *Early Years Foundation Stage Statutory Framework 2021* contains the regulatory and legal framework for early childhood education and care. There are a number of non-statutory documents, including the Gateshead Hybrid document, which describe what adults do and provide to ensure all children have the best possible start in life. This includes details of provision, which enables them to develop their personalities, talents and abilities irrespective of ethnicity, culture or religion, home language, family background, learning difficulties, disabilities or gender. Every child is a unique child who is constantly learning and can be resilient, capable, confident, and self-assured.

Guiding principles in relation to best practice include the following:

- To recognise that each child is unique and learns in different ways and at different points in their development.
- To appreciate the importance of the developmental stage of the child rather than their chronological age.
- To recognise that there are going to be vast differences within each cohort. There will be differences between gender, time of birth (autumn – summer), early birth, low birth weight, pre-birth circumstances, socio-economic factors and children/families who move frequently etc.
- Children need to have the opportunity to interact, form attachments and engage in order for the setting to effectively understand/evaluate the whole child.

The environment is pivotal to all the above. It needs to be stimulating and address the children's interests and needs.

- Practitioners must regularly reflect on the environment and their practice to ensure that it meets the needs of the children.

- All Early Years practitioners/teachers understand and observe each child's development and learning, assess progress and plan for next steps.
- Parents/carers have a crucial role in the development and assessment of their child's education and progress. Practitioners have a professional responsibility to involve and to listen to parents at regular intervals.
- Monitoring children's progress throughout the Early Years Foundation Stage is essential. Decisions about a child's level of need should be part of a continuous and systematic cycle of planning, action and review within a school/setting that is clearly evidenced through relevant and fit for purpose documentation.

There are various assessment tools that schools/settings can use. However, it is important that schools/settings undertake assessments that are accurate, reliable, and valid. Assessments should have:

- Contributions and evidence from a range of adults including parents/carers and from a variety of different sources.
- Observations of the child to highlight specific areas of learning and next steps where appropriate.
- Links with the EYFS and Characteristics of Effective Learning.
- Evidence of moderation with other professionals – in house and/or external.
- A range of evidence bases which can be recorded in different ways along with the practitioners' knowledge of the child e.g. National Portage Association Developmental Journals, needs-led Early Support Developmental journals.

Assessment for learning informs planning for suitably differentiated teaching and learning. The key lies in effective individualised arrangements for learning

and teaching. The resources might be extra, individualised interventions, the provision of different materials or specialist equipment (this may include specialist technology, postural equipment, AAC or equipment to assist with sensory or emotional regulation), adaptations to the environment, some individualised or group support or staff deployment and training.

It needs to be noted that the complexity of some children's emotional and behavioural needs may not be reflected in the thresholds below. However, schools/settings must acknowledge the impact of emotional and dysregulated behaviour on all aspects of the child's progress and wellbeing. The prevalence of attachment disorder, mental health-related conditions and family circumstances compound the accuracy of assessment tools.

## Support for children with SEND in the Early Years

Children within the Early Years Foundation Stage access their entitlement to early education via a range of providers including private, voluntary, and independent settings (PVI), schools, nursery schools and childminders. The SEND Code of Practice (2015) states that Early Years providers must have arrangements in place to support children with SEND, and this should include a clear approach to identifying and responding to SEND which is the responsibility of all practitioners within the school/setting.

Where a child appears to be functioning behind age-appropriate expectations, or where a child's progress gives cause for concern, practitioners should consider progress information from the school/setting in addition to advice and recommendations from external professionals. If a child is not making expected progress in relation to the three prime areas of early years development (Personal Social & Emotional, Communication & Language and Physical Development) this will clearly impact on their ability to make good progress in relation to the four specific areas (Literacy, Mathematics, Understanding the World & Expressive Arts and Design) through which the prime areas are strengthened and applied.

Some children can be identified as having additional needs within the Early Years Foundation Stage (birth to 5 years). It may be clearly evident what the child's primary need is; however, for the majority of children it takes time for the primary need to be established through ongoing observation and assessment.

Children with SEND in the Early Years Foundation Stage become known to Gateshead Education, Schools and Inclusion Service in accordance with the Local Offer: SEND Pathway for Children in the Early Years (0-4 Referral Meeting) either through their school/setting or through health professionals (health visitor, GP or paediatrician).

The Early Years Foundation Stage emphasises the importance of identifying children who require additional support as early as possible and focuses on ensuring the full involvement of the child's parents/carers in the process. Parents/carers are involved in the 0-4 referral process with their agreement from the outset through the two-way sharing of information, views and outcomes. This includes ensuring:

- Parents/carers contribute to the assessment.
- Parents/carers are invited to participate in target setting, monitoring progress and reviews, and are involved in supporting targets in the home.
- That there is consistent involvement of relevant professionals as required.
- That the ascertainable views of the child are taken into account.
- That opportunities are available for parents/carers to learn how to support their child further.

1:1 support for a young child may not always be appropriate. Early support can take the form of staff training, physical or sensory adaptations, creating enabling environments, or provision planning, in accordance with recommendations within this and the Gateshead Hybrid document, to enable the very young child with special educational needs to learn and progress fully.

## Transition

Settings should be mindful that on entry, children may be accessing a group setting for the first time. With this in mind, practitioners need to take into account children's previous experiences both at home and within the wider community. Practitioners must be sensitive to this when monitoring children's development and progress across the thresholds. Children in the Early Years need time to settle

and become used to the routines of the school/setting, which for some children may be very unfamiliar and overwhelming.

It is important that when children start in a school/setting, or move on to another setting or to school, they have the best possible chance of a smooth transition and a successful placement. Transition should be seen as a process not an event. The key to successful transitions lies in the preparation and planning beforehand and the settling in, or follow up, afterwards.

Planning and preparation for transition into the setting should involve parents/carers and other relevant professionals, in addition to a range of further elements which may include:

- multi-disciplinary transition meetings;
- establishing relationships;
- sharing information/strategies and knowledge of the child;
- individualised, graduated transition into setting, within setting or to another setting;
- creating continuities where possible;
- preparation in the setting pre-transition (i.e. necessary postural and/or specialist equipment, environmental adaptations or changes);
- training and support including any necessary medical training and MDT joint modelling visits;
- settling in and follow-up including parents/carers and all key professionals.

It is the responsibility of the original school/setting to ensure the appropriate transfer of information to the receiving school/setting.

Successful transition at all stages of development and across all settings for children with SEND has its foundation in good practice for all children. Where a child's needs have been identified before they are admitted to the setting, transition is likely to require more detailed planning, the closer participation of parents/carers and the sharing of a wider range of information. The period of planning and preparation is likely to involve the SENDCo as well as the allocated key person and, for some children, the involvement of a wider range of professionals.

## Early Years Inclusion Funding

The Early Years National Funding Formula, introduced by the Government in April 2017, placed a requirement on Local Authorities to establish an Early Years Inclusion Fund (EYIF). The intention of the fund is to support Early Years practitioners to secure better outcomes for children with SEND.

Early years inclusion funding (EYIF) is available to 2, 3 and 4-year-old children who live in Gateshead and who have special educational needs and/or a disability. This is to enable them to have the opportunity to access an Ofsted registered Early Years setting as part of the SEND graduated approach, where their educational needs are not able to be met without additional resources. For 2-year-olds, funding is allocated on the basis of up to 15 hours of attendance and for 3- and 4-year-olds on the basis of up to 30 hours attendance. Contact the Early Years Team for additional information, eligibility criteria and the application process for Early Years Inclusion Fund.

## Disability Living Allowance

Disability Living Allowance (DLA) is available to families to help with additional costs of looking after a child who is under 16 and has difficulties walking or requires much more looking after than a child of the same age who does not have a disability. Applications for DLA are made online at <https://www.gov.uk/disability-living-allowance-children>.

## The Disability Access Fund

The Disability Access Fund (DAF) is a one-off payment of £828 per eligible child. This funding helps early years and childcare providers to make reasonable adjustments in their settings to support an individual child with a special need and/or disability.

A child will be eligible for a DAF payment if they are in receipt of disability living allowance (DLA) and are receiving free early education for 3- and 4-year-olds (either 15 or 30 hours).

Children are not eligible if they are in a primary school reception class. However, children who defer their start in reception and remain in their nursery provision will continue to be entitled to a DAF payment. DAF can only be claimed once in any financial year. If a child attends more than one setting the child's parents will choose which setting will receive the funding. This preference will be recorded on the parental declaration form that all parents/carers are required to complete. If a child moves to a new provider within the financial year the new setting will not be eligible to claim a DAF payment until the next financial year.

DAF applications are managed via the Childcare Provider Portal:

<https://childcare.tax.service.gov.uk/ccp/acc/login>

Evidence is required to support each application. This includes a completed application form signed by parents and provider and a copy of the DLA benefits award letter.

Completed documents are then submitted by the provider via the Provider Portal. Claims are handled by the Childcare Team and are dealt with promptly at the end of each week. Payments are made the week after a successful application is received. A DAF claim may be submitted at any point in the year or term. There is no deadline submission date each term for this funding.



# Early Years SEND Thresholds

The following information relates to children in the Early Years Foundation Stage (EYFS) from birth to the term after their 5th birthday, who have a range of special educational needs (SEND).

For children in their Reception year in school, please read in conjunction with the relevant school-age primary need descriptors for:

- Communication and Interaction: Autism Spectrum Disorders
- Communication and Interaction: Speech, Language and Communication Needs
- Cognition and Learning Needs
- SEMH Needs
- Sensory and/or Physical and Medical Needs

It is crucial to note that the Thresholds are intended as a guide for settings and that children's development across the prime areas may be difficult to map directly into the different thresholds. This may be particularly true of children with certain difficulties, e.g., ASD where the child's developmental profile is 'spiky'. For example, some children may sit 'between' thresholds. In these cases, professional judgement **must** be considered when reviewing the level of support that may be needed. In each of the thresholds, take into account the overarching threshold descriptor and information in both the 'Assessment and Planning' and the 'Teaching and Learning Strategies/Curriculum and Interventions' columns. The child's developmental profile must not be taken in isolation. Schools/settings may wish to begin looking at the Primary section to enhance transition at that point.



## Using the Guidance to Support Learning

Once the Threshold has been established, professionals will find advice about how to support the learning of children at each threshold. It is important to recognise that Quality First teaching will provide a firm basis upon which to use the additional strategies identified at each threshold. Strategies and advice from earlier thresholds need to be utilised alongside more specialised information as the thresholds increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

## Identifying the Threshold

1. Read the descriptors in each table and identify those that best describe the child. You may find it useful to print off a copy of these and highlight ones that apply.
2. Use the SEND guidance descriptor information (*child's presentation*) in the first column of each threshold to think about how the child's individual profile affects their access to the curriculum and setting. These statements support a decision about the extent to which the child is affected and give guidance about how contexts and support needed affect placement at a threshold.
3. Steps 1 and 2 above should enable professionals to make a judgement about which threshold the pupil is at currently. It is important to recognise that these thresholds can alter either because the child's profile changes or because of context changes such as times of transition or school/setting placement.

# Cognition and Learning Needs Guidance

Threshold Descriptors Overview	
<b>Threshold 1</b>	<ul style="list-style-type: none"> <li>• Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay/emerging need:               <ul style="list-style-type: none"> <li>- At 2 years functioning at or below emerging 16-26 months</li> <li>- At 3 years functioning at or below emerging 22-36 months</li> <li>- At 4 years functioning at or below emerging 30-50 months</li> <li>- At 5 years functioning at or below emerging 40-60 months</li> </ul> </li> <li>• Cognitive abilities broadly lie within age-related expectations as evidenced by EYFS ages and stages, however the child may be easily distracted and require prompts to remain on task, may need adult encouragement to remain engaged in play and/or may struggle to concentrate on adult-directed activities (more than would be expected for a child of that age range and observed over time).</li> </ul>
<b>Mild</b>	
<b>Threshold 2</b>	<ul style="list-style-type: none"> <li>• <b>MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching, implemented over time and reviewed regularly.</li> <li>• Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:               <ul style="list-style-type: none"> <li>- At 2 years functioning at or below developing 8-20 months</li> <li>- At 3 years functioning at or below developing 16-26 months</li> <li>- At 4 years functioning at or below developing 22-36 months</li> <li>- At 5 years functioning at or below developing 30-50 months</li> </ul> </li> <li>• Some mild learning difficulty/delay, shows some difficulties with conceptual understanding.</li> <li>• Some difficulties with engagement in learning experiences.</li> <li>• Easily distracted and requires prompts and adult intervention to remain on task.</li> <li>• May need some adult encouragement to remain engaged in adult initiated play.</li> <li>• Struggles to follow adult directed activities within a small group where child has chosen the activity.</li> </ul>
<b>Mild - Moderate</b>	

<b>Threshold 3</b>	<ul style="list-style-type: none"> <li>• <b>MODERATE persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching, implemented over time and reviewed regularly.</li> <li>• Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> <li>- At 2 years functioning at or below emerging 8-20 months</li> <li>- At 3 years functioning at or below emerging 16-26months</li> <li>- At 4 years functioning at or below emerging 22-36 months</li> <li>- At 5 years functioning at or below emerging 30-50 months</li> </ul> </li> <li>• Differentiated work and targeted support with conceptual understanding, and reasoning across the EYFS needed.</li> <li>• Very uneven profile of early learning skills that requires a balance of small group and additional adult support.</li> <li>• Demonstrates some difficulties learning basic concepts and retaining them over time despite targeted support.</li> <li>• Limited and/or repetitive play skills, these persisting despite targeted support.</li> <li>• Displays some difficulties with imaginative play unless supported by an adult.</li> <li>• Experiences some difficulties following adult led routines and structure.</li> </ul>
<b>Threshold 4</b>	<ul style="list-style-type: none"> <li>• <b>SIGNIFICANT persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First teaching, implemented over time and reviewed regularly.</li> <li>• Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile shows at least the following broad levels of delay: <ul style="list-style-type: none"> <li>- At 2 years functioning at or below developing 0-11 months</li> <li>- At 3 years functioning at or below developing 8-20 months</li> <li>- At 4 years functioning at or below developing 16-26 months</li> <li>- At 5 years functioning at or below developing 22-36 months</li> </ul> </li> <li>• Moderate to severe learning difficulties, showing significant delay in problem solving/reasoning skills.</li> <li>• Limited and restricted play skills which are persistent despite targeted support.</li> <li>• Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.</li> <li>• Experiences persistent difficulties learning basic concepts and retaining them over time despite targeted support.</li> <li>• Displays persistent patterns of repetitive play.</li> </ul>

## Threshold 5

### Severe

- **SEVERE persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching, implemented over time and reviewed regularly.
- Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:
  - At 2 years functioning at or below emerging 0-11 months
  - At 3 years functioning at or below emerging 8-20 months
  - At 4 years functioning at or below emerging 16-26 months
  - At 5 years functioning at or below emerging 22-36 months
- Severe learning difficulties and global delay, affecting self-help and independence skills.
- Cannot independently access play experiences.
- Tendency to withdraw from group learning activities which is severely impacting on learning.
- Requires intensive support to enable the child to engage with learning.
- Severely limited and restricted play skills which are persistent despite targeted support.
- Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.
- Experiences persistent and significant difficulties learning basic concepts and retaining them over time despite targeted support.
- Displays persistent patterns of repetitive play.
- Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS.



## Threshold 1 - Cognition and Learning

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

## Threshold 2 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>Presentation to be considered in line with child's age and appropriate developmental stage.</b></p> <p><b>MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 8-20 months</li> <li>• At 3 years functioning at or below developing 16-26 months</li> <li>• At 4 years functioning at or below developing 22-36 months</li> <li>• At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Some mild learning difficulty/delay, shows some difficulties with conceptual understanding.</p> <p>Some difficulties with engagement in learning experiences.</p> <p>Easily distracted and requires prompts and adult intervention to remain on task.</p> <p>May need some adult encouragement to remain engaged in adult initiated play.</p> <p>Struggles to follow adult directed activities within a small group where child has chosen the activity.</p>	<p><b>As Thresholds 1 plus:</b></p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age-related expectations.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps.</p> <p>Setting to liaise with parent/carer.</p> <p>Referral to SALT.</p> <p>Involvement of Area SENDCo.</p> <p>Consider referral to 0-4 Referral Meeting. Begin to collate relevant developmental evidence.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes from support plan.</p> <p>Planned interventions involve parent/carer, child, SENDCo, key person and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Staff training needs are addressed.</p> <p>Specific interventions e.g., BLAST &amp; TALKBOOST.</p>

## Threshold 3 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>Presenting behaviours to be considered in line with child's age and appropriate developmental stage.</b></p> <p><b>MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and quality first teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 8-20 months</li> <li>• At 3 years functioning at or below developing 16-26 months</li> <li>• At 4 years functioning at or below developing 22-36 months</li> <li>• At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Some mild learning difficulty/delay, shows some difficulties with conceptual understanding.</p> <p>Some difficulties with engagement in learning experiences.</p> <p>Easily distracted and requires prompts and adult intervention to remain on task.</p> <p>May need some adult encouragement to remain engaged in adult initiated play.</p> <p>Struggles to follow adult directed activities within a small group where child has chosen the activity.</p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations. The profile may be spiky.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referral to 0-4 Meeting for involvement of additional services as appropriate. (Portage/EY HINT/SALT/CDT/OT etc).</p> <p>Support plan with SMART targets takes account of any specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Interventions/strategies are assessed for IMPACT on progress.</p> <p>Assess/Plan/Do/Review process implemented.</p> <p>Consultation with, and involvement of EP to be considered.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and monitoring assessments etc. to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Interventions and staffing ratios evidenced within support plan.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Use of Makaton, intensive interaction, and visual approaches to supporting the development of early learning skills.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Staff will need access to specific specialist training.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three-step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.</p>

## Threshold 4 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>SIGNIFICANT persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 0-11 months</li> <li>• At 3 years functioning at or below developing 8-20 months</li> <li>• At 4 years functioning at or below developing 6-26 months</li> <li>• At 5 years functioning at or below developing 22-36 months</li> </ul> <p>Moderate to severe learning difficulties, showing significant delay in problem solving/reasoning skills. Limited and restricted play skills which are persistent despite targeted support.</p> <p>Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.</p> <p>Experiences persistent difficulties learning basic concepts and retaining them over time despite targeted support.</p> <p>Displays persistent patterns of repetitive play.</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage i.e. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an adapted and individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency targets and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets includes specialist advice as part of a multi-agency plan.</p> <p>Termly/ half-termly review of child's progress towards outcomes/targets on individualised learning/support plan following assess-plan-do-review process. Involvement of parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Increased focus on individualised planned interventions, with regular targeted and focused adult attention and interventions for individual/group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

