Guidance for Post-16/19 pupils with SEND: Implementation of the Thresholds in Post-16/19 settings

Preparation for Adulthood (PfA) should start in the Early Years and continue as a 'golden thread' through primary and secondary settings. It will be particularly important for the Post-16/19 sector to build on what has been learnt and experienced before in the PfA Outcomes and to ensure that these are fully developed and explored appropriate to the needs of the young person and their wishes.

Talking to young people and particularly those with SEND; it is apparent that they want all the things that every young person wants – a lifestyle that they can enjoy. The diagram above illustrates what young people have told us – "I want a life not a service!" So, the provision and opportunities regardless of the complexity of the needs of the young person should reflect all those areas that are in 'The Real World'. To have friends and a social life is pivotal to emotional wellbeing and therefore our 'curriculum' which is everything we do, must give opportunities and creative ways in which young people can have friendship groups, access leisure facilities, and become more independent both in their provision but also in their local community.

The Post-16/19 Thresholds therefore have a focus on PfA outcomes alongside the specific area of need. This is not exclusive to that need as most young people with SEND will have many needs that span most of the areas of the SEND Code of Practice. We also recognise that some young people will have significant complex needs and some less complex so the PfA outcomes will need to be implemented alongside the wishes of the young person which are pivotal, family views and the judgements of those professionals working with the young person. However, this gives an excellent framework to develop a realistic programme that will support the young person into adulthood. The framework will also support families to focus on those areas which are most important to their child and to give a common dialogue with professionals who are working alongside them.



The outcomes can be measured using a combination of quantitative and qualitative data and should be recorded on a provision map. Gateshead Council have an electronic provision map which needs to be completed to show the interventions, impact, and outcomes alongside the costings. Specific guidance will be available to show how this will need to be completed.

The most important and pivotal aspect of the PfA work will be the involvement of the young people themselves. Professionals will need to think creatively about how to ensure that all their learners/employees (if in the workplace) views, feelings and wishes are listened to and acted upon on a regular and systematic basis.

This guidance document aims to provide parents and carers of young people aged 16 25 with special educational needs and disabilities (SEND), attending Post-16/19 Providers in Gateshead, with what they can expect as a minimum standard.

Every young person has the right to expect a good education, and the support they need to become independent adults and succeed in life.

In addition to this guidance document, you may wish to access the Gateshead Local Offer which sets out clearly what support is available from specialist services, and how to access it.

Once over compulsory school age, many young people with SEND move into further education (FE), such as FE and sixth form colleges and 16-19 academies or access alternative work-based providers. It is important that the young person's chosen provider becomes involved in their plans as they prepare to leave school so the provider can be prepared to meet their needs. This is often called 'Transition'. The young person should be given a chance, before they start at their new setting, to talk about their needs or disability, and how this might affect their learning. This will enable the provider to explain how they might be able to provide the right levels of support.

Statutory duties placed on colleges

Whilst this is not a legal document, it is based on the various acts, regulations and guidance. The Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014 were introduced and came into effect from 1st September 2014.

The Government published the 0-25 Special Educational Needs and Disability Code of Practice 2014 (0-25 SEND Code of Practice) which all Local Authorities and service providers across education (including colleges), health and social care, have a legal duty to follow.

As part of the Children and Families Act 2014 all colleges MUST:

- Co-operate with the Local Authority on arrangements for young people with SEND. In Gateshead we have asked all providers to prepare and publish their own "Local Offer" which aims to explain how they can support young people with SEND.
- Admit the young person, if the provider is named on their Education, Health and Care (EHC) Plan.
- Comply with the 0-25 Special Educational Needs and Disability Code of Practice 2014 (0-25 SEND Code of Practice).
- Ensure the provider does their best to plan for and secure the special educational provision.

Ensuring young people's positive outcomes – arrangements for assessing their needs

Every young person has individual needs requiring varying levels of support that need to be planned for - this is sometimes called a Graduated Response. **The SEND Thresholds document will support the graduated response in the Post-16/19 setting**. The young person's chosen provider should help them to achieve their best. The provider will discuss and agree which course will best enable them to be more independent, find a job or whatever they choose to do next. When they start, the provider will help to set aspirational goals for the young person, in order for them to achieve the best possible outcome in their adult life – this is often called Preparing for Adulthood (PfA) (Chapter 7 SEND Code of Practice).