## Threshold 5 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>SEVERE persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below emerging 0-11 months</li> <li>• At 3 years functioning at or below emerging 8-20 months</li> <li>• At 4 years functioning at or below emerging 16-26 months</li> <li>• At 5 years functioning at or below emerging 22-36 months</li> </ul> <p>Severe learning difficulties and global delay, affecting self-help and independence skills.</p> <p>Cannot independently access play experiences.</p> <p>Tendency to withdraw from group learning activities which is severely impacting on learning.</p> <p>Requires intensive support to enable the child to engage with learning.</p> <p>Severely limited and restricted play skills which are persistent despite targeted support.</p> <p>Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.</p> <p>Experiences persistent and significant difficulties learning basic concepts and retaining them over time despite targeted support.</p> <p>Displays persistent patterns of repetitive play.</p> <p>Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS.</p>	<p><b>As Threshold 4 plus:</b></p> <p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage i.e. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an adapted and individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency targets and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets includes specialist advice as part of a multi-agency plan.</p> <p>Termly/ half-termly review of child's progress towards outcomes/targets on individualised learning/support plan following assess-plan-do-review process. Involvement of parents/carers and key professionals.</p> <p>Complete and submit application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi-agency SEND support planning meeting arranged in line with EHCP assessment process.</p> <p>Continue with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Increased focus on individualised planned interventions, with regular targeted and focused adult attention and interventions for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

**PfA Outcomes and Provision**

Employability/Education	Independence	Community Participation	Health
<p>Child is able to engage in aspects of real-world/role play and show developing awareness of the tasks carried out by different professionals (doctor, nurse, firefighter, police officer).</p> <p>Child is able to show interest in activities and resources within the nursery environment and will engage in aspects of exploratory, functional and sensory play, demonstrating developing understanding of the world around them.</p> <p>Child is able to show developing imagination through substitution and representation of objects within play (using a cardboard tube to represent a phone, for example).</p> <p>Child is able to begin to make meaningful choices between objects and activities.</p> <p>Child will show increased listening skills and task focus.</p>	<p>Child is able to make choices between options offered at snack and mealtimes.</p> <p>Child has an understanding of risk/safety within the home (hot pans, cooker top, boiling water etc.).</p>	<p>Child shows a developing understanding of friendships and interaction with others and will be able to name 'friends' within their nursery group.</p>	<p>Child is able to begin to recognise which foods and drinks are healthier and the importance of a healthy diet.</p> <p>Child has an understanding of the importance of self-care routines to maintain good health (washing hands, cleaning teeth, having a bath etc.)</p> <p>Child has a developing understanding that some substances are harmful to ingest or touch.</p> <p>Child has an understanding of basic feelings and emotions.</p>

Child will have reached expected outcomes in relation to EYFS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning: literacy skills, Mathematics, Understanding of the world and Expressive Art and Design  
[http://www.primaryresources.co.uk/foundation/docs/devmatters\\_tracking\\_2012.doc](http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc)

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Thresholds Guidance: Cognition and Learning.

# Communication and Interaction Needs Guidance

## Threshold Descriptors Overview

<p><b>Threshold 1</b></p> <p><b>Mild</b></p>	<ul style="list-style-type: none"> <li>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay or emerging needs:             <ul style="list-style-type: none"> <li>At 2 years functioning at or below emerging 16-26 months</li> <li>At 3 years functioning at or below emerging 22-36 months</li> <li>At 4 years functioning at or below emerging 30-50 months</li> <li>At 5 years functioning at or below emerging 40-60 months</li> </ul> </li> <li>May develop spoken language at a slower rate than peers.</li> <li>Some difficulties with understanding of language.</li> <li>May demonstrate limited understanding of non-verbal cues.</li> <li>Some immature speech sounds. Requires help with key words. Requires repetition from an adult.</li> <li>May have English as an additional language.</li> <li>Difficulty being understood by adults outside the family.</li> <li>Some difficulties in interactions with peers; may need adult prompting.</li> <li>May display shorter attention span in comparison to peers.</li> <li>Range of noises and sounds in babble limited.</li> </ul>
<p><b>Threshold 2</b></p> <p><b>Mild - Moderate</b></p>	<ul style="list-style-type: none"> <li>MILD but persistent difficulties and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly.</li> <li>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:             <ul style="list-style-type: none"> <li>At 2 years functioning at or below developing 8-20 months</li> <li>At 3 years functioning at or below developing 16-26 months</li> <li>At 4 years functioning at or below developing 22-36 months</li> <li>At 5 years functioning at or below developing 30-50 months</li> </ul> </li> <li>Difficulty following or understanding instructions and everyday language without visual references.</li> <li>Adults have difficulty understanding speech without it being in context.</li> <li>Poor enunciation/clarity of speech/making noises/sounds.</li> <li>Immaturity in socialisation. Older age range looks towards adults rather than peers. Some difficulties with social communication and interaction.</li> <li>Lack of awareness of social space and related social difficulties.</li> <li>Difficulties forming and maintaining friendships with peers.</li> <li>Younger age range – not linking with an important adult. Lack of playing with sound/noise/babble.</li> </ul>

<p><b>Threshold 3</b></p> <p><b>Moderate</b></p>	<ul style="list-style-type: none"> <li>• <b>MODERATE and persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</li> <li>• Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> <li>- At 2 years functioning at or below emerging 8-20 months</li> <li>- At 3 years functioning at or below emerging 16-26months</li> <li>- At 4 years functioning at or below emerging 22-36 months</li> <li>- At 5 years functioning at or below emerging 30-50 months</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Mild to moderate delay in expressive and/ or receptive language requiring regular SALT input.</li> <li>• Has reduced vocabulary both receptively and expressively impacting on learning and retention of new words.</li> <li>• May display some loss of previously demonstrated communication skills.</li> <li>• Difficulty communicating or expressing feelings or needs.</li> <li>• Limited ability to understand the impact of their actions on others.</li> <li>• Becoming increasingly isolated with peers.</li> <li>• Limited initiation of social interaction – limited noises/ babble, limited response to adult interactions: physical/ verbal responses.</li> </ul>
<p><b>Threshold 4</b></p> <p><b>Significant</b></p>	<ul style="list-style-type: none"> <li>• <b>SIGNIFICANT persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</li> <li>• Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile shows at least the following broad levels of delay: <ul style="list-style-type: none"> <li>- At 2 years functioning at or below developing 0-11 months</li> <li>- At 3 years functioning at or below developing 8-20 months</li> <li>- At 4 years functioning at or below developing 16-26 months</li> <li>- At 5 years functioning at or below developing 22-36 months</li> </ul> </li> <li>• Moderate to severe language and/or speech sound disorder/ limited language or babble.</li> <li>• Uses mix of speech and alternative communication methods such as visuals, Makaton, BSL and/or augmented communication systems.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessments show child is working at least 2 age and stages below chronological age in at most areas of language, communication and social interaction skills.</li> <li>• May avoid communication or use extremely limited non-verbal communication when in a speaking situation.</li> <li>• Avoids interactions with others.</li> <li>• Displays tendency to withdraw from social and group learning activities.</li> <li>• Appears unaware of others.</li> <li>• Displays difficulties expressing emotions.</li> <li>• Persistent and significant difficulties engaging in social interactions and forming relationships with others.</li> <li>• Difficulties in relation to understanding and interpretation of social interactions and social situations.</li> </ul>



## Threshold 5

### Severe

- **SEVERE persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:
  - At 2 years functioning at emerging 0-11 months
  - At 3 years functioning at or below emerging 8-20 months
  - At 4 years functioning at or below emerging 16-26 months
  - At 5 years functioning at or below emerging 22-36 months
- Severe delay in receptive and/ or expressive language.
- Very limited understanding of what is said or signed.
- Communicates by emotion, gesture, eye pointing or symbols.
- Cannot independently access play experiences.
- May display sustained loss of communication skills previously demonstrated.
- Unable to speak or communicate in the setting which hasn't improved over the last 3 months and is having a significant impact on their ability to access the learning environment.
- Frequent and significant difficulties following adult direction due to difficulties with understanding of language.
- Withdrawal from social and group learning activities which are severely impacting on learning.
- Significant evidence of persistent repetitive play and restricted interests.
- Inability to form relationships/unable to tolerate social interaction other than to get needs met.
- No understanding of social boundaries.
- Severe and persistent high anxiety levels requiring intensive support.
- Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS environment and curriculum.

## Threshold 1 - Communication and Interaction

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

## Threshold 2 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>Presentation to be considered in line with child's age and appropriate developmental stage.</b></p> <p><b>MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 8-20 months</li> <li>• At 3 years functioning at or below developing 16-26 months</li> <li>• At 4 years functioning at or below developing 22-36 months</li> <li>• At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Difficulty following or understanding instructions and everyday language without visual references.</p> <p>Adults have difficulty understanding speech without it being in context.</p> <p>Poor enunciation/clarity of speech/making noises/sounds.</p> <p>Immaturity in socialisation. Older age range looks towards adults rather than peers. Some difficulties with social communication and interaction.</p> <p>Lack of awareness of social space and related social difficulties.</p> <p>Difficulties forming and maintaining friendships with peers.</p> <p>Younger age range – not linking with an important adult. Lack of playing with sound/noise/babble.</p>	<p><b>As Threshold 1 plus:</b></p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age-related expectations.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from Quality First teaching, otherwise continue with EYFS developmental records. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps.</p> <p>Setting to liaise with parent/carer.</p> <p>Referral to SaLT.</p> <p>Consider referral to 0-4 Referral Meeting. Begin to collate relevant developmental evidence.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve as Threshold 1 + SENDCo and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Use of Makaton, intensive interaction, and visual approaches to supporting the developing of language and interaction skills.</p> <p>Access and use of 'autism friendly' strategies/focus upon social play and interaction skills.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Staff training needs are addressed.</p> <p>Draw on ICAN/ELKLAN strategies.</p> <p>Use of specific interventions such as BLAST and TALKBOOST.</p>

## Threshold 3 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>Presenting behaviours to be considered in line with child's age and appropriate developmental stage.</b></p> <p><b>MODERATE and persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below emerging 8-20 months</li> <li>• At 3 years functioning at or below emerging 16-26months</li> <li>• At 4 years functioning at or below emerging 22-36 months</li> <li>• At 5 years functioning at or below emerging 30-50 months</li> </ul> <p>Mild to moderate delay in expressive and/or receptive language requiring regular SALT input.</p> <p>Has reduced vocabulary both receptively and expressively impacting on learning and retention of new words.</p> <p>May display some loss of previously demonstrated communication skills.</p> <p>Difficulty communicating or expressing feelings or needs.</p> <p>Limited ability to understand the impact of their actions on others.</p> <p>Becoming increasingly isolated with peers.</p> <p>Limited initiation of social interaction – limited noises/babble, limited response to adult interactions: physical/verbal responses.</p>	<p>Observations and EYFS developmental assessment identify on-going needs and delayed progress in relation to age related expectations.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referral to 0-4 Meeting for involvement of additional services as appropriate. (Portage/SALT/CDT/OT etc).</p> <p>Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan details support in:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Interventions/strategies are assessed for IMPACT on progress.</p> <p>Assess-Plan-Do-Review process implemented.</p> <p>Consider referral to EP.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progression.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Increased focus on planned interventions, may continue with BLAST and TALKBOOST. As a baseline provision ICAN and ELKLAN strategies implemented throughout with targeted individualised interventions included in accordance with recommendations from SALT, EP</p> <p>Interventions and staffing ratios evidenced within support plan.</p> <p>Increased focus on specific activities and/or use of resources, including ICT and specialist equipment/ materials/ communication aids. Visual timetable, clear routines, preparation for change and activity transitions</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the development of language and interaction skills</p> <p>Access and use of Autism friendly strategies/ social play and interaction skills</p> <p>Staff may need access to specific specialist training.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three-step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p>

## Threshold 4 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>SIGNIFICANT persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 0-11 months</li> <li>• At 3 years functioning at or below developing 8-20 months</li> <li>• At 4 years functioning at or below developing 6-26 months</li> <li>• At 5 years functioning at or below developing 22-36 months</li> </ul> <p>Moderate to severe language and /or speech sound disorder/ limited language or babble.</p> <p>Uses mix of speech and alternative communication methods such as visuals, Makaton, BSL and/or augmented communication systems.</p> <p>Assessments show child is working at least 2 age and stages below chronological age in at most areas of language, communication and social interaction skills.</p> <p>May avoid communication or use extremely limited non-verbal communication when in a speaking situation.</p> <p>Avoids interactions with others.</p> <p>Displays tendency to withdraw from social and group learning activities.</p> <p>Appears unaware of others.</p> <p>Displays difficulties expressing emotions.</p> <p>Persistent and significant difficulties engaging in social interactions and forming relationships with others.</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage, i.e. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and intervention.</p> <p>Support plan with SMART targets takes account of any specialist advice. Joint Portage/SaLT assessment/ advice as part of Early Communication Pathway.</p> <p>Termly/ half-termly review of child's progress towards outcomes/targets on individualised learning/support plan following assess-plan-do-review process. Involvement of parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Increased focus on individualised planned interventions, with regular targeted and focused adult attention and interventions for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

## Threshold 5 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>SEVERE to PROFOUND persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at emerging 0-11 months</li> <li>• At 3 years functioning at or lower than emerging 8-20 months</li> <li>• At 4 years functioning at or lower than emerging 16-26 months</li> </ul> <p>Severe delay in receptive and/ or expressive language.</p> <p>Very limited understanding of what is said or signed.</p> <p>Communicates by emotion, gesture, eye pointing or symbols.</p> <p>Cannot independently access play experiences.</p> <p>May display sustained loss of communication skills previously demonstrated.</p> <p>Unable to speak or communicate in the setting which hasn't improved over the last 3 months and is having a significant impact on their ability to access the learning environment.</p> <p>Frequent and significant difficulties following adult direction due to difficulties with understanding of language.</p> <p>Withdrawal from social and group learning activities which are severely impacting on learning.</p> <p>Significant evidence of persistent repetitive play and restricted interests.</p> <p>Inability to form relationships/ unable to tolerate social interaction other than to get needs met. No understanding of social boundaries.</p> <p>Severe and persistent high anxiety levels requiring intensive support.</p> <p>Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS environment and curriculum.</p>	<p><b>As Thresholds 1 - 4 plus:</b></p> <p>SENDCo involved in ongoing observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation.</p> <p>High level modifications to learning environment and breaking down of tasks into small steps within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/half-termly review of child's progress towards targets on individualised learning/support plan.</p> <p>Complete and submit application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCP assessment processes.</p> <p>Continue with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progression. Additional individualised risk assessments completed where appropriate.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Increased focus on individualised planned interventions, daily trained adult attention and support for individual/group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/materials/communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum. The environment should incorporate a total communication approach.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

**PfA Outcomes and Provision**

Employability/Education	Independence	Community Participation	Health
<p>Child is able to engage in aspects of real-world/role play and show developing awareness of the tasks carried out by different professionals (doctor, nurse, firefighter, police officer).</p> <p>Child is able to show interest in activities and resources within the nursery environment and will engage in aspects of exploratory, functional and sensory play, demonstrating developing understanding of the world around them.</p> <p>Child is able to show developing imagination through substitution and representation of objects within play (using a cardboard tube to represent a phone, for example).</p> <p>Child is able to begin to make meaningful choices between objects and activities.</p> <p>Child will show increased listening skills and task focus.</p>	<p>Child is able to make choices between options offered at snack and mealtimes.</p> <p>Child has an understanding of risk/safety within the home (hot pans, cooker top, boiling water etc.).</p>	<p>Child shows a developing understanding of friendships and interaction with others and will be able to name 'friends' within their nursery group.</p>	<p>Child is able to begin to recognise which foods and drinks are healthier and the importance of a healthy diet.</p> <p>Child has an understanding of the importance of self-care routines to maintain good health (washing hands, cleaning teeth, having a bath etc.).</p> <p>Child has a developing understanding that some substances are harmful to ingest or touch.</p> <p>Child has an understanding of basic feelings and emotions.</p>

Child will have reached expected outcomes in relation to EYFS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning: literacy skills, Mathematics, Understanding of the world and Expressive Art and Design  
[http://www.primaryresources.co.uk/foundation/docs/devmatters\\_tracking\\_2012.doc](http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc)

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Thresholds Guidance: Cognition and Learning.

# Social, Emotional and Mental Health Needs Guidance

## Threshold Descriptors Overview

<b>Threshold 1</b>	<ul style="list-style-type: none"> <li>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay:             <ul style="list-style-type: none"> <li>- At 2 years functioning at or below emerging 16-26 months</li> <li>- At 3 years functioning at or below emerging 22-36 months</li> <li>- At 4 years functioning at or below emerging 30-50 months</li> <li>- At 5 years functioning at or below emerging 40-60 months</li> </ul> </li> <li>May present with some difficulties settling into setting.</li> </ul>	<ul style="list-style-type: none"> <li>May display emotional distress (anxiety) and seek out peer/ adult support including ‘detached’ behaviours.</li> <li>Occasional and short term unwanted dysregulated behaviour resulting in adult intervention.</li> <li>Displays some attention seeking behaviours.</li> <li>Occasionally needs adult support in self-regulation.</li> </ul>
<b>Threshold 2</b>	<ul style="list-style-type: none"> <li><b>MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly.</li> <li>Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay compared to chronologically aged peers:             <ul style="list-style-type: none"> <li>- At 2 years functioning at or below developing 8-20 months</li> <li>- At 3 years functioning at or below developing 16-26 months</li> <li>- At 4 years functioning at or below developing 22-36 months</li> <li>- At 5 years functioning at or below developing 30-50 months</li> </ul> </li> <li>Frequently displays some difficulties entering in the setting and can be unsettled at periods throughout the day.</li> <li>Has difficulty seeking comfort from familiar adults and/or with self-soothing.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing difficulties relating to separating from parent/carer.</li> <li>Can be highly distracted within activities and need some short-term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers of the same chronological age.</li> <li>Does not consistently conform to routine and boundaries.</li> <li>Some difficulties with regulating emotions/behaviour.</li> <li>Some attention seeking or avoidant behaviours, likely to show reliance on adults.</li> <li>Some difficulties recognising and communicating emotions.</li> <li>Some difficulties managing change to routine and transitions.</li> <li>Frequently needs adult support in self-regulation.</li> </ul>
<b>Mild - Moderate</b>		



### Threshold 3

#### Moderate

- **MODERATE persistent difficulties** and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.
- Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay compared to chronologically aged peers:
  - At 2 years functioning at or below emerging 8-20 months
  - At 3 years functioning at or below emerging 16-26 months
  - At 4 years functioning at or below emerging 22-36 months
  - At 5 years functioning at or below emerging 30-50 months
- Displays some unusual behaviours or changes in behaviour requiring adult intervention.
- May display some difficulties in sharing, turn taking and social interaction.
- May display difficulties with attention and concentration.
- Displays some refusal to follow instructions, may run from adults.
- May display aggressive behaviour toward adults and peers when told 'no'.
- Displays some tendencies to withdraw from activities and some unwillingness to engage with others.
- Displays some difficulties forming relationships which impact upon development despite targeted intervention.
- Concerns regarding social and emotional health that require outside agency input and has an impact on development.
- Displays increased levels of anxiety and may be overly dependent on 'comfort objects'.
- Frequently detaches from others.
- Becoming increasingly isolated from peers.
- May display signs of hypervigilance.
- Only speaks or communicates a few words to a familiar adult in an altered voice such as a whisper or when withdrawn from the main group.
- Show signs of distress when faced with new people, places, events or when unsure what is going to happen.
- May find transitions difficult.
- Struggles to predict what will happen without adult prompts.
- Has difficulties understanding social and physical risks.

## Threshold 4

### Significant

- **SIGNIFICANT persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.
  - Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay compared to chronologically aged peers:
    - At 2 years functioning at or below developing 0-11 months
    - At 3 years functioning at or below developing 8-20 months
    - At 4 years functioning at or below developing 16-26 months
    - At 5 years functioning at or below developing 22-36 months
  - Unpredictable extremes of demanding behaviour which affects the safety of self and others.
  - Severe and persistent difficulties in social interaction.
  - Severe attachment difficulties affecting development.
  - Struggles to sustain activities without significant, consistent adult attention and intervention.
  - Displays considerable difficulties with attention and concentration.
  - Regular refusal to follow instructions, may run from adults.
  - Displays aggressive behaviour toward adults and peers when told 'no'.
- Frequently displays high levels of anxiety.
  - May display signs of hypervigilance.
  - Finds transitions difficult.
  - Displays some social withdrawal and reluctance to engage with social activities.
  - May have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period including CYPS referral.
  - Has social and emotional needs that significantly impact on child's ability to build and maintain successful relationships with adults and peers.
  - Displays difficulties managing emotions which may lead to challenging behaviours, increased anxiety, and episodes of heightened emotional state.
  - Is known to be able to speak to familiar adults outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting.
  - Shows signs of distress over even small changes in the environment.
  - Rigid, repetitive, or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression, or withdrawals.

## Threshold 5

### Severe

- **SEVERE persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.
- Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:
  - At 2 years functioning at emerging 0-11 months
  - At 3 years functioning at or lower than emerging 8-20 months
  - At 4 years functioning at or lower than emerging 16-26 months
  - At 5 years functioning at or lower than emerging 22-36 months
- Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk.
- Cannot independently access play experiences.
- Requires a high level of intervention from adults including specialist support to address the child's social and emotional needs.
- Frequent emotional meltdowns due to non-tolerance of demands.
- Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are deemed unpredictable, persistent, and extreme in relation to the child's age and stage of development.
- Needs a calm, safe, designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning.
- Struggles to function, participate and engage without direct intensive adult support or specific support mechanisms as identified in child's behaviour support/risk management plan.
- Persistent and severe social isolation.
- Severe and persistent high anxiety levels requiring intensive support.
- Frequent, and unpredictable, behaviours that jeopardise the health and safety of self and others.

## Threshold 1 - Social, Emotional and Mental Health

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

## Threshold 2 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>MILD but persistent difficulties</b> and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay compared to chronologically aged peers:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 8-20 months</li> <li>• At 3 years functioning at or below developing 16-26 months</li> <li>• At 4 years functioning at or below developing 22-36 months</li> <li>• At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Frequently displays some difficulties entering the setting and can be unsettled at periods throughout the day.</p> <p>Has difficulty seeking comfort from familiar adults and/or with self-soothing.</p> <p>Ongoing difficulties relating to separating from parent/carer.</p> <p>Can be highly distracted within activities and need some short-term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers of the same chronological age.</p> <p>Does not consistently conform to routine and boundaries.</p> <p>Some difficulties with regulating emotions/behaviour.</p> <p>Some attention seeking or avoidant behaviours, likely to show reliance on adults.</p> <p>Some difficulties recognising and communicating emotions.</p> <p>Some difficulties managing change to routine and transitions.</p> <p>Frequently needs adult support in self-regulation.</p>	<p><b>As Threshold 1 plus:</b></p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps.</p> <p>Setting to liaise with parent/carer.</p> <p>Seek informal advice from Area SENDCo.</p> <p>Consider referral to 0-4 Referral Meeting.</p> <p>Consider SALT involvement.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Staff trained in 'nurture programme' and 'Friends'.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve the parent/carer, child, SENDCo, key worker and other professionals.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Staff training needs are addressed including attachment and behaviour management.</p> <p>Environment provides 'space for one' for a child to withdraw.</p>

## Threshold 3 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>Presentation to be considered in line with child's age and appropriate developmental stage.</b></p> <p><b>MILD but persistent difficulties</b> and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay compared to chronologically aged peers:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 8-20 months</li> <li>• At 3 years functioning at or below developing 16-26 months</li> <li>• At 4 years functioning at or below developing 22-36 months</li> <li>• At 5 years functioning at or below developing 30-50 months</li> </ul> <p>Displays some unusual behaviours or changes in behaviour requiring adult intervention.</p> <p>May display some difficulties in sharing, turn taking and social interaction.</p> <p>May display difficulties with attention and concentration.</p> <p>Displays some refusal to follow instructions, may run from adults.</p> <p>May display aggressive behaviour toward adults and peers when told no.</p> <p>Displays some tendencies to withdraw from activities and some unwillingness to engage with others.</p> <p>Displays some difficulties forming relationships which impact upon development despite targeted intervention.</p> <p>Concerns regarding social and emotional health that require outside agency input and has an impact on development.</p> <p>Displays increased levels of anxiety and may be overly dependent on 'comfort objects'.</p> <p>Frequently detaches from others.</p> <p>Is becoming increasingly isolated from peers.</p> <p>May display signs of hypervigilance.</p> <p>Only speaks or communicates a few words to a familiar adult in an altered voice such as a whisper or when withdrawn from the main group.</p> <p>Show signs of distress when faced with new people, places, events or when unsure what is going to happen.</p> <p>May find transitions difficult.</p> <p>Struggles to predict what will happen without adult prompts.</p> <p>Has difficulties understanding social and physical risks.</p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations. The profile may be spikey.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referral to 0-4 Meeting for involvement of additional services as appropriate. (Portage/EY HINT/SALT/CDT/OT etc).</p> <p>Support plan with SMART targets takes account of any specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> <li>• Continuous provision</li> <li>• Enhanced</li> <li>• Targeted</li> </ul> <p>Interventions/strategies are assessed for IMPACT on progress.</p> <p>Assess/Plan/Do/Review process implemented.</p> <p>Consultation with, and involvement of EP to be considered.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progression.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Interventions and staffing ratios evidenced within support plan.</p> <p>Increased focus on specific activities and/or use of resources, including ICT and specialist equipment, materials, and communication aids.</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the development of interaction skills.</p> <p>Staff may need access to specific specialist training, particularly in attachment behaviour.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three-step approach: sensory activity, adult-directed activity, and child-led activity. Repetition of these steps to enable the child to engage effectively.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Specialist resources for sensory breaks – 'stretch', 'pull', 'twist' etc.</p> <p>Referral for parents/carers to support/training programmes, e.g., 'Incredible Years.'</p>

## Threshold 4 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>SIGNIFICANT persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay compared to chronologically aged peers:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at or below developing 0-11 months</li> <li>• At 3 years functioning at or below developing 8-20 months</li> <li>• At 4 years functioning at or below developing 16-26 months</li> <li>• At 5 years functioning at or below developing 22-36 months</li> </ul> <p>Unpredictable extremes of demanding behaviour which affects the safety of self and others.</p> <p>Severe and persistent difficulties in social interaction.</p> <p>Severe attachment difficulties affecting development.</p> <p>Struggles to sustain activities without significant, consistent adult attention and intervention.</p> <p>Displays considerable difficulties with attention and concentration.</p> <p>Regular refusal to follow instructions, may run from adults.</p>	<p>SENDCo involved in ongoing observation.</p> <p>Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage, e.g. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/ half-termly review of child's progress towards targets on individualised learning/support plan following Assess-Plan-Do-Review process and involving parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers.</p> <p>Mental health services involvement.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Increased focus on individualised planned interventions, regular, targeted, focused adult attention and support for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Consider staff access to specialist training, particularly in attachment behaviour.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p> <p>Sensory breaks/resources etc. as at Threshold 3.</p> <p>Participation in nurture group.</p> <p>Emotion coaching.</p>

## Threshold 4 - Social, Emotional and Mental Health *continued*

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Displays aggressive behaviour toward adults and peers when told 'no'.</p> <p>Frequently displays high levels of anxiety.</p> <p>May display signs of hypervigilance.</p> <p>Finds transitions difficult.</p> <p>Displays some social withdrawal and reluctance to engage with social activities.</p> <p>May have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period including CYPS referral.</p> <p>Has social and emotional needs that significantly impact on child's ability to build and maintain successful relationships with adults and peers.</p> <p>Displays difficulties managing emotions which may lead to challenging behaviours, increased anxiety, and episodes of heightened emotional state.</p> <p>Is known to be able to speak to familiar adults outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting.</p> <p>Shows signs of distress over even small changes in the environment.</p> <p>Rigid, repetitive, or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression, or withdrawals.</p>		



## Threshold 5 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>SEVERE persistent difficulties</b> and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> <li>• At 2 years functioning at emerging 0-11 months</li> <li>• At 3 years functioning at or lower than emerging 8-20 months</li> <li>• At 4 years functioning at or lower than emerging 16-26 months</li> <li>• At 5 years functioning at or lower than emerging 22-36 months</li> </ul> <p>Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk.</p> <p>Cannot independently access play experiences.</p> <p>Requires a high level of intervention from adults including specialist support to address the child's social and emotional needs.</p> <p>Frequent emotional meltdowns due to non-tolerance of demands.</p> <p>Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are deemed unpredictable, persistent, and extreme in relation to the child's age and stage of development.</p> <p>Needs a calm, safe, designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning.</p> <p>Struggles to function, participate and engage without direct intensive adult support or specific support mechanisms as identified in child's behaviour support/risk management plan.</p> <p>Persistent and severe social isolation.</p> <p>Severe and persistent high anxiety levels requiring intensive support.</p> <p>Frequent, and unpredictable, behaviours that jeopardise the health and safety of self and others.</p>	<p><b>As Thresholds 1 - 4 plus:</b></p> <p>SENDCo involved in ongoing observation. Support in place from relevant external agencies in line with agency referral processes. Strategies and support implemented and evidenced within support plans and review documentation often supported by Portage, e.g. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and breaking down of tasks into small steps following Portage principles, if applicable, within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Portage, OT and SaLT implemented joint interventions/ assessments where appropriate.</p> <p>Termly/ half-termly review of child's progress towards targets on individualised learning/support plan involving parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCP assessment processes.</p> <p>Continued with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan.</p>	<p>Emphasis on providing an enabling and accessible environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress. Individualised risk assessments completed as appropriate.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Increased focus on individualised planned interventions with regular, targeted, focused adult attention and support for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS, as with previous Thresholds 3 &amp; 4.</p> <p>Regular access to calm, safe break-out space.</p>

**PfA Outcomes and Provision**

Employability/Education	Independence	Community Participation	Health
<p>Child has the social and emotional skills and resilience required to be able to adapt to change and new environments.</p> <p>Child is able to regulate basic feelings; developing skills such as waiting to take a turn in an activity or when wanting to share news with an adult.</p>	<p>Child is developing a growing awareness of independent living skills through real-world play (kitchens, DIY, cleaning).</p> <p>Child is able to sit alongside peers to access mealtimes and snack times, developing the skills to pass out plates, cutlery and cups to their peers and to take a turn to serve themselves and others.</p>	<p>Child has social skills necessary to facilitate shared play and interaction with peers, developing a growing awareness of friendships to support emotional wellbeing and self-esteem.</p> <p>Child is able to recognise indicators of basic feelings in peers (happy and sad) and with support and modelling will respond accordingly at their developmental level (giving a hug to a peer who is crying for example).</p> <p>With prompting, child is beginning to develop an awareness of basic social conventions in interaction with other, for example, using please and thankyou when asking for or receiving things from others.</p>	<p>Child is able to attend necessary dental, medical and optical checks following parental direction and supervision.</p> <p>Child is able to cooperate with self-care and personal hygiene routines with prompting and adult support as required.</p> <p>Child shows awareness of basic feelings and will have the support and strategies required to promote resilience and emotional wellbeing.</p>

Child will have reached expected outcomes in relation to EYFS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Personal, Social and Emotional Prime Areas of learning: Making Relationships, Self Confidence and Self Awareness and Managing Feelings and Behaviour  
[http://www.primaryresources.co.uk/foundation/docs/devmatters\\_tracking\\_2012.doc](http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc)

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Thresholds Guidance: Social, Emotional and Mental Health.

# Sensory and/or Physical and Medical Needs

For babies and children with sensory impairment or physical and/or medical needs, please liaise with a specialist teacher from the Low Incidence Needs Team to assist with Threshold identification for:

- Vision Impairment
- Hearing Impairment
- Multi-sensory Impairment
- Physical and Medical needs

For more information on sensory impairment or physical and/or medical needs, see the relevant sections in the Primary/Secondary sections of the Threshold document.

## Vision Impairment Needs Guidance

### Threshold Descriptors Overview

#### Threshold 1

##### (Eligibility Criteria E)

The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).

- The child does not require any active involvement or further assessments from LINT-VI. The child remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The child's LINT-VI Low Vision Aid Assessment has identified no requirement for **additional** equipment or technology and therefore the child does not require access to related CFVI Areas.
- The child either does not require or requires minimal LINT-VI liaison with multi-agencies.
- The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching VI Friendly strategies.
- The child has a knowledgeable and empowered family around them due to information shared by LINT-VI.
- The child has knowledgeable and empowered educators around them due to information shared by LINT-VI.
- All key person/s involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-VI which has been cascaded to relevant staff after their initial or last LINT-VI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.

<p><b>Threshold 2</b></p> <p><b>(Eligibility Criteria D)</b></p> <p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> <li>• The child does not require any active intervention based on the specialist curriculum from LINT-VI following assessment and provision of strategies. The child remains on caseload and LINT-VI provides an annual assessment including a monitoring visit with updated strategies (as appropriate).</li> <li>• The child’s LINT-VI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related CFVI Areas.</li> <li>• The child requires minimal LINT-VI liaison with multi-agencies. The LINT-VI annual assessment is shared as appropriate.</li> <li>• The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies.</li> <li>• The child’s social environment is accessible with appropriate Quality First Teaching VI Friendly strategies.</li> <li>• The child has a knowledgeable and empowered family around them due to information shared by LINT-VI.</li> <li>• The child has knowledgeable and empowered educators around them due to information shared by LINT-VI.</li> <li>• All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-VI which have been cascaded to relevant staff on a yearly basis in line with transitions.</li> </ul>
<p><b>Threshold 3</b></p> <p><b>(Eligibility Criteria C)</b></p> <p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-VI provides a short-term block from one Area of the CFVI (up to 6 visits).</li> <li>• The child may need a low level of intervention to successfully transition between different settings.</li> <li>• The Low Vision Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related CFVI Areas.</li> <li>• The child requires minimal or short-term LINT-VI liaison with multi-agencies.</li> <li>• The child requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies.</li> <li>• The child requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching VI Friendly strategies.</li> </ul>

<p><b>Threshold 4</b></p> <p><b>(Eligibility Criteria B)</b></p> <p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e. large and modified print and tactile).</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</li> <li>• The child requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home.</li> <li>• The child's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., CCTV, iPad, hand-held magnifiers.</li> <li>• The child may need a medium level of intervention to successfully transition between different settings.</li> <li>• The child requires a low/medium level of LINT-VI liaison with multi-agencies.</li> <li>• The child requires LINT-VI to provide advice, guidance and direct support over the year as required in line with their specialist</li> </ul>	<p>intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI strategies.</p> <ul style="list-style-type: none"> <li>• The child requires LINT-VI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child's family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child's educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key person/s involved with the child require at least termly LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>
<p><b>Threshold 5</b></p> <p><b>(Eligibility Criteria A)</b></p> <p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</li> <li>• The child requires specialist teaching in at least 4 areas from the CFVI.</li> <li>• The child's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e. CCTV, iPad, hand-held magnifiers.</li> <li>• The child may need a high level of intervention to successfully transition between different settings.</li> <li>• The child requires a medium/high level of LINT-VI liaison with multi-agencies.</li> <li>• The child requires LINT-VI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their</li> </ul>	<p>specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.</p> <ul style="list-style-type: none"> <li>• The child's family requires frequent communication (at least fortnightly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child's educators require frequent communication (at least twice a week) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key person/s involved with the child require at least half-termly LINT-VI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>

## Threshold 6

### (Eligibility Criteria A\*)

The child meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.

- The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.
- The child requires long-term intervention based on at least 6 Areas of the CFVI in addition to Facilitating an Inclusive World (Areas to be determined by QTVI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The child receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Habilitation Specialist.
- The child will need a high level of intervention to successfully transition between different settings.
- The child requires a high level of LINT-VI liaison with multi-agencies.
- The child requires LINT-VI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The child's family requires frequent communication (at least weekly) to ensure that the child has a knowledgeable and empowered family around them.
- The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them.
- All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies with LINT-VI liaison meetings occurring either weekly or fortnightly.