The provider must do its best in order to give the young person the support they need through an individual assessment. This will be provided through SEND Support. The provider may refer to this as SEND Support Stage. If, through discussions, the provider feels the young person might benefit from SEND Support, the provider will ensure you and your child are kept involved throughout the planning process, updating you with progress made. SEND Support is part of what is known as the 'graduated approach'.

Any support offered to the young person during the SEND Support Stage should take the form of a four-part cycle.

Assess

- The young person's difficulties at the time they make their application for enrolment, so that the right support can be provided.
- The provider will ask the young person what they feel their needs are as well as speaking to others who help them. This could include their parents/carers, teacher or support worker from a previous school or college, or any other professionals who work with them.
- When they start in the setting, the young person's tutor/lecturer or nominated support person will regularly speak with them to see how they are getting on.

Plan

- The provider needs to plan and agree the outcomes that the SEND support is intended to achieve - in other words, how the young person is expected to benefit from the support they provide. These should be evidenced on the learners support plan.
- The young person is likely to be set "outcomes" that their provider will support them to achieve each term.
- Planning sessions with their tutor should take place at least 3 times per year.
- Planning will look at the young person's aspirations (what they want to achieve next).

Do

- Following discussions with the young person, the provider will put the planned support into place.
- The young person's tutor / lecturer or nominated support person will remain responsible for working with them on a regular basis to track their progress.
- They will check that the support that has been put in place for the young person is doing what it was intended to do, and that they are achieving their expected outcomes.

Review

- They young person will have progress meetings with their tutor/lecturer or nominated support person. At these meetings the young person's progress will be recorded on their learner profile or Individual Learner Record (ILR).
- The support that has been provided should be reviewed regularly at least 3 times per year or each term.
- Together with the young person's tutor/lecturer or nominated support person, they should decide whether the support put in place is having a positive impact.

• If either you (the parent/carer), the young person themselves or their tutor are concerned, or if the young person is falling behind, they will discuss and agree what can be done to better support the young person.

Meeting needs and recording progress

The young person's outcomes will be listed on either the SEND Support or EHC Plan. These may include the PfA goals such as finding employment, voluntary work, moving into higher education, living independently/semi independently, being as healthy as possible, making friends, participating in the local community and staying safe.

You can find out more by looking at the Preparing for Adulthood section of the Gateshead Local Offer and on the National Development Team for inclusion (NDTI) website: www.preparingforadulthood.org.uk. The provider will ensure that the young person's opinions and views are considered and become a central and pivotal part of the decision making and planning process. The provider will work with them to agree and put in place a range of support that can be taken as steps towards achieving their long-term PfA outcomes.

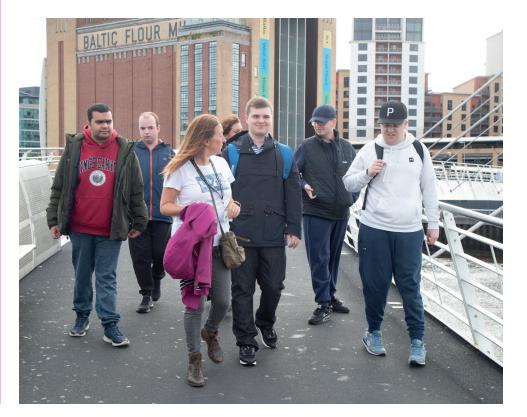
Support opportunities could include:

- External visits
- Extra-curricular activities.
- Involvement in community enterprise or voluntary work opportunities.
- Traineeships.
- Apprenticeships.
- Supported employment/internships
- Buddy opportunities.

Equality and inclusion

The provider will have a SEN lead/SENDCo lead and additional specialist learning support staff, who will oversee the young person's support needs. The provider must do its best to meet the young person's needs. This could include:

- Ensuring that personal care needs are met.
- Providing one to one or small group learning opportunities.
- Providing training to enable more independence i.e., independent travel training.
- Ensuring tutors and learning support have the specialist skills and resources to support young people, for example information to be provided in suitable formats i.e., braille, large print, easy read, symbols, audio etc., information is made available on coloured paper, the young person has access to the right type of assistive technology, desk top prompts e.g. key word lists, colour coded timetables and a Picture Exchange Communication System (PECS), access to sign, e.g. BSL/SSE, where required.



Supporting SEND in Post-16/19 settings including colleges

The purpose of identification is to work out what action the college/provider should take to support young people with SEND and NOT to fit them into a category. A young person's needs might cover more than one of the areas of the Code of Practice, and they also may change over time. The college/provider will complete a detailed assessment of need and produce an individual SEND Support Plan. This is so that the young person's full range of needs are identified, in order for the college to plan and review the SEND Support Plan, or EHCP if necessary.