## Threshold 1 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is E.</p> <p>Children within Threshold 1 require the following from the CFVI:</p> <p><b>Facilitating an Inclusive World:</b> The child does not require any active involvement or further assessments from LINT-VI. The child remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p><b>Assessment</b></p> <p>Initial/last Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• Low Vision Aids such as hand-held magnifiers if previously put into place are used.</li> <li>• The child understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development.</li> <li>• Provision of LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class'.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• The setting must ensure that all staff are aware that the child will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately.</li> <li>• Settings take on CAF Lead Practitioner role if appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission).</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.</li> <li>• Educators, parent/carer and/or other key professionals can request updated advice if needed or visual functioning changes.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities.</li> <li>• Staff verbalise all written information within the room as required.</li> <li>• Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window.</li> <li>• Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work.</li> <li>• Cue and reinforce the child's listening and attention.</li> <li>• Implement visual fatigue rest breaks within the setting day.</li> <li>• Attention to speed of adult-directed activity delivery and speed of working.</li> <li>• Differentiated questioning and explicit language used to explain whole group responses.</li> <li>• Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs.</li> <li>• Setting staff to ensure information on interactive white boards has a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans.</li> <li>• Setting staff to ensure children can access information displayed on interactive white boards in the method identified by the QTVI e.g., use of mirroring software.</li> <li>• Setting staff to use dark coloured white board pens and avoid light colours or pens which are running out.</li> <li>• Provide a consistent routine.</li> </ul>

## Threshold 1 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> <li>• Provide additional transition visits for the child between rooms.</li> <li>• Encouragement of social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day.</li> <li>• Say the child's name first to gain their attention.</li> <li>• Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room.</li> <li>• Verbal description alongside facial expressions or body language.</li> <li>• Provide opportunities to take responsibility for helpful tasks.</li> <li>• Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate.</li> <li>• Provide a 'can do' environment where the child can succeed and achieve.</li> <li>• Offer opportunities to take controlled risks in a safe environment.</li> <li>• Listen to the voice of the child and develop their self-advocacy skills.</li> <li>• Ensure balance between intervention and independence is understood by all professionals.</li> <li>• Appropriate resources made available from within setting.</li> <li>• Some support provided by setting – especially during activities where health and safety require consideration.</li> <li>• Setting staff provide some individual pre- and post- teaching for consolidation and generalisation of skills.</li> <li>• Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention.</li> <li>• Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed.</li> <li>• Low risk access arrangements are in place for statutory assessments i.e. the RBA.</li> </ul>



## Threshold 1 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> <li>• Provision of auxiliary aids (low vision aids) by LINT following LINT-VI Low Vision Aid Assessment.</li> <li>• Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual children's needs (adaptations and curriculum delivery to facilitate access).</li> <li>• A designated member of setting staff to monitor and manage the use of specialist equipment e.g., CCTV, iPad, magnifiers.</li> <li>• Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/dark leaded pencils, use of a sloping desk or board.</li> <li>• Provision of additional quiet workspace for 1:1 and small group work.</li> <li>• Appropriate levels of support on trips.</li> <li>• Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.</li> <li>• Provision of additional workspace/storage for specialist equipment.</li> <li>• Appropriate levels of support on trips.</li> <li>• Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.</li> <li>• Provision of additional workspace/storage for specialist equipment.</li> <li>• Identification of a key member of staff for the child to support emotional and mental wellbeing.</li> <li>• Access to <a href="#">SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org)</a></li> <li>• Access to <a href="#">3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org)</a></li> <li>• Access to Early Years Advice and Guidance – Vision Friendly Settings: Adaptations and Modifications. <a href="#">Early_years_Vision_Friendly_Settings_Leaflet_.pdf (gateshead.gov.uk)</a></li> </ul>

## Threshold 2 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is D.</p> <p>Children within Threshold 2 require the following from the CFVI:</p> <p><b>Facilitating an Inclusive World:</b> The child does not require any active intervention based on the CFVI from LINT-VI following assessment and provision of strategies. The child remains on caseload and LINT-VI provides an annual assessment with updated strategies (as appropriate).</p>	<p><b>Assessment</b></p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-VI provides an annual assessment including up to 3 visits as appropriate (i.e., troubleshooting for specialist equipment may generate additional visits).</li> <li>• LINT-VI provides a Functional Vision Assessment Report or letter, Specialist Strategies a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions.</li> <li>• Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access.</li> <li>• The child understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• The setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year.</li> <li>• The setting will facilitate monitoring and assessment visit from LINT-VI.</li> <li>• The setting must ensure that all staff are aware that the child will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission).</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.</li> </ul>	<p><b>As Threshold 1</b></p>

## Threshold 3 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for VI equivalent is C.</p> <p>Children within Threshold 3 require the following from the CFVI:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-VI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The child requires active intervention based on a short-term block from the CFVI provided by LINT-VI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p><b>Assessment</b></p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions.</li> <li>The child requires a short-term block of intervention from one Area of the CFVI (up to 6 visits) provided by LINT-VI.</li> <li>The Low Vision Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related CFVI Areas.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Educators have a minimum of termly liaison with QTVI to support the child and themselves in understanding the impact of vision loss and promote independent use of auxiliary aids.</li> <li>Setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year.</li> <li>Settings take on CAF Lead Practitioner role where appropriate.</li> <li>A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>Risk assessments supplemented by LINT.</li> <li>The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.</li> <li>Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parent/carer permission).</li> <li>Educators identify times within the day to deliver training programmes as appropriate.</li> </ul>	<p><b>As Thresholds 1 and 2 plus:</b></p> <ul style="list-style-type: none"> <li>Clear routines supported by cues, e.g., objects of reference, auditory timetables.</li> <li>Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate.</li> <li>Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the child can still sit next to/near their peers.</li> <li>Opportunities are sought within the curriculum to discuss VI and role models within society.</li> <li>Behaviour management systems motivate the child and set clear expectations.</li> <li>Training offered re the needs of the child to raise awareness of different types of vision impairment and strategies to reduce barriers to learning. Setting ensures all relevant staff attend.</li> <li>Timetable adjustments to accommodate specialist interventions.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence.</li> <li>Educators support LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day.</li> </ul>

## Threshold 4 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for VI equivalent is B.</p> <p>Children within Threshold 4 require the following from the CFVI:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p><b>Area 2-11:</b> The child requires active intervention based on a block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.</p>	<p><b>As Thresholds 1-3 plus:</b></p> <p><b>Assessment</b></p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions.</li> <li>• The child requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home.</li> <li>• Low Vision Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas.</li> <li>• Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible (i.e., that all children with vision impairment are provided with access to learning) in addition to appropriate Quality First Teaching VI Friendly strategies.</li> <li>• Timely LINT monitoring is required to ensure that all key persons can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a pupil has transitioned into a new setting or room.</li> </ul>	<p><b>As Thresholds 1 to 3 plus:</b></p> <ul style="list-style-type: none"> <li>• Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used.</li> <li>• Children working with tactile learning resources will need additional differentiation to take into account pace of learning.</li> <li>• Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print.</li> <li>• Language needs to become clearer, concise and meaningful.</li> <li>• Auditory clutter and less busy learning environments are needed to facilitate learning.</li> <li>• Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others.</li> <li>• Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground.</li> <li>• Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach across a range of people/occasions).</li> <li>• Share experiences and have discussions on how other people are feeling.</li> <li>• Peer awareness training.</li> <li>• LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities.</li> <li>• CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the child to progress and develop efficient ways of working.</li> <li>• Charities working in collaboration with the family and LINT-VI i.e., Royal Society for Blind Children (RSBC).</li> <li>• Timetable adjustments to accommodate rest breaks.</li> <li>• Time away from main cohort of children for individual or small group work may be necessary to:             <ul style="list-style-type: none"> <li>- complete tasks made slower by the vision impairment</li> <li>- reinforce work and prepare the child for an activity/learning experience (pre- and post-teaching)</li> <li>- provide additional hands-on experience of materials</li> <li>- provide additional experiences of the environment to support gaps in learning including real-life experience</li> </ul> </li> </ul>

## Threshold 4 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
	<ul style="list-style-type: none"> <li>An environmental assessment may be necessary to assess accessibility of setting environment.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Setting manages SEND support and engages in joint planning with LINT-VI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly.</li> <li>Settings take on CAF Lead Practitioner role where appropriate.</li> <li>A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>Risk assessments supplemented by LINT.</li> <li>Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO.</li> <li>Communication between LINT-VI and settings is frequent (at least half-termly) to ensure that there are knowledgeable and empowered educators around the child.</li> <li>Outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the child to learn to access.</li> <li>Setting provides time within the week for direct specialist teaching from LINT-VI.</li> <li>Educators identify times within the day to deliver training programmes as appropriate.</li> <li>Policies reflect reasonable adjustments.</li> <li>Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC.</li> <li>The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.</li> </ul>	<ul style="list-style-type: none"> <li>Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use.</li> <li>Advice on sourcing large print or tactile materials and production of accessible materials (transcription).</li> <li>Settings support involvement of other agencies e.g., RSBC.</li> <li>QTVI works with setting to facilitate interaction and communication with other children with a VI within or external of setting.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>CFVI is running alongside EYFS curriculum with at least 2 areas to be embedded within setting and home environment.</li> <li>Medium risk access arrangements are in place for statutory assessments i.e., the RBA.</li> <li>Bespoke training is offered around creating a Vision Friendly Environment with CPD offer extended to whole setting as appropriate.</li> </ul>

## Threshold 5 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for VI equivalent is A.</p> <p>Children within Threshold 5 require the following from the CFVI:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-terminally.</p> <p><b>Area 2-11:</b> The child requires active and ongoing intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p><b>Assessment</b></p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies,) a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions.</li> <li>• The child requires specialist teaching in at least 4 areas from the CFVI.</li> <li>• The child is known to LINT's Habilitation Specialist and has been assessed using LINT's Habilitation Eligibility Criteria.</li> <li>• A Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas.</li> <li>• A high level of intervention may be needed for the pupil to successfully transition into the setting and between rooms.</li> <li>• Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies.</li> <li>• Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a pupil has transitioned into a new room or the setting.</li> <li>• An environmental assessment may be necessary to assess accessibility of setting environment.</li> </ul>	<p><b>As Thresholds 1 to 4 plus:</b></p> <ul style="list-style-type: none"> <li>• Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place.</li> <li>• Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation.</li> <li>• Marking and recording of work reflects unique access needs of the child e.g., use of Penfriend stickers.</li> <li>• Communication between the child and others in a variety of forms which can be high tech is used e.g., on-body signing.</li> <li>• Use of support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or sequencing.</li> <li>• Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility.</li> <li>• Regular consultation with QTVI about delivery of curriculum to ensure the child can fully access all curriculum areas.</li> <li>• Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>• Bespoke training at a significant level offered to the setting around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate.</li> <li>• The setting has regular liaison with QTVI to support the child and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training.</li> <li>• Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day on at least a weekly basis.</li> </ul>

## Threshold 5 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Setting manages SEND support and engages in joint planning with LINT-VI, family, the child and other agencies. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• Communication between LINT-VI and settings is frequent to ensure that there are knowledgeable and empowered educators around the child.</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.</li> <li>• All outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the child to learn to access.</li> <li>• The setting provides time within the week for direct specialist teaching from LINT-VI.</li> <li>• Opportunities are in place for regular reviews of planning in line with LA.</li> <li>• Assessment and monitoring will be collaborative between setting and LINT-VI.</li> <li>• Setting engages in joint planning/target setting.</li> <li>• Good communication needed on provision planning and assessment between educators and QTVI to ensure access to learning in a way that does not disadvantage the child.</li> <li>• Educators work with LINT-VI to facilitate assessment and planning across the curriculum.</li> <li>• Educators work closely with LINT-VI to identify when the child accesses their specialist interventions with adaptations to the curriculum required.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Policies reflect reasonable adjustments and are written in collaboration with QTVI.</li> <li>• Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC.</li> </ul>	<ul style="list-style-type: none"> <li>• Settings work closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., RSBC.</li> <li>• <b>IF VI is primary need</b>, Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities.</li> <li>• SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence.</li> <li>• SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials (transcription).</li> <li>• SSTA/QTVI identified as key individual to support the child's emotional and mental wellbeing.</li> <li>• CFVI is merging within the child's curriculum offer within setting with at least 4 areas to be embedded within setting and home environment.</li> <li>• Close liaison with QTVI to receive advice and support on access arrangements for all statutory assessments. LINT-VI may help with the administration of these.</li> <li>• LINT –VI responsible for all specialist skills training, higher levels of support, modelling and coaching.</li> <li>• High risk access arrangements are in place for statutory assessments i.e. the RBA.</li> </ul>

## Threshold 6 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning		Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the CFVI:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p><b>Area 2-11:</b> The child requires active, ongoing and a significant level of intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p><b>Assessment</b></p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions.</li> <li>The child requires long-term intervention based on at least 6 Areas of CFVI in addition to Area 1 (Area/s to be determined by QTVI) which are expected to take at least a year to embed across setting and home.</li> <li>The direct intervention and ongoing assessment based on Habilitation Areas of the CFVI (Areas 5 and 6) provided by LINT's Habilitation Specialist.</li> <li>Very high level of intervention may be needed for the child to successfully transition into a setting and between rooms.</li> <li>Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies.</li> <li>Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room.</li> <li>An environmental assessment is often necessary to assess accessibility of school environment.</li> </ul>	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Setting and QTVI work very closely to identify, assess and meet EHCP outcomes. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>The child can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales.</li> <li>Communication between LINT-VI and settings is frequent (daily when child is in attendance) to ensure that there are knowledgeable and empowered educators around the child.</li> <li>All outcomes from EHCP reflect the CFVI 'above and additional to' interventions for the child to learn to access.</li> <li>Setting works closely with QTVI to create a bespoke education offer to meet unique needs based on setting curriculum and CFVI.</li> <li>The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.</li> <li>Assessment and monitoring will be bespoke between setting and LINT-VI across the curriculum.</li> <li>Educators and LINT-VI precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the CFVI.</li> <li>A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>Risk assessments supplemented by LINT.</li> <li>Policies reflect reasonable adjustments and are written in collaboration with QTVI.</li> <li>Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC.</li> </ul>	<p><b>As Thresholds 1 to 5 plus:</b></p> <ul style="list-style-type: none"> <li>Presentation of learning materials in alternative formats, including Braille/Moon/tactile diagrams, audio/speech.</li> <li>Tactile methods of communication relevant for the child is presented within and beyond the child's room e.g., Braille labels and signage.</li> <li>A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults.</li> <li>Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>The child has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA).</li> <li>SSTA provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription).</li> <li>The curriculum offer for the child is seamless between the setting's curriculum and the CFVI.</li> <li>The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of teaching and support.</li> <li>Close liaison with QTVI to receive advice and support on access arrangements for statutory assessments. LINT-VI must administer the RBA.</li> <li>LINT-VI responsible for all specialist skills training, full levels of support to child, modelling and coaching.</li> <li>High risk access arrangements are in place for statutory assessments i.e., the RBA.</li> </ul>



## Vision Impairment: PFA Outcomes and Provision

Early Years (0-5 years)

### PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the whole EY learning environment with activities, materials, toys and equipment modified and adapted to meet their VI needs as appropriate.</p> <p>Child is able to access and explore real objects alongside images.</p> <p>Child is able to access the general EY environment with corridors and rooms clear of trip hazards as well as accessible signage and information.</p> <p>Child is able to begin to explore the environment around themselves.</p> <p>Child is able to begin to develop an awareness of objects and their function.</p> <p>Child is able to begin to develop their ability to maintain balance when active.</p>	<p>Child is able to begin to develop an awareness of their own body parts and how to move them.</p> <p>Child is able to begin to explore mobility aids (belt canes, walkers etc.) and/or pre-cane toys as needed.</p> <p>Child is able to show an awareness of tactile stimulus.</p> <p>Child is able to begin to identify common human, home, nursery and vehicle sounds.</p>	<p>Child is able to access the whole EY social environment with interactions with peers facilitated where appropriate by familiar adults.</p> <p>Child is able to access a variety of community-based activities/ clubs/groups with adult support to facilitate shared play and interaction and to support the development of balance, strength, body awareness and mobility.</p> <p>Child is able to explore different items in shops and venues and the sounds they make.</p> <p>Child is able to begin to understand that their needs cannot always be met immediately.</p> <p>Child is able to at least sometimes enjoy gathering with family and friends for various occasions.</p> <p>Child is able to use simple verbal and/or nonverbal cues to communicate including the use of greetings and polite language i.e. saying thank you.</p> <p>Child is developing their assertion and negotiation skills during play.</p> <p>Child is able to begin to develop an understanding of cash/ currency and that it is used to pay for everyday items.</p> <p>Child is able to begin to understand that people are different and sometimes need help.</p>	<p>Child is able to attend regular Ophthalmology/Optomist appointments with an adult.</p> <p>Child is able to safely access outdoor equipment.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to begin to have an understanding of their own identity as visually impaired through their own equipment.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p> <p>Child is able to talk about some of the effects that physical exercise has on their body.</p> <p>Child is able to begin expanding their ability to explore and eat new tastes and textures.</p>

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Vision Impairment.

# Hearing Impairment Needs Guidance

## Threshold Descriptors Overview

<p><b>Threshold 1</b></p> <p><b>(Eligibility Criteria E)</b></p> <p>The child meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p>	<ul style="list-style-type: none"> <li>• The child does not require any active involvement or further assessments from LINT-HI. The child remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</li> <li>• The child’s LINT-HI Auxiliary Aid Assessment has identified no requirement for <b>additional</b> equipment or technology and therefore the child does not require access to related specialist curriculum Areas.</li> <li>• The child either does not require or requires minimal LINT-HI liaison with multi-agencies.</li> <li>• The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child has a knowledgeable and empowered family around them due to information shared by LINT-HI.</li> <li>• The child has knowledgeable and empowered educators around them due to information shared by LINT-HI.</li> <li>• All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-HI which has been cascaded to relevant staff after their initial or last LINT-HI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.</li> </ul>
<p><b>Threshold 2</b></p> <p><b>(Eligibility Criteria D)</b></p> <p>The child meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p>	<ul style="list-style-type: none"> <li>• The child does not require any active intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies. The child remains on caseload and LINT-HI provides an annual assessment including a monitoring visit with updated strategies (as appropriate).</li> <li>• The child’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas.</li> <li>• TThe child requires minimal LINT-HI liaison with multi-agencies. The LINT-HI annual assessment is shared as appropriate.</li> <li>• The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child has a knowledgeable and empowered family around them due to information shared by LINT-HI.</li> <li>• The child has knowledgeable and empowered educators around them due to information shared by LINT-HI.</li> <li>• All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-HI which have been cascaded to relevant staff on a yearly basis in line with transitions.</li> </ul>

<p><b>Threshold 3</b></p> <p><b>(Eligibility Criteria C)</b></p> <p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-HI provides a short-term block of intervention from one Area of the specialist curriculum (up to 6 visits).</li> <li>• The child may need a low level of intervention to successfully transition between different settings.</li> <li>• The LINT-HI Auxiliary Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA etc.</li> <li>• The child requires minimal or short-term LINT-HI liaison with multi-agencies.</li> <li>• The child requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child’s family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child’s educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require timely LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.</li> </ul>
<p><b>Threshold 4</b></p> <p><b>(Eligibility Criteria B)</b></p> <p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</li> <li>• The child requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home.</li> <li>• The child’s LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device.</li> <li>• The child may need a medium level of intervention to successfully transition between different settings.</li> <li>• The child requires a low/medium level of LINT-HI liaison with multi-agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires LINT-HI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child’s family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child’s educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require at least termly LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>

<p><b>Threshold 5</b></p> <p><b>(Eligibility Criteria A)</b></p> <p>The child meets criteria for hearing impairment with assessed need identifying a young person who requires access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</li> <li>• The child requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication.</li> <li>• The child's LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA via related specialist curriculum Areas.</li> <li>• The child may need a high level of intervention to successfully transition between different settings.</li> <li>• The child requires a medium/high level of LINT-HI liaison with multi-agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires LINT-HI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child's family requires frequent communication (at least fortnightly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child's educators require frequent communication (at least twice a week) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require at least half-termly LINT-HI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>
<p><b>Threshold 6</b></p> <p><b>(Eligibility Criteria A*)</b></p> <p>The child meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.</li> <li>• The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.</li> <li>• The child has been assessed by and/or is known to a Speech &amp; Language Therapist for Deaf Children and Young People.</li> <li>• The child will need a high level of intervention to successfully transition between different settings.</li> <li>• The child requires a high level of LINT-HI liaison with multi-agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires LINT-HI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• The child's family requires frequent communication (at least weekly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies with LINT-HI liaison meetings occurring either weekly or fortnightly.</li> </ul>

## Threshold 1 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p> <p>Eligibility Criteria for HI equivalent is E.</p> <p>Children within Threshold 1 require the following from the HI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child does not require any active involvement or further assessments from LINT-HI. The child remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p><b>Assessment</b></p> <p>Initial/last assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• Auxiliary Aids such as listening equipment if previously put into place are used and daily listening checks are completed for any audiological equipment.</li> <li>• The child understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development.</li> <li>• Provision of LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class'.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• The setting must ensure that all staff are aware that the child will be experiencing barriers caused by hearing impairment and provide support to enable staff to plan appropriately.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission).</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report.</li> <li>• Educators, parent/carer and/or other key professionals can request updated advice if needed if hearing functioning changes.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities.</li> <li>• Procedures in place for audiological aids as well as implementing the wearing and cleaning of them.</li> <li>• Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window to facilitate access to lip patterns if required.</li> <li>• Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work.</li> <li>• Cue and reinforce the child's listening and attention.</li> <li>• Implementing sensory rest breaks within the setting day.</li> <li>• Attention to speed of adult-directed activity delivery and speed of working.</li> <li>• Differentiated questioning and explicit language used to explain whole group responses.</li> <li>• Provide a consistent routine.</li> <li>• Speaker stays still when talking.</li> <li>• Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day.</li> <li>• Say the child's name first to gain their attention.</li> <li>• Describe events that are going on around them if required.</li> <li>• Use facial expressions and/or body language to emphasise key language.</li> <li>• Provide opportunities to take responsibility for helpful tasks.</li> <li>• Provide of a 'can do' environment where the child can succeed and achieve.</li> <li>• Offer opportunities to take controlled risks in a safe environment.</li> <li>• Listen to the voice of the child and develop their self-advocacy skills.</li> <li>• Ensure balance between intervention and independence is understood by all professionals.</li> <li>• Appropriate resources made available from within setting.</li> </ul>

## Threshold 1 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> <li>• Some support provided by setting – especially during activities where health and safety requires consideration.</li> <li>• Setting staff provide some individual pre and post teaching for consolidation and generalisation of skills.</li> <li>• Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention.</li> <li>• Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed.</li> <li>• Low risk access arrangements are in place for statutory assessments i.e., the RBA.</li> <li>• Provision of auxiliary aids including technology by LINT-HI i.e., audiological equipment following HI Auxiliary Aid assessment.</li> <li>• Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of the Deaf (QToD) around individual children's needs (adaptations and curriculum delivery to facilitate access).</li> <li>• A designated member of setting staff to monitor and manage the use of auxiliary aids i.e., hearing aids.</li> <li>• Provision of consumables by setting, e.g., cleaning kits, whiteboards etc.</li> <li>• Provision of additional quiet workspace for 1:1, small group work.</li> <li>• Appropriate levels of support on trips.</li> <li>• Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.</li> <li>• Provision of additional workspace/storage for specialist equipment.</li> <li>• Identification of a key member of staff for the child to support emotional and mental wellbeing.</li> <li>• Access to <a href="#">SEND-Support-and-Guidance-Document-2021.pdf(gateshead-localoffer.org)</a></li> <li>• Access to <a href="#">3701-JH-Accessibility-STRATEGY-2021-24.pdf</a></li> <li>• <a href="#">Early Years Deaf Friendly Settings: Adaptations and Strategies leaflet</a></li> </ul>

## Threshold 2 - Sensory Impairment: Hearing

<b>Child's Presentation</b> (Following specialist assessments by LINT)	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/Curriculum and Interventions</b>
<p>The child meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p> <p>Eligibility Criteria for HI equivalent is D.</p> <p>Children within Threshold 2 require the following from the HI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child does not require any active intervention LINT-HI following assessment and provision of strategies. The child remains on caseload and LINT-HI provides an annual assessment with updated strategies (as appropriate).</p>	<p><b>Assessment</b></p> <p>Annual assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-HI provides an Assessment Report or letter, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions.</li> <li>• Auxiliary aids are suitably removing barriers to access.</li> <li>• The child understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• The setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids throughout the year.</li> <li>• Setting will facilitate monitoring and assessment visit from LINT-HI.</li> <li>• The setting must ensure that all staff are aware that the child will be experiencing barriers caused by a hearing impairment and provide support to enable teachers to plan appropriately.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parental permission).</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report.</li> </ul>	<p><b>As Threshold 1</b></p>

## Threshold 3 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p> <p>Eligibility Criteria for HI equivalent is C.</p> <p>Children within Threshold 3 require the following from the HI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-HI provides an annual assessment with updated strategies as appropriate.</p> <p><b>Specialist Teaching Areas:</b> The child requires active intervention based on a short-term block from the specialist provided by LINT-HI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p><b>Assessment</b></p> <p>Annual assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions.</li> <li>The child requires a short-term block from one Area of the specialist curriculum (up to 6 visits) provided by LINT-HI.</li> <li>The HI Auxiliary Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist Areas.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Educators have a minimum of termly liaison with QToD to support the child and themselves in understanding the impact of the hearing impairment and promote independent use of auxiliary aids.</li> <li>Setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids (i.e., radio aids) throughout the year.</li> <li>Settings take on CAF Lead Practitioner role.</li> <li>A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parental permission).</li> <li>The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report.</li> <li>Educators identify times within the day to deliver training programmes as appropriate.</li> </ul>	<p><b>As Thresholds 1 and 2 plus:</b></p> <ul style="list-style-type: none"> <li>Clear routines supported by visual cues, e.g., pictures/symbols.</li> <li>Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate.</li> <li>Ensure the learning environment is responsive.</li> <li>New vocabulary is introduced in context and is meaningful i.e., from the child's perspective.</li> <li>Use natural rhythm, intonation, stress and lip movements.</li> <li>Seating position of child will be considered to ensure access to teacher and peers.</li> <li>Apply LINT strategies to utilise a radio aid if one has been supplied to the setting.</li> <li>Opportunities are sought within the curriculum to discuss HI and role models within society.</li> <li>Behaviour management systems motivate the child and set clear expectations.</li> <li>Training offered re the needs of the child to raise awareness of HI impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.</li> <li>Timetable adjustments to accommodate specialist interventions.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>QToD supports educators in developing the child's personal understanding of their hearing impairment and developing their confidence and independence.</li> <li>Educators support LINT-HI in practising and consolidating skills taught discreetly within the specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day.</li> </ul>



## Threshold 4 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p> <p>Eligibility Criteria for HI equivalent is B.</p> <p>Children within Threshold 4 require the following from the HI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p> <p><b>Specialist Teaching Areas:</b> The child requires active intervention based on block/s of intervention following assessment from the specialist curriculum provided by LINT-HI.</p>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</li> <li>• LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions.</li> <li>• The child requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home.</li> <li>• LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on the use of aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device.</li> <li>• Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible (i.e., that all children with hearing impairment are provided with access to learning) in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>• Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new setting or room.</li> <li>• An environmental assessment may be necessary to assess accessibility of setting environment.</li> </ul>	<p><b>As Thresholds 1 to 3 plus:</b></p> <ul style="list-style-type: none"> <li>• Children relying on signing will need additional differentiation to take into account pace of learning.</li> <li>• Setting provides materials in advance of lesson so that materials can be supplemented.</li> <li>• Language needs to become clearer, concise and meaningful.</li> <li>• Auditory clutter and less busy learning environments are now key to facilitate learning.</li> <li>• Link learning opportunities to support the generalisation of concepts.</li> <li>• Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others.</li> <li>• A suitable communication partner who creates opportunities for communication.</li> <li>• Match the pace of interaction to the child's needs.</li> <li>• Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground.</li> <li>• Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions.</li> <li>• Share experiences and have discussions on how other people are feeling.</li> <li>• Peer awareness training.</li> <li>• LINT-HI signpost and/or facilitate educators and parents/carers to external training opportunities.</li> <li>• CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-HI and settings can support the child to progress and develop efficient ways of working.</li> <li>• Charities work in collaboration with the family, LINT-HI and the setting i.e., NDCS.</li> <li>• Timetable adjustments to accommodate sensory breaks.</li> </ul>

## Threshold 4 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Setting manages SEND support and engages in joint planning with LINT-HI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo.</li> <li>• The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report.</li> <li>• Communication between LINT-HI and settings is frequent (at least weekly) to ensure that there are knowledgeable and empowered educators around the child.</li> <li>• Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• Setting provides time within the week for direct specialist teaching from LINT-HI.</li> <li>• Educators identify times within the day to deliver training programmes as appropriate.</li> <li>• Policies reflect reasonable adjustments. Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g. BSL, SSE, AAC.</li> </ul>	<ul style="list-style-type: none"> <li>• Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> <li>- complete tasks made slower by the hearing impairment</li> <li>- reinforce work and prepare the child for an activity/learning experience (pre- and post- teaching)</li> <li>- provide additional hands-on experience of materials</li> <li>- provide additional experiences of the environment to support gaps in learning including real-life experience</li> </ul> </li> <li>• Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use.</li> <li>• Settings support involvement of other agencies e.g. NDCS.</li> <li>• QToD works with setting to facilitate interaction and communication with other children with HI within or external of setting.</li> <li>• Advice on sourcing accessible materials.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>• Specialist curriculum is running alongside EYFS curriculum with up to at least 2 areas to be embedded within setting and home environment.</li> <li>• Bespoke training offered around creating a Deaf Friendly Classroom with CPD offer extended to whole setting as appropriate.</li> <li>• Medium risk access arrangements are in place for statutory assessments i.e., the RBA.</li> </ul>

## Threshold 5 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying a child requiring access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p> <p>Eligibility Criteria for HI equivalent is A.</p> <p>Children within Threshold 5 require the following from the HI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termy.</p>	<p><b>Assessment</b></p> <p>Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions.</li> <li>The child requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication.</li> <li>A LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of aids i.e., hearing aids, cochlear implant, BAHA, assistive listening device via related specialist curriculum Areas.</li> <li>Advice, guidance and direct support is required in line with the the child's specialist intervention to ensure that all learning, assessment and social activities are accessible (in addition to appropriate Quality First Teaching Deaf Friendly strategies).</li> <li>Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new room.</li> <li>An environmental assessment may be necessary to assess accessibility of setting environment.</li> </ul>	<p><b>As Thresholds 1 to 4 plus:</b></p> <ul style="list-style-type: none"> <li>Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place.</li> <li>Teaching methods based on experiential learning with a strong visual emphasis, and which facilitate access to the curriculum and participation.</li> <li>Recording of work reflects unique access needs.</li> <li>Consistent, well-cued routines are in place.</li> <li>Materials are presented slowly and clearly to the child in familiar, quiet environments.</li> <li>Embrace communication between the child and others in a variety of forms e.g., BSL.</li> <li>Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., co-active exploration.</li> <li>The child may require a Total Communication Approach.</li> <li>Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.</li> <li>QToD may liaise with and/or refer to a Speech &amp; Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate.</li> <li>The setting has regular liaison with QToD to support the child and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment and through training.</li> <li>Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day on at least a weekly basis.</li> <li>Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS.</li> </ul>

## Threshold 5 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>Specialist Teaching Areas: The child requires active and</b> ongoing intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Setting manages SEND support and engages in joint planning with LINT-HI, family, the child and other agencies. QToD ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>• Communication between LINT-HI and settings is frequent to ensure that there are knowledgeable and empowered educators around the child.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo.</li> <li>• The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report.</li> <li>• All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• The setting provides time within the week for direct specialist teaching from LINT-HI.</li> <li>• Opportunities are in place for regular reviews of planning in line with LA.</li> <li>• Assessment and monitoring will be collaborative between setting and LINT-HI.</li> <li>• The setting engages in joint planning/target setting.</li> <li>• Good communication needed on provision planning and assessment between educators and QToD to ensure access to learning in a way that does not disadvantage the child.</li> <li>• Educators work with LINT-HI to facilitate assessment and planning across the curriculum.</li> <li>• Educators work closely with LINT-HI to identify when the child accesses their specialist interventions with adaptations to the setting's curriculum required.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>If HI is primary need</b>, LINT Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities.</li> <li>• SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence.</li> <li>• SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptations.</li> <li>• SSTA/QToD identified as key individual to support the child's emotional and mental wellbeing.</li> <li>• Specialist curriculum is merging within the child's curriculum offer within setting with up to at least 4 area to be embedded within setting and home environment.</li> <li>• Close liaison with QToD to receive advice and support on access arrangements.</li> <li>• LINT-HI responsible for all specialist skills training, higher levels of support, modelling and coaching.</li> <li>• High risk access arrangements are in place for statutory assessments i.e., the RBA.</li> </ul>

## Threshold 6 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p> <p>Eligibility Criteria for HI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the HI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.</p> <p><b>Specialist Teaching Areas:</b> The child requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p><b>Assessment</b></p> <p>Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions.</li> <li>The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home.</li> <li>Direct intervention and ongoing assessment based on Communication.</li> <li>The child has been assessed by and/or is known to a Speech &amp; Language Therapist for Deaf Children and Young People.</li> <li>Very high level of intervention may be needed for the child to successfully transition between different settings.</li> <li>Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</li> <li>Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room.</li> <li>An environmental assessment is often necessary to assess accessibility of setting environment.</li> </ul>	<p><b>As Thresholds 1 to 5 plus:</b></p> <ul style="list-style-type: none"> <li>Access to learning is only possible with the use of sign e.g., BSL/SSE.</li> <li>A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>The child has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA).</li> <li>SSTA provides critical role in embedding the specialist curriculum within the day and enabling access to learning via effective communication whilst facilitating independence.</li> <li>LINT-HI responsible for all specialist skills training, full levels of support, modelling and coaching.</li> <li>The curriculum offer for the child is seamless between the setting's curriculum and the specialist curriculum.</li> <li>The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.</li> <li>Close liaison with QToD to receive advice and support on access arrangements for statutory assessments. LINT-HI must support the administration of the RBA.</li> <li>High risk access arrangements are in place for statutory assessments i.e., the RBA.</li> </ul>

## Threshold 6 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Setting and QToD work very closely to identify, assess and meet EHCP outcomes. QToD ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>• Communication between LINT-HI and settings is frequent (daily when child in attendance) to ensure that there are knowledgeable and empowered educators around the child.</li> <li>• All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum.</li> <li>• Assessment and monitoring will be bespoke between setting and LINT-HI across the curriculum.</li> <li>• The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report.</li> <li>• Educators and LINT-HI precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the specialist curriculum.</li> <li>• Policies reflect reasonable adjustments and are written in collaboration with QToD.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Educators facilitate working between themselves, the family, LINT-HI and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC.</li> </ul>	

## Threshold 6 - Sensory Impairment: Hearing *continued*

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> <li>• All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and HI specialist curriculum.</li> <li>• Assessment and monitoring will be bespoke between setting and the HI Team across the curriculum.</li> <li>• The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report.</li> <li>• Educators and the HI Team precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the specialist curriculum.</li> <li>• Policies reflect reasonable adjustments and are written in collaboration with QToD.</li> <li>• Educators facilitate working between themselves, the family, the HI Team and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC.</li> </ul>	<ul style="list-style-type: none"> <li>• QToD has liaised with and/or referred to a Speech &amp; Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained.</li> <li>• Close liaison with QToD to receive advice and support on access arrangements for statutory assessments. The HI Team must support the administration of the RBA.</li> <li>• The HI Team is responsible for all specialist skills training, full levels of support, modelling and coaching.</li> <li>• High risk access arrangements are in place for statutory assessments i.e., the RBA.</li> <li>• QToD works with setting to facilitate interaction and communication with other children with a HI within or external of setting.</li> <li>• Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate.</li> </ul>

**PfA Outcomes and Provision**

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the EY environment and activities in accordance with their hearing needs, to support them to make progress towards early learning goals. N.B, for some children with a profound/severe hearing loss they will require signed support from LINT-HI.</p> <p>Child is able to access the EY curriculum and follow conversations.</p>	<p>Child is able to remove hearing devices independently to give to a familiar adult to do troubleshooting, change batteries, change tubing and complete a listening check.</p> <p>Child is able to insert own hearing devices with support/guidance from a familiar adult.</p>	<p>Child is able to access community-based activities/clubs/groups to facilitate shared play and interaction and to support the development of friendships with peers. Where required signed support may be needed for children with a severe/profound hearing loss and this will be provided by LINT-HI.</p> <p>Child is able to access visits/day trips as appropriate.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults.</p>	<p>Child is able to attend regular audiology/ENT to support good access to sound (equipment will be kept in good condition, with regular updates shared with LINT to ensure assistive listening devices will be applicable to the equipment given to the child).</p> <p>Child is able to attend SALT sessions if appropriate.</p> <p>Child is able to begin to have an understand of own deaf identity through their own equipment.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p>

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Hearing Impairment.



# Multi-Sensory Impairment Guidance

## Threshold Descriptors Overview

<p><b>Threshold 1</b></p> <p><b>(Eligibility Criteria E)</b></p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> <li>• The child does not require any active involvement or further assessments from LINT-MSI. The child remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</li> <li>• The child’s LINT-MSI Auxiliary Aid Assessment has identified no requirement for <b>additional</b> equipment or technology and therefore the child does not require access to related specialist curriculum Areas.</li> <li>• The child either does not require or requires minimal LINT-MSI liaison with multi-agencies.</li> <li>• The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• The child’s social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• The child has a knowledgeable and empowered family around them due to information shared by LINT-MSI.</li> <li>• The child has knowledgeable and empowered educators around them due to information shared by LINT-MSI.</li> <li>• All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-MSI which have been cascaded to relevant staff after their initial or last LINT-MSI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.</li> </ul>
<p><b>Threshold 2</b></p> <p><b>(Eligibility Criteria D)</b></p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e. print or symbols).</p>	<ul style="list-style-type: none"> <li>• The child does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The child remains on caseload and LINT-MSI provides an annual assessment including a monitoring visit with updated strategies (as appropriate).</li> <li>• The child’s LINT MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas.</li> <li>• The child requires minimal LINT-MSI liaison with multi-agencies after receiving the LINT-MSI Annual Assessment and strategies.</li> <li>• The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• The child’s social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• The child has a knowledgeable and empowered family around them due to information shared by LINT-MSI.</li> <li>• The child has knowledgeable and empowered educators around them due to information shared by LINT-MSI.</li> <li>• All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-MSI which have been cascaded to relevant staff on a yearly basis in line with transitions.</li> </ul>

<p><b>Threshold 3</b></p> <p><b>(Eligibility Criteria C)</b></p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-MSI provides a short-term block of intervention from one Area of the MSI specialist curriculum (up to 6 visits).</li> <li>• The child may need a low level of intervention to successfully transition between different settings.</li> <li>• The child’s LINT MSI Auxiliary Aid Assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e. hearing aids, mini mic, CCTV, iPad, hand-held magnifier etc.</li> <li>• The child requires minimal or short-term LINT-MSI liaison with multi-agencies.</li> <li>• The child requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child’s family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child’s educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require timely LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.</li> </ul>
<p><b>Threshold 4</b></p> <p><b>(Eligibility Criteria B)</b></p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g., print and tactile).</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</li> <li>• The child requires block/s of intervention based on at least 2 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home.</li> <li>• The child’s LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers etc.</li> <li>• The child may need a medium level of intervention to successfully transition between different settings.</li> <li>• The child requires a low/medium level of LINT-MSI liaison with multi-agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires LINT-MSI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• The child’s family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child’s educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require at least termly LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>

<p><b>Threshold 5</b></p> <p><b>(Eligibility Criteria A)</b></p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g. print and tactile).</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</li> <li>• The child requires specialist teaching in at least 4 areas from the MSI specialist curriculum.</li> <li>• The child’s LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers.</li> <li>• The child may need a high level of intervention to successfully transition between different settings.</li> <li>• The child requires a medium/high level of LINT-MSI liaison with multi-agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires LINT-MSI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies.</li> <li>• The child’s family requires frequent communication (minimal of fortnightly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child’s educators require frequent communication (minimal of bi-weekly) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require at least half-termly LINT-MSI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>
<p><b>Threshold 6</b></p> <p><b>(Eligibility Criteria A*)</b></p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile/signing approaches as their primary access to information around them.</p>	<ul style="list-style-type: none"> <li>• The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.</li> <li>• The child requires long-term intervention based on at least 6 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QTMSI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.</li> <li>• The child receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist.</li> <li>• The child has been assessed by and/or is known to a Speech &amp; Language Therapist for Deaf Children and Young People.</li> <li>• The child will need a high level of intervention to successfully transition between different settings.</li> </ul>	<ul style="list-style-type: none"> <li>• The child requires a high level of LINT-MSI liaison with multi-agencies.</li> <li>• The child requires LINT-MSI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies.</li> <li>• The child’s family requires frequent communication (minimal of weekly) to ensure that the child has a knowledgeable and empowered family around them.</li> <li>• The child’s educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them.</li> <li>• All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.</li> </ul>

## Threshold 1 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is E.</p> <p>Children within Threshold 1 require the following from the MSI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child does not require any active involvement or further assessments from LINT-MSI. The child remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p><b>Assessment</b></p> <p>Initial/last LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• Auxiliary aids such as hand-held magnifiers if previously put into place are used and daily listening checks are completed for any audiological equipment.</li> <li>• The child understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• The setting must ensure that all staff are aware that the child will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable staff to plan appropriately.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parent/carer permission).</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report.</li> <li>• Educators, parent/carer and/or other key professionals can request updated advice if needed or visual/hearing functioning changes.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff verbalise all written information within the room as required (ensuring they are facing the child).</li> <li>• Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window to facilitate attention and access to lip patterns if required.</li> <li>• Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work.</li> <li>• Cue and reinforce children's listening and attention.</li> <li>• Implementation of sensory rest breaks within the setting day.</li> <li>• Attention to speed of adult-directed activity delivery and speed of working.</li> <li>• Differentiated questioning and explicit language used to explain whole group responses.</li> <li>• Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs.</li> <li>• Setting staff to ensure information delivered on interactive white boards has a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans.</li> <li>• Setting staff to ensure children can access information displayed on interactive white boards in the method identified by the QTMSI e.g., use of mirroring software.</li> <li>• Setting staff to use dark coloured white board pens and avoid light colours or pens which are running out.</li> <li>• Provide a consistent routine.</li> <li>• Provide additional transition visits for the child between rooms.</li> <li>• Speaker stays still when talking.</li> <li>• Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day.</li> <li>• Say the child's name first to gain their attention.</li> <li>• Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room.</li> </ul>

## Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> <li>• Verbal description alongside facial expressions or body language.</li> <li>• Provide opportunities to take responsibility for helpful tasks.</li> <li>• Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate.</li> <li>• Provide a 'can do' environment where the child can succeed and achieve.</li> <li>• Offer opportunities to take controlled risks in a safe environment.</li> <li>• Listen to the voice of the child and develop their self-advocacy skills.</li> <li>• Ensure balance between intervention and independence is understood by all professionals.</li> <li>• Appropriate resources made available from within setting.</li> <li>• Some support provided by setting – especially during activities where health and safety require consideration.</li> <li>• Setting staff provide some individual pre- and post- teaching for consolidation and generalisation of skills.</li> <li>• Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention.</li> <li>• Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed.</li> <li>• Low risk access arrangements are in place for statutory assessments i.e., the RBA.</li> <li>• Provision of auxiliary aids (low vision aids and technology) by LINT following LINT-MSI Auxiliary Aid Assessment.</li> <li>• Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Multi-Sensory Impairment (QTMSI) around individual children's needs (adaptations and curriculum delivery to facilitate access).</li> <li>• A designated member of setting staff to monitor and manage the use of auxiliary aids e.g., CCTV, iPad, magnifiers.</li> <li>• Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/dark leaded pencils, use of a sloping desk, cleaning kits etc.</li> <li>• Provision of additional quiet workspace for 1:1 and small group work.</li> <li>• Appropriate levels of support on trips.</li> <li>• Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.</li> <li>• Provision of additional workspace/storage for specialist equipment.</li> <li>• Identification of a key member of staff for the child to support emotional and mental wellbeing.</li> </ul>

## Threshold 2 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is D.</p> <p>Children within Threshold 2 require the following from the MSI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The child remains on caseload and LINT-MSI provides an annual assessment with updated strategies (as appropriate).</p>	<p><b>Assessment</b></p> <p>LINT-MSI Annual Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-MSI provides an Assessment Report or letter, Specialist Strategies and links shared within Report to cause of MSI.</li> <li>• Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access.</li> <li>• The child understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• The setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids throughout the year.</li> <li>• Setting will facilitate monitoring and assessment visit from LINT-MSI.</li> <li>• The setting must ensure that all staff are aware that the child will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable staff to plan appropriately.</li> <li>• Settings take on CAF Lead practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Relevant information and strategies relating to learning and access needs of child to be disseminated to all staff by the SENDCO (with parent/carer permission).</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report.</li> </ul>	<p><b>As Threshold 1</b></p>

## Threshold 3 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is C.</p> <p>Children within Threshold 3 require the following from the MSI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-MSI provides an annual assessment with updated strategies as appropriate.</p> <p><b>Areas 2-11:</b> The child requires active intervention based on a short-term block from the MSI specialist curriculum provided by LINT-MSI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p><b>Assessment</b></p> <p>Annual LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI.</li> <li>• The child requires a short-term block of intervention from one Area of the specialist curriculum (up to 6 visits) provided by LINT-MSI.</li> <li>• The MSI Auxiliary Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist Areas.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Educators have a minimum of termly liaison with QTMSI to support the child and themselves in understanding the impact of the multi-sensory impairment and promote independent use of auxiliary aids.</li> <li>• Setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year.</li> <li>• Settings take on CAF Lead practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parent/carer permission).</li> <li>• Educators identify times within the day to deliver training programmes as appropriate.</li> </ul>	<p><b>As Thresholds 1 and 2 plus:</b></p> <ul style="list-style-type: none"> <li>• Clear routines supported by cues, e.g., objects of reference, auditory timetables, tactile symbols.</li> <li>• Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate.</li> <li>• Ensure the learning environment is responsive.</li> <li>• New vocabulary is introduced in context and is meaningful i.e., from the child's perspective.</li> <li>• Use natural rhythm, intonation, stress and lip movements.</li> <li>• Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the child can still sit next to/near their peers.</li> <li>• Opportunities are sought within the curriculum to discuss MSI and role models within society.</li> <li>• Behaviour management systems motivate the child and set clear expectations.</li> <li>• Training offered re the needs of the child to raise awareness of multi-sensory impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.</li> <li>• Timetable adjustments to accommodate specialist interventions.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>• QTMSI supports educators in developing the child's personal understanding of their multi-sensory impairment and developing their confidence and independence.</li> <li>• Educators supports LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day.</li> </ul>

## Threshold 4 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is B.</p> <p>Children within Threshold 4 require the following from the MSI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-MSI provides assessment determined by need (e.g. ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p><b>Area 2-11:</b> The child requires active intervention with block/s of intervention from the specialist curriculum provided by LINT-MSI following assessment and provision of strategies.</p>	<p><b>Assessment</b></p> <p>LNT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI.</li> <li>• The child requires block/s of intervention based on at least 2 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home.</li> <li>• LINT-MSI Auxiliary Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas.</li> <li>• Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• Timely LINT monitoring is required to ensure that all key persons can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new setting or room.</li> <li>• An environmental assessment may be necessary to assess accessibility of setting environment.</li> </ul>	<p><b>As Thresholds 1 to 3 plus:</b></p> <ul style="list-style-type: none"> <li>• Tactile, olfactory, gustatory, haptic (touch), proprioceptive and vestibular approaches to learning and teaching may supplement the visual and auditory stimuli used.</li> <li>• Children working with tactile learning resources will need additional differentiation to take into account pace of learning.</li> <li>• Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print.</li> <li>• Language needs to become clearer, concise and meaningful.</li> <li>• Auditory clutter and less busy learning environments are now key to facilitate learning.</li> <li>• Provide repeated learning opportunities based on outcomes.</li> <li>• Bring learning opportunities to the child.</li> <li>• Link learning opportunities to support the generalisation of concepts.</li> <li>• Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others.</li> <li>• A suitable communication partner who creates opportunities for communication.</li> <li>• Match the pace of interaction to the child's sensory needs.</li> <li>• Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground.</li> <li>• Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions.</li> <li>• Share experiences and have discussions on how other people are feeling.</li> <li>• Peer awareness training.</li> <li>• LINT-MSI signpost and/or facilitate educators and parents/carers to external training opportunities.</li> </ul>



## Threshold 4 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Setting manages SEND support and engages in joint planning with LINT-MSI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly.</li> <li>• Settings take on CAF Lead Practitioner role where appropriate.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO.</li> <li>• Communication between LINT-MSI and settings is frequent (at least half-termly) to ensure that there are knowledgeable and empowered educators around the child.</li> <li>• Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• The setting provides time within the week for direct specialist teaching from LINT-MSI.</li> <li>• Educators identify times within the day to deliver training programmes as appropriate.</li> <li>• Policies reflect reasonable adjustments.</li> <li>• Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC.</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment report.</li> </ul>	<ul style="list-style-type: none"> <li>• CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-MSI and settings can support the child to progress and develop efficient ways of working.</li> <li>• Charities working in collaboration with the family and LINT-MSI i.e., SENSE.</li> <li>• Timetable adjustments to accommodate specialist interventions and rest breaks.</li> <li>• Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> <li>- complete tasks made slower by the multi-sensory impairment</li> <li>- reinforce work and prepare the child for an activity/learning experience (pre- and post- teaching)</li> <li>- provide additional hands-on experience of materials</li> <li>- provide additional experiences of the environment to support gaps in learning including real-life experience</li> </ul> </li> <li>• Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use.</li> <li>• Advice on sourcing accessible materials.</li> <li>• Settings support involvement of other agencies e.g., SENSE.</li> <li>• QTMSI works with setting to facilitate interaction and communication with other children with MSI within or external of setting.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>• Specialist curriculum is running alongside setting curriculum with up to at least 2 areas to be embedded within setting and home environment.</li> <li>• Medium risk access arrangements are in place for statutory assessments i.e., the RBA.</li> <li>• Bespoke training offered around creating a Multi-Sensory Impaired Friendly Classroom with CPD offer extended to whole setting as appropriate.</li> </ul>

## Threshold 5 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is A.</p> <p>Children within Threshold 5 require the following from the MSI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p><b>Area 2-11:</b> The child requires active and ongoing intervention based on the specialist curriculum from LINT-MSI following assessment</p>	<p><b>Assessment</b></p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> <li>• LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI.</li> <li>• The child requires specialist in teaching at least 4 areas from the specialist curriculum.</li> <li>• The child is known to LINT's Habilitation Specialist and Specialist SaLT and has been assessed using their criteria.</li> <li>• A LINT-MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas.</li> <li>• High level of intervention may be needed for the child to successfully transition into the setting and between rooms.</li> <li>• Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> </ul>	<p><b>As Thresholds 1 to 4 plus:</b></p> <ul style="list-style-type: none"> <li>• Setting supports the provision of different types of learning experience i.e. individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place.</li> <li>• Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation.</li> <li>• Marking and recording of work reflects unique access needs.</li> <li>• Utilise textures to support recognition.</li> <li>• Consistent, well-cued routines.</li> <li>• People and items are presented slowly and clearly to the child in familiar, quiet environments.</li> <li>• Communication between the child and others in a variety of forms is used which can be high tech e.g., on-body signing.</li> <li>• Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or Intensive Interaction.</li> <li>• The child may require an intensive interaction approach.</li> <li>• The child may require a Total Communication Approach.</li> <li>• Use of personal identifiers.</li> <li>• Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility.</li> <li>• Regular consultation with QTMSI about delivery of curriculum to ensure the child can fully access all curriculum areas.</li> <li>• Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.</li> </ul>

## Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p><b>Assessment</b></p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> <li>• Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> <li>• Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g. during the autumn term when a child has transitioned into a new room or setting.</li> <li>• An environmental assessment may be necessary to assess accessibility of setting environment.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Setting manages SEND support and engages in joint planning with LINT-MSI, family, the child and other agencies. QTMSI ensures that specialist planning based on specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>• Communication between LINT-MSI and settings is very frequent to ensure that there are knowledgeable and empowered educators around the child.</li> <li>• Settings take on CAF Lead Practitioner role.</li> <li>• Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDO.</li> </ul>	<p><b>Except:</b></p> <ul style="list-style-type: none"> <li>• Bespoke training at a significant level offered to setting around creating a Multi-Sensory Impaired Friendly setting with CPD offer extended to whole setting as appropriate.</li> <li>• The setting has regular liaison with QTMSI to support the child and themselves in understanding the impact of hearing and vision loss, promote independent use of specialist equipment and through training.</li> <li>• Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day.</li> <li>• Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g. SENSE.</li> <li>• <b>IF MSI is primary need</b>, LINT Intervenor provides intervention within the day to facilitate access, inclusion and independent learning opportunities.</li> <li>• Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence.</li> <li>• Intervenor provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials.</li> <li>• Intervenor/QTMSI identified as key individual to support the child's emotional and mental wellbeing.</li> <li>• Specialist curriculum is merging within the child's curriculum offer within setting with up to at least 4 areas to be embedded within setting and home environment.</li> <li>• Close liaison with QTMSI to receive advice and support on access arrangements. LINT-MSI may help with the administration of these.</li> <li>• LINT-MSI responsible for all specialist skills training, higher levels of support, modelling and coaching.</li> <li>• High risk access arrangements are in place for statutory assessments i.e. the RBA.</li> </ul>

## Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> <li>• All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• The setting provides time within the week for direct specialist teaching from LINT-MSI.</li> <li>• Opportunities are in place for regular reviews of planning in line with LA.</li> <li>• Assessment and monitoring will be collaborative between setting and LINT-MSI.</li> <li>• Setting engages in joint planning/target setting.</li> <li>• Good communication needed on provision planning and assessment between educators and QTMSI to ensure access to learning in a way that does not disadvantage the child.</li> <li>• Educators must work with LINT-MSI to facilitate assessment and planning across the curriculum.</li> <li>• Educators work closely with LINT-MSI to identify when the child accesses their specialist interventions with adaptations to the setting's curriculum required.</li> <li>• Policies reflect reasonable adjustments and are written in collaboration with QTMSI.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC.</li> </ul>	

## Threshold 6 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the MSI specialist curriculum:</p> <p><b>Facilitating an Inclusive World:</b> The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.</p> <p><b>Area 2-11:</b> The child requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p><b>Assessment</b></p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> <li>LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI.</li> <li>The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Area 1 (Area/s to be determined by QTMSI) which are expected to take at least a year to embed across setting and home.</li> <li>The direct intervention and ongoing assessment based on Habilitation Areas of the specialist curriculum (Areas 5 and 6) provided by LINT's Habilitation Specialist.</li> <li>Very high level of intervention may be needed for the child to successfully transition between different settings and rooms.</li> <li>Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.</li> <li>Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room.</li> <li>An environmental assessment is often necessary to assess the accessibility of the setting environment.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Setting and QTMSI work very closely to identify, assess and meet EHCP outcomes. QTMSI ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>Communication between LINT-MSI and settings is frequent (daily when child is in attendance) to ensure that there are knowledgeable and empowered educators around the child.</li> </ul>	<p><b>As Thresholds 1 to 5 plus:</b></p> <ul style="list-style-type: none"> <li>Access to learning is only possible with the presentation of learning materials in alternative formats including Braille/Moon, tactile diagrams and/or the use of sign e.g., BSL.</li> <li>Tactile methods of communication relevant for the child is presented within and beyond the child's room e.g., Braille labels and signage.</li> <li>A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults.</li> <li>Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility.</li> <li>Specialist SaLT training and regular assessment in Communication to ensure age-related levels of language and communication.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>The child has full-time support provided by a LINT Intervenor.</li> <li>Intervenor provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription).</li> <li>LINT-MSI will provide specialist skills training, intensive levels of support, modelling and coaching.</li> </ul>

## Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> <li>• All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access.</li> <li>• Setting works closely with QTMSI to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum.</li> <li>• The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report.</li> <li>• Assessment and monitoring will be bespoke between setting and LINT-MSI across the curriculum.</li> <li>• Educators and LINT-MSI preciously plan to provide seamless lessons offering access to an appropriate EYFS curriculum embedded with the specialist curriculum.</li> <li>• Policies reflect reasonable adjustments and are written in collaboration with QTMSI.</li> <li>• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>• Risk assessments supplemented by LINT.</li> <li>• Educators facilitate working between themselves, the family, LINT-MSI and Specialist SaLT to identify appropriate use of communication methods e.g., AAC.</li> </ul>	<ul style="list-style-type: none"> <li>• The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.</li> <li>• The curriculum offer for the child is seamless between the setting's curriculum and the specialist curriculum.</li> <li>• Close liaison with QTMSI to receive advice and support on access arrangements for statutory assessments i.e., LINT-MSI must administer the RBA.</li> <li>• LINT –MSI responsible for all specialist skills training, full levels of support, modelling and coaching.</li> <li>• High risk access arrangements are in place for statutory assessments i.e., the RBA.</li> </ul>

**PfA Outcomes and Provision**

Employability/Education	Independence	Community Participation	Health
<p>Child is able to demonstrate curiosity in their learning environment with activities, materials, toys and equipment modified and adapted to meet their MSI needs as appropriate.</p> <p>Child is able to demonstrate curiosity in their learning environment when they are well-supported and feel secure.</p> <p>Child is able use different body parts (e.g., hands/ feet/face/ tongue) to explore objects and their environment.</p> <p>Child is able to begin to develop basic concepts when tied to familiar, practical activities.</p> <p>Child is able to intentionally interact with their familiar learning environment.</p>	<p>Child is able to begin to develop an awareness of their own body parts and how to move them.</p> <p>Child is able to begin to explore mobility aids (belt canes, walkers etc.) and/or pre-cane toys as needed.</p> <p>Child is able to show an awareness of stimulus.</p> <p>Child is able to locate toys and learning materials themselves when the physical environment is arranged in a way which supports them.</p> <p>Child is able to increasingly feel confident in moving through space and interacting with the physical world.</p>	<p>Child is able to interact with familiar adults, are aware of their peers and interact with them in structured situations.</p> <p>Child is able to respond in small group situations if they are individually supported by a suitable adult.</p> <p>Child is able to access a variety of community-based activities/clubs/groups with adults when their preferred forms of sensory input are incorporated into these.</p> <p>Child is able to explore different items in shops and venues.</p> <p>Child is able to use simple verbal and/or nonverbal cues to communicate including the use of greetings and polite language i.e. saying thank you.</p> <p>Child is able to respond consistently to range of environmental features (e.g. entry to building, grass underfoot, sound of windchimes).</p>	<p>Child is able to attend regular audiology/ ENT/ophthalmology/optometrist appointments with an adult.</p> <p>Equipment will be kept in good condition, with regular updates shared with LINT to ensure assistive listening devices will be applicable to the equipment given to the child.</p> <p>Child is able to attend SaLT sessions if appropriate.</p> <p>Child is able to safely access outdoor equipment.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to become increasingly conscious of their feelings and desires, increasingly being able to moderate their emotional responses.</p> <p>Child is able to make simple choices.</p> <p>Child is able to begin expanding their ability to explore and eat new tastes and textures.</p>

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Multi-Sensory Impairment.

# Physical and/or Medical Needs Guidance (PMN)

## Threshold Descriptors Overview

### Threshold 1

#### (Eligibility Criteria E)

The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.

- The child does not require any active involvement or further assessments from LINT-PMN if involved. The child remains on caseload and LINT-PMN can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The child either does not require or requires minimal LINT-PMN liaison with multi-agencies if involved.
- The child's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child has a knowledgeable and empowered family around them in relation to PMN.
- The child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child with PMN.
- The child requires no or minimal treatment/medication.
- The child requires no or minimal therapy intervention.
- The child can move around their environment without adult support.
- The child can manage their physical and personal care needs i.e., dressing, personal hygiene.
- The child is meeting age-related expectations and does not need additional input.
- The child does not need specialist equipment/aids to produce written work.
- The child have appropriately trained staff employed in setting (i.e., moving & Handling, medical procedures, catheter trained etc).



## Threshold 2

### (Eligibility Criteria D)

The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.

- The child does not require any active intervention based on the specialist curriculum from LINT-PMN if involved following assessment and provision of strategies. The child remains on caseload and LINT-PMN provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The child requires minimal LINT-PMN liaison with multi-agencies if involved after receiving the LINT-PMN annual assessment as appropriate.
- The child's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child has a knowledgeable and empowered family around them in relation to PMN.
- The child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child.
- The child may have infrequent or historical involvement from health.
- The child has prescribed medication which requires management by adults/staff.
- The child requires little or no assistance to access the curriculum.
- The child needs little or no supervision/monitoring during physical activities such as P.E.
- The child has limited involvement with therapists.
- The child has been assessed by a therapist/health professional and the school/setting have been advised of appropriate measures needed to ensure the child's safety, and/or a programme put into the school/setting for staff to use.
- The child wears orthotics such as PEDRO boots, shoe inserts and/or splints.
- The child has the appropriate posture/seating/physical aids available and these are regularly monitored by the appropriate therapist.
- The child requires minimal support with their communication i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.
- The child needs specialist equipment/aids that do not require operational assistance/preparation.

### Threshold 3

#### (Eligibility Criteria C)

The child has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate

- The child remains on caseload and LINT-PMN provides an annual assessment with updated strategies as appropriate as well as active intervention based on a short-term block (up to 4 visits) based on the child needs.
- All key persons involved with the child require timely LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
- The child may need a low level of intervention to successfully transition between different settings.
- The child requires minimal or short-term LINT-PMN liaison with multi-agencies if involved.
- The child's family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them in relation to their PMN.
- The child's educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them in relation to their PMN.
- The child has continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which impacts on access to the curriculum.
- The child has ongoing difficulties with continence/toileting and other aspects of self-help and independence.
- The child requires assessment for equipment and resources.
- The child may need specialist input to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs, at break and lunch times etc.
- The child has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.
- The child has increased dependence on mobility aids i.e., wheelchair or walking aid.
- The child has increased use of alternative methods for extended recording e.g., scribe, ICT etc.
- The child may have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT.
- The child may require their school/setting to have moving and handling training.

## Threshold 4

### (Eligibility Criteria B)

The child has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires active intervention from LINT-PMN receiving a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across setting and home provided by LINT-PMN following assessment and provision of strategies (if involved).
- The child requires a low/medium level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN to provide advice, guidance and direct support over the year as required (if involved) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (at least termly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (at least half-termly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child require at least termly LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child may need a medium level of intervention to successfully transition between different settings.
- The child requires specialist equipment (medical/educational) that requires operational assistance.
- The child is not reaching age related expectations in all areas of the curriculum.
- The child requires assistance during lunchtimes i.e., help to move tray/feeding etc.
- The child requires aids such as rotator, sticks, to move around their environment. Minor adaptations are required to ensure full access to all areas of the setting i.e., handrails, ramps etc.
- The child needs some assistance with their personal care needs i.e., dressing/undressing, toileting, hygiene. and access to an appropriate accessible hygiene area.
- The child needs a therapist/therapy assistant to attend the school/setting to carry out an appropriate programme.
- The child has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.
- The child's disability/condition affects their speech and has an impact on their verbal communication and ability to express views.
- The child is unable to or has difficulty in using verbal and/or signing to communicate and may use specialist communication/aids/ICT that require training and/or operational assistance/preparation.
- The child requires assessment and/or provision of programme from Therapists (OT/Physiotherapy).
- The child requires assistance to participate in physical activities i.e., PE and requires a modified physical curriculum.
- The child experiences unstable health which impacts on their everyday life/ability to access curriculum.

## Threshold 5

### (Eligibility Criteria A)

The child has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires active and ongoing intervention throughout the year based on the specialist LINT-PMN curriculum from LINT-PMN following assessment and provision of strategies (if involved).
- The child requires a medium/high level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (at least half-termly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (at least fortnightly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the child require at least half-termly LINT-PMN monitoring (if involved) with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child may need a high level of intervention to successfully transition between different settings.
- Requires intervention from specialist nursing teams, health professionals and/or Therapy services.
- The child may need a planned programme of therapy/intervention.
- The child uses specialist equipment on a daily basis that requires operational assistance or preparation in order to access all areas of the curriculum.
- The child's physical and/or medical needs means that they require the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks.
- The child has limited access to the appropriate posture/seating/physical aids and may need an urgent assessment of need to be carried out by the appropriate therapist.
- The child requires support at lunchtime.
- The child's setting needs significant adaptations to ensure that the child has full access to their learning environment.
- The child has regular/weekly/daily involvement with a therapist/health professional.
- The child may be an Augmentative Alternative Communication (AAC) user.
- The child may have a degenerative condition which impacts on independence.

## Threshold 6

### (Eligibility Criteria A\*)

The child has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires long-term intervention based on the LINT-PMN specialist curriculum (if involved) which is expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The child requires a high level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (minimal of fortnightly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (weekly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care by LINT-PMN if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child will need a high level of intervention to successfully transition between different settings.
- The child's medical needs demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.
- The child's behaviour demonstrates serious risk of harm to self/others i.e., tonic clonic seizures, choking, self-harming etc. (Consider onward referral to behaviour/health services).
- The child may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).
- The child requires regular/daily intervention from specialist nursing teams or health professionals.
- The child needs a skilled or familiar person to assist in communicating their expressive and receptive needs.
- The child's physical/medical needs directly affects their ability to communicate verbally and/or record work/ideas.
- The child uses specialist equipment/aids that require daily operational assistance or preparation.
- The child requires regular or daily intervention from therapists/health professionals.
- The child spends a significant part, or all of their day using a specialist aid such as a wheelchair, standing frame, walking sticks and/or rolator to move around their environment.
- The child is dependent on an adult to manage their everyday needs i.e., ensuring any aids provided are applied correctly and with personal care needs.
- The child needs a specialist/differentiated physical curriculum.
- The child requires a daily or intensive therapy programme.
- The child has a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/feeding, epilepsy management etc.
- The child has a life threatening/limiting or degenerative condition.

## Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN)

<b>Child's Presentation</b> (Following specialist assessments by LINT)	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/ Curriculum and Interventions</b>
<p>The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.</p> <p>Eligibility Criteria for PMN is E (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child can move around the environment with no additional aids and adaptations.</p> <p>The child requires no/minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The child does not need equipment which requires operational assistance.</p> <p>The child can manage their physical and personal care needs i.e., dressing, personal hygiene.</p> <p><b>NC Level</b> Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>The learning environment is accessible and inclusive for a child with PMN including the use of any aids or adaptations.</li> <li>The child understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development.</li> </ul> <p><b>IF</b> involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> <li>The child does not require any active interventions following specialist assessment.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>The setting must ensure that all staff are aware that the child is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately.</li> <li>Universal provision can meet need.</li> <li>Usual curriculum planning including group or individual targets is required.</li> <li>Trips out of the setting to be planned in advance.</li> <li>Educators, parent/carer and/or other key professionals can request updated advice if needed or if physical/medical needs change.</li> <li>Risk assessments carried out by setting if necessary with referral to Health &amp; Safety if required</li> <li>A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe.</li> <li>An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place.</li> </ul>	<ul style="list-style-type: none"> <li>Inform all staff and supply staff, sport or drama groups etc. of PMN needs at the planning stage of activities.</li> <li>Consider seating position – child positioned in optimal position to make entry and exit from the classroom as clear as possible.</li> <li>Consider accessibility to the smartboard/whiteboard i.e., that the child can physically interact with the board.</li> <li>Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work.</li> <li>Cue and reinforce the child's listening and attention.</li> <li>Implement fatigue rest breaks within the setting day if appropriate.</li> <li>Implement sensory breaks within the setting day if appropriate.</li> <li>Consider timetabling arrangements i.e., consider the child accessing physical activities earlier in the day.</li> <li>Consider accessibility to learning materials in terms of height of resources, at eye level with child, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc.</li> <li>Ensure that the different areas of learning offered are accessible for the child i.e., tuff trays and sensory play.</li> <li>Consider accessibility of AAC i.e., that the child can easily access their switches.</li> <li>Ensure all pathways are clear.</li> <li>All resources needed for activities are within reach.</li> <li>All medical information is recorded and emergency procedures are known to all staff.</li> <li>Provide additional transition visits for the child between rooms.</li> <li>Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully include the child in the wider setting life including in the playground and at busier times of the day.</li> <li>Provide opportunities to take responsibility for helpful tasks.</li> </ul>

## Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> <li>• Provide of a 'can do' environment where the child can succeed and achieve.</li> <li>• Provide opportunities to take controlled risks in a safe environment.</li> <li>• Ensure a balance between intervention and independence that is understood by all professionals.</li> <li>• Quality First Teaching.</li> <li>• Some support provided by the setting i.e. with physical activities.</li> <li>• Setting considers timetabling and location of rooms for the child for ease of access.</li> <li>• An educational occupational therapist may see the child which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.</li> <li>• Supportive/ correctly sized standard setting chair and table i.e., a chair and table surface that fit the child with feet supported and table at the correct height etc.</li> <li>• Children may require specialist equipment via physio/OT services.</li> <li>• Access to appropriate ICT provision i.e., accessibility options on Windows</li> <li>• An area for rest periods where the child can spend time out of their wheelchairs if appropriate, for example, away from other activities whilst having regard for their dignity.</li> <li>• Where appropriate 2:1 staffing ratio required for positional changes for the child and/or transitioning between areas.</li> <li>• Appropriate support and transport for trips.</li> <li>• Access to <a href="#">SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org)</a></li> <li>• Access to <a href="#">3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org)</a> .</li> <li>• Access to Early Years Advice and Guidance – Vision Friendly Settings: Adaptations and Modifications.</li> <li>• EY leaflet for PMN <a href="#">3771e-JH-EYRS-PMN-leaflet-.pdf (educationgateshead.org)</a></li> </ul>

## Threshold 2 - Physical/Medical Needs (PMN)

<b>Child's Presentation</b> (Following specialist assessments by LINT)	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/ Curriculum and Interventions</b>
<p>The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.</p> <p>Eligibility Criteria for PMN is D (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child can move around the environment independently with or without specialist equipment.</p> <p>The child requires no or minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The child may need specialist positional equipment, equipment for which the child requires operational assistance and/or wears orthotics such as PEDRO boots, splints, shoe inserts etc.</p> <p>The child can manage their physical and personal care needs i.e. dressing, personal hygiene.</p> <p>The child needs little or no supervision/monitoring during physical activities.</p> <p>The child requires minimal support i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.</p> <p>The child needs specialist equipment/aids that do not require operational assistance/preparation.</p> <p><b>NC Level</b> Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• The learning environment is partially accessible and inclusive for a child with PMN and which will require some reasonable adjustments in relation to adaptations and specialist equipment.</li> <li>• The child understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development.</li> <li>• A referral may be required to school nurse to check hearing, sight or for possible medical condition.</li> <li>• The child may require referral by the setting to OT for advice re fine/gross motor assessment.</li> </ul> <p><b>IF</b> involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> <li>• The child does not require any active interventions following specialist assessment.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Usual curriculum planning including group or individual targets.</li> <li>• Care plan in place, if appropriate, written with specialist nurse/school nurse.</li> <li>• Children involved in monitoring and setting targets.</li> <li>• Part of continual school and class assessment</li> <li>• Monitoring of developmental goals in line with EYFS guidance.</li> <li>• SENDCO awareness if no progress apparent after targeted interventions.</li> </ul>	<p><b>As Threshold 1 plus:</b></p> <ul style="list-style-type: none"> <li>• Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention.</li> <li>• The setting may require moving and handling training.</li> <li>• First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals.</li> <li>• Some differentiation to physical activities if appropriate.</li> <li>• Differentiated mark-making materials and equipment.</li> <li>• Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, cutlery via educational OT assessment.</li> <li>• Staff awareness training of relevant medical conditions on a 'need to know' basis.</li> <li>• Refer to LINT-PMN information on the website on adapted equipment/aids if necessary.</li> <li>• Main provision by staff with some age-appropriate programmes delivered one-to-one or in small groups.</li> <li>• Physiotherapists may intervene with children who have mild physical issues to prevent further deterioration/ reduce impact of condition/early intervention to achieve more successful outcomes.</li> </ul>



## Threshold 3 - Physical/Medical Needs (PMN)

<b>Child's Presentation</b> (Following specialist assessments by LINT)	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/ Curriculum and Interventions</b>
<p>The child has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate.</p> <p>Eligibility Criteria for PMN is C (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child has ongoing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which is impacting on access to curriculum.</p> <p>The child is making slow or little progress despite provision of targeted teaching approaches.</p> <p>The child is continuing difficulties with self-help and independence i.e. with continence/ toileting.</p> <p>The child is having ongoing difficulties with gross motor skills and coordination often seen in physical activities.</p> <p>The child may have medical condition that impacts on time in school and requires a medical care plan.</p> <p>The child has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.</p> <p>The child has increased dependence on mobility aids i.e., wheelchair or walking aid.</p> <p>The child has increased use of alternative methods for extended recording e.g., scribe, ICT.</p> <p><b>NC Level</b> Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p><b>Assessment</b></p> <p><b>IF</b> involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> <li>The child may require a short block of intervention/termly visit in order to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs.</li> <li>The child remains on caseload and the LINT PMN QT provides an annual assessment with updated strategies and monitoring as appropriate.</li> <li>The child may have a condition that requires assessment for equipment and resources.</li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Educators identify times within the day to deliver training programmes as appropriate.</li> <li>Involve parents regularly to support targets at home.</li> </ul>	<p><b>As Thresholds 1 and 2 plus:</b></p> <ul style="list-style-type: none"> <li>Small group or one-to-one adult input to practice skills.</li> <li>Clear classroom routines.</li> <li>Alternative ways of recording to minimise handwriting.</li> <li>Groups and layouts of tables will need to be adjusted to ensure access for the child and any specialist equipment they are using i.e., wheelchair, standing frame etc. This will allow them to be at the same level and sit next to their peers.</li> <li>Opportunities are sought within the curriculum discuss PMN and role models within society.</li> <li>Behaviour management systems motivate the child and set clear expectations.</li> <li>Opportunities to practice dressing and undressing skills.</li> <li>Access to appropriate ICT provision.</li> <li>Main provision from setting staff with support from SENDCO.</li> <li>Occasional input from additional adult to provide targeted support under the direction of key worker.</li> <li>Minimal support/supervision may be needed to meet hygiene needs and/or to support outside play.</li> <li>Advice to be sought from Health Professionals e.g., Physiotherapist, Occupational Therapist etc.</li> </ul> <p><b>IF</b> Involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> <li>Training offered re: the needs of the child to raise awareness of types of PMN and to reduce any further barriers to learning.</li> <li>Manual handling training may be offered bespoke to the needs of the child.</li> </ul> <p><b>Except:</b></p> <ul style="list-style-type: none"> <li>Physio may intervene with children who have mild - moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes.</li> </ul>

## Threshold 4 - Physical/Medical Needs (PMN)

<b>Child's Presentation</b> (Following specialist assessments by LINT)	<b>Assessment and Planning</b>	<b>Teaching and Learning Strategies/ Curriculum and Interventions</b>
<p>The child has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.</p> <p>Eligibility Criteria for PMN is B (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child requires specialist equipment (medical/educational) that requires operational assistance.</p> <p>The child is not reaching age related expectations in all areas of the curriculum.</p> <p>The child requires assistance during mealtimes i.e., to help to move tray/feeding etc.).</p> <p>The child requires aid/s such as rolator, sticks, to move around their environment.</p> <p>The child is more dependent on appropriate ICT for recording.</p> <p>The child needs some assistance with their personal care needs i.e., dressing/undressing, toileting and hygiene.</p>	<p><b>Assessment</b></p> <p><b>IF</b> involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> <li>• The pupil remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring as appropriate.</li> <li>• The child requires a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across school and home and may include:                             <ul style="list-style-type: none"> <li>- Minor adaptations to ensure full access to all areas of the school (handrails, ramps etc.).</li> <li>- An assessment of assistive technology</li> <li>- Intensive modelling, coaching and training by Teacher for PMN and/or relevant therapists/medical professional to enable school to support and identify general/specific PMN needs in their school.</li> <li>- An environmental assessment</li> <li>- A personal care and manual handling assessment in conjunction with the LINT PMN, Occupational Therapy, Physiotherapy and Health Professionals</li> <li>- An environmental assessment re accessibility.</li> </ul> </li> </ul>	<p><b>As Thresholds 1 to 3 plus:</b></p> <ul style="list-style-type: none"> <li>• Individual skills-based work may need to take place.</li> <li>• Nurture group input may be necessary to help with low self-esteem.</li> <li>• A buddy system would benefit the child.</li> <li>• Attention to position in classroom.</li> <li>• ICT equipment to aid recording.</li> <li>• Suitable peers and adults scaffolding the child's environment e.g., facilitating interaction with others.</li> <li>• Suitable peers and adults facilitating interaction in less structured environments e.g., playground.</li> <li>• Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach across a range of people/occasions).</li> <li>• Sharing experiences and having discussions on how other people are feeling.</li> <li>• Assistive technology may be in use to aid recording work i.e., laptop, iPad etc.</li> <li>• Further differentiation to physical activities in conjunction with Physiotherapy (physio needs would be based on assessment on a case-by-case basis).</li> <li>• Referral to OT by setting if first line strategies/advice and programmes have been trialled and evidenced but achievement is limited.</li> <li>• Main provision from setting staff with support from SENDCO and/or the LINT PMN QT (if involved).</li> <li>• Flexible use of staff support to access curriculum and develop skills in recording.</li> <li>• Furniture and equipment assessed jointly by the LINT PMN QT (if involved) and Occupational Therapy.</li> <li>• Need handwriting/fine motor advice from OT.</li> <li>• Disability/condition requires the intervention of an appropriately trained adult to support within the setting during specific times/tasks.</li> </ul>

## Threshold 4 - Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>A therapist/therapy assistant attends the setting to carry out an appropriate programme.</p> <p>The child has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.</p> <p>The child requires some monitoring/supervision by staff/adults.</p> <p>The disability/condition affects speech and has an impact on verbal communication and ability to express views.</p> <p>The child is unable to or has difficulty in using verbal and/or signing to communicate.</p> <p>The child requires assessment and/or provision of programme from Therapists (OT/Physio).</p> <p>The child needs assistance to participate in physical activities and requires a modified access to these.</p> <p>The child's health is unstable which impacts on everyday life/ability to access curriculum.</p>	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• Curriculum planning including group or individual targets differentiated as appropriate to the NC level.</li> <li>• SENDCO seeks advice from LINT PMN QT and health care professionals in order to discuss next steps.</li> <li>• Setting manages SEND support and engages in joint planning with the LINT PMN QT, family, the child and other agencies.</li> <li>• Common targets are distributed to all educators and reviewed regularly.</li> <li>• Children can contribute to their EHC Plan and/setting targets.</li> <li>• Communication between the LINT-PMN QT and settings is regular (at least half termly).</li> <li>• Setting policies reflect reasonable adjustments made to ensure inclusion.</li> <li>• Timetabling of specialist equipment use to have the least impact on classroom time.</li> <li>• Individual targets on support plan following advice from the LINT PMN QT, and health professionals/therapists.</li> <li>• Modified planning for outdoor play curriculum is likely to be needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Hygiene/medical room may be necessary.</li> <li>• Adapted site may be necessary to physically access the building (assessment by OT will be required).</li> </ul> <p><b>IF</b> Involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> <li>• Bespoke training may be offered around creating a PMN Friendly Environment with CPD offer extended to whole setting as appropriate.</li> </ul>

## Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.</p> <p>Eligibility Criteria for PMN is A (if the child has been assessed by LINT PMN specialist teacher).</p> <p>Health care inputs and therapies are intensive and on a regular basis i.e., weekly/daily.</p> <p>The child requires daily use of specialist equipment that require operational assistance or preparation in order to access all areas of the curriculum.</p> <p>The child requires support during mealtimes.</p> <p>The child may be an Augmentative Alternative Communication (AAC) user.</p> <p>The child may have a degenerative condition which impacts on independence.</p>	<p><b>Assessment</b></p> <p><b>IF</b> involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> <li>• The child remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring which is provided on at least a half-termly basis.</li> <li>• The child requires a minimum of monthly visits with specialist intervention throughout the year to embed programmes across school and home and may include: <ul style="list-style-type: none"> <li>- Ongoing formal instruction in the use of specialist equipment and devices.</li> <li>- The development of mobility and independent living skills.</li> <li>- A Personal Care Assessment.</li> <li>- A Manual Handling Assessment.</li> <li>- The child may require an environmental assessment re accessibility.</li> </ul> </li> </ul>	<p><b>As Thresholds 1 to 4 plus:</b></p> <ul style="list-style-type: none"> <li>• Setting supports differed types of learning experience i.e., individual, small group, pre and post lesson tutoring etc. to ensure curriculum access and discreet skills and teaching can take place.</li> <li>• Adult input to practice skills as advised by LINT/OT.</li> <li>• Physiotherapy/ Occupational Therapy programme to be completed in setting.</li> <li>• Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills.</li> <li>• Attention is given to persistent difficulties in mobility around the building.</li> <li>• Accessibility of the whole site, with facilities and practices that maintain the dignity of each child.</li> <li>• Some children are likely to require specialist support in communication with peers with an emphasis on developing the child's independent use of ICT, recording skills and communication through AAC as appropriate.</li> <li>• Communication is embraced between the child and others.</li> <li>• Use support techniques to experiment with autonomy and curiosity.</li> <li>• Specialist programmes are integrated within the day i.e., gross and fine motor, dressing and undressing, independent life skills.</li> <li>• ICT utilised most of the time for recording purposes.</li> <li>• Differentiated writing materials and equipment.</li> <li>• Timetable adjustments to accommodate specialist interventions and sensory and/or fatigue rest breaks.</li> <li>• Differentiation to physical activities.</li> <li>• Delivery of physio programme/postural management by trained staff.</li> <li>• The curriculum is modified in some or all areas.</li> <li>• Settings have regular liaison with the LINT-PMN QT (if involved) to support child and themselves in understanding the impact of the PMN, promote independence and specialist equipment training.</li> <li>• Interventions should be incorporated across all activities throughout the day.</li> <li>• Condition/disability requires the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks.</li> <li>• EY setting needs significant adaptations to ensure that full access to the curriculum is achieved.</li> </ul>

## Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p><b>NC Level</b></p> <p>Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate.</p> <p>Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p>	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>• SENDCO and LINT-PMN (if involved) continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate.</li> <li>• Children can contribute to their EHC Plan and/setting targets.</li> <li>• Communication between the setting and the LINT-PMN (if involved) is frequent to ensure there are knowledgeable and empowered educators around the child.</li> <li>• Opportunities are in place for regular reviews of planning in line with LA.</li> <li>• Individual targets on support plan following advice from OT and health professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers.</li> <li>• Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment.</li> <li>• May need a suitable space in which therapies can be carried out with appropriate hoisting facilities if appropriate and therapy bench.</li> <li>• A space where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored.</li> <li>• The facility to recharge powered wheelchairs and mobile hoists/slings when necessary.</li> <li>• A time out area for rest periods where children can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity.</li> <li>• Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, mark-making skills etc.</li> <li>• Setting meets the need for high level support for all personal care, mobility, daily routines and learning needs.</li> <li>• May need individual adult support for mobility and personal care needs as advised by LINT-PMN (if involved) / OT and Healthcare Professionals.</li> <li>• Access to specialist resources to meet the personal care and mobility needs of each child.</li> <li>• Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning.</li> </ul> <p><b>IF</b> involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> <li>• Bespoke training may be offered around Manual Handling in liaison with physiotherapist.</li> <li>• Peer Awareness Training.</li> </ul>

## Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.</p> <p>Eligibility Criteria for PMN is A* (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child needs access to multiple pieces of personal specialist equipment, resources and technology to break down barriers to learning.</p> <p>The disability/condition demonstrates moderate risk to self or others i.e. petit-mal seizures/spasms</p> <p>The child's behaviour demonstrates serious risk of harm to self/others – tonic clonic seizures, choking, self-harming. (Consider onward referral to behaviour/health services).</p> <p>The child may require regular/daily/24-hour supervision/monitoring (. continuing care due to intrusive procedures).</p> <p>The child requires regular/daily intervention from specialist nursing teams or health professionals.</p> <p>The child's disability/condition directly affects the ability to communicate verbally and/or record work/ideas.</p>	<p><b>Assessment</b></p> <p><b>IF</b> involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> <li>The pupil requires long-term, significant and intensive intervention from the LINT-PMN QT which is expected to take at least a year to embed across setting and home with at least fortnightly visits and may include: <ul style="list-style-type: none"> <li>Ongoing formal instruction in the use of specialist equipment and devices.</li> <li>Ongoing development of mobility and independent living skills.</li> <li>An Environmental Assessment carried out by the LINT-PMN QT alongside OT</li> <li>An environmental assessment re accessibility.</li> </ul> </li> </ul> <p><b>Planning</b></p> <ul style="list-style-type: none"> <li>Risk assessments for: moving and handling, movement around the setting and outside to be in place.</li> <li>An Emergency Health Care Plan is in place as appropriate.</li> <li>A PEEP (Pupil Emergency Evacuation Process) is in place in collaboration with the LINT-PMN QT (if involved).</li> <li>OT assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with LINT-PMN QT (if involved).</li> <li>Setting and LINT PMN QT (if involved) work very closely to identify, assess and meet EHCP outcomes. LINT-PMN QT ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate.</li> <li>The child can contribute to their EHC Plan with additional adaptations and modifications recommended by LINT-PMN QT (if involved) prior to meetings in line with LA SEND timescales.</li> <li>Communication between LINT-PMN (if involved) and settings is frequent (minimal of fortnightly) to ensure that there are knowledgeable and empowered educators around the child.</li> </ul>	<p><b>As Thresholds 1 to 5 plus:</b></p> <ul style="list-style-type: none"> <li>Support may be needed with difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment.</li> <li>Opportunities to interact with others as an Augmentative Alternative Communication (AAC) user.</li> <li>Constant reinforcement and generalisation of skills is an essential priority.</li> <li>Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical, and medical needs.</li> <li>A specialist learning environment that supports the child's need to accept and develop pre-requisite skills required to access communication and learning.</li> <li>There is a highly individualised multi-agency working approach.</li> <li>Individual specialist support for mobility and personal care needs.</li> <li>High staffing ratio with specialist teaching and specialist non-teaching support to facilitate the child's access to the curriculum.</li> <li>Staff trained and 'signed off' in medical / physical interventions, postural management, and strategies as appropriate.</li> <li>OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition.</li> <li>A skilled or familiar person to assist the child in communicating their expressive and receptive needs.</li> <li>A specialist/differentiated physical curriculum to ensure that they can access this aspect of learning.</li> </ul>

## Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child uses specialist equipment/aids that require daily operational assistance or preparation.</p> <p>The child requires a high level of support from specialist health professionals.</p> <p>The child spends a significant part, or all of the day using a specialist aid such as a wheelchair, standing frame, walking sticks, rolator to move around their environment.</p> <p>The child is dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly and also help with personal care needs.</p> <p>The child has a medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc.</p> <p>The child has a life threatening/limiting or degenerative condition.</p> <p><b>NC Level</b> Attainment levels will range from P scales in Primary to NC levels in Secondary.</p>	<ul style="list-style-type: none"> <li>• All outcomes from EHCP reflect the PMN specialist curriculum 'above and additional to' interventions for the child to learn to access (if LINT-PMN is involved).</li> <li>• Setting works closely with LINT PMN QT (if involved) to create a bespoke education offer to meet unique needs based on setting curriculum and specialist curriculum.</li> <li>• Assessment and monitoring will be bespoke.</li> <li>• Policies reflect reasonable adjustments and are written in collaboration with LINT PMN QT (if involved).</li> <li>• Educators facilitate working between themselves, the family, LINT-PMN (if involved) and SaLT to identify appropriate use of communication methods e.g., AAC.</li> <li>• Individual care plan/ protocol to be in place.</li> <li>• Behaviour care plans in place if appropriate</li> <li>• Plans in place for Egress, moving and handling.</li> <li>• The child requires a high level of support from a multi-disciplinary team to make successful transitions between rooms and into setting.</li> </ul>	<ul style="list-style-type: none"> <li>• A daily or intensive therapy programme integrated within the day.</li> <li>• Postural management to be regularly reviewed.</li> <li>• Curriculum planning closely tracks levels of achievement and incorporates individual targets, self-help and therapy programmes.</li> <li>• Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs).</li> <li>• Settings have regular liaison with the LINT-PMN QT (if involved) to support the child and themselves in understanding the impact of the PMN, promote independence and specialist equipment training.</li> <li>• A suitably equipped space in which therapies can be carried out including a height adjustable therapy bench, where necessary, and hoist and slings.</li> <li>• An equipment space where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored.</li> <li>• May have access to specialist hydrotherapy/water-based activities with advice and guidance from the physiotherapist.</li> <li>• May have access to sensory room.</li> <li>• A suitable space may be needed for children with emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend the setting.</li> <li>• Access to regular nursing support and advice.</li> </ul>

**PfA Outcomes and Provision**

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the EY environment and activities in accordance with their physical capabilities, to support them to make progress towards early learning goals. N.B, for some children with complex medical/physical needs, alternative feeding plans will need to be considered following guidance from relevant professionals.</p> <p>Child is able to reach and engage with resources in all areas of learning with opportunities at their level, either in specialist seating/ wheelchair or on the floor.</p> <p>Child is able to dress and undress with increasing independence in accordance with their physical/ medical needs.</p> <p>Child is confident to ask for help when there are barriers to accessing educational resources.</p> <p>Child is supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>	<p>Child is able to navigate the environment independently with minimum adult support via physical means or specialist equipment i.e. using a self-propelled wheelchair, self-propelled scoot, a powered chair, a walking frame or walking sticks.</p> <p>Child is able to use the toilet independently in accordance with their physical/medical needs/diagnoses.</p> <p>Child is able to participate in mealtime routines using cutlery with increasing dexterity and independence to feed themselves appropriately. N.B for some children.</p> <p>Child is able to confidently negotiate the environment independently, understanding their own limitations physically.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults.</p>	<p>Child is able to access community-based activities/ clubs/groups in accordance with their physical/medical capabilities, to facilitate shared play and interaction and to support the development of friendships with peers.</p> <p>Child is able to access visits/ day trips as appropriate. These should be planned in advance, to consider the accessibility and transport needs.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to be supported to re-establish friendships after a term of absence.</p> <p>Child is able to wait their turn and feel confident that their needs will be met.</p>	<p>Child is able to attend regular medical, optical and visual checks to support good health.</p> <p>Child is able to comply with self-care routines and medical routines to support good physical health.</p> <p>Child is able to engage in regular physical exercise to maintain good physical health and support the development of gross motor skills.</p> <p>Child is able to try a range of new foods offered to support the development of a balanced and healthy diet.</p> <p>Child is able to begin to have an understand of own physical and/or medical need and identity with their own equipment.</p> <p>Child is able to be supported emotionally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>

**Provision:** Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Physical, Medical and Sensory Needs.