Four broad areas of need

Listed below are the four broad areas of need that colleges should plan for in accordance with guidance set out in the SEND Code of Practice.

Communication and interaction

The young person will receive support in college if they have speech, language, and communication difficulties, that:

- makes it difficult for them to make sense of what is being said to them, or
- for them to be understood by others, or
- to help them understand how to communicate more effectively

Cognition and learning

The young person will receive support in college if they:

- learn at a slower pace than others of their age
- have difficulty in understanding parts of the curriculum
- have difficulties with organisation and memory skills, or
- have a specific difficulty affecting one particular part of their learning, such as English (Literacy) or Maths (Numeracy).

Social, emotional and mental health difficulties

The young person will receive support in college if they:

- have difficulty in managing their relationships with other people,
- are withdrawn, or if they behave in ways that may hinder or affect their own or other learners' learning, or
- have a need which has an impact on their health and wellbeing.

Sensory and/or physical and medical needs

(Please refer to LINT section of this Threshold document).

The young person will receive support in college if they have:

- a vision, hearing and/or multi-sensory impairment, or
- a physical and/or medical need that means they must have additional ongoing support and or equipment. College support will ensure that they provide them with:
 - An inclusive learning environment.
 - High quality teaching and learning opportunities.
 - Social and emotional support.
 - Opportunities to achieve positive outcomes.

Careers Guidance

As part of helping the young person to prepare for their future, schools and colleges have to ensure that all young people attending education provision from Year 9 until Year 13 are provided with independent careers guidance. FE colleges also have equivalent requirements to support and provide access to careers guidance, to young people from the age of 18-25.

High quality study programmes for Young People with SEND

All learners aged 16-19, and those with an EHC Plan up to the age of 25, should be allowed to follow a coherent study programme that provides stretch and progression, and will enable them to achieve their best possible outcome in adult life. Post-16/19 providers should:

- raise career aspirations of all SEND learners, and
- broaden their employment opportunities.

The provider is expected to:

- Design study programmes which enable learners to progress to a higher level of study than their prior attainment.
- Offer wide ranging qualifications.
- Enable them to gain essential skills such as English, Maths and digital skills.
- Allow them to participate in meaningful work experience and non-qualification activity (if appropriate).

When attending a provider, the young person should not be expected to repeat learning they have already completed successfully.

If they are not taking qualifications their study programme should:

- focus on high quality work experience, and
- provide non-qualification activity which prepares them well for employment independent living being a healthy adult, and participating in society

What next?

The majority of young people with SEND are capable of sustainable paid employment with some undertaking a mixture of paid and voluntary employment opportunities, providing they receive the right help and support. Those with more complex needs will need a specific pathway that will be built upon working across education, health and social care to provide bespoke packages to enable those young people to achieve. Careers staff either at the Council or in the setting will discuss directly with the learner which jobs they are looking for and how best to get one.

Traineeships

- Offered by colleges, local authorities and some private training providers
- Education and training programmes offering work experience.
- Focus on giving the skills and experience the learner will need to get an apprenticeship or other job.
- To last a maximum of six months and include gaining key components of work preparation training i.e., English, BSL, Maths (unless this is already achieved at GCSE A*-C standard/Grade 9-4 or equivalent) and a high-quality work experience placement.
- Available to young people aged 16 to 24, including those with EHCPs.
- Young people with an EHCP will retain their plan when undertaking a traineeship.

Apprenticeships

- Apprenticeships are paid jobs that incorporate training, enabling the learner to gain a nationally recognised qualification.
- Young people can earn money as they learn and gain practical skills in the workplace.
- A college, local authority or private training provider will provide the apprenticeship training. In some cases it will be the employer.
- Many lead to highly skilled careers.
- In Gateshead an EHCP will cease when a young person starts an apprenticeship as it is deemed to be employment.
- Personal Independence Payments (PIP) are not affected by any earnings from an apprenticeship.

Supported Internships

- Supported internships aim to support the young person to move into paid employment.
- Structured study programmes for young people with an EHCP. The EHCP will remain in place whilst they are undertaking the supported internship.
- Internships normally last for a year and include extended unpaid work placements of at least six months.
- Offers a personalised study programme which includes the chance to study for relevant qualifications, if suitable, and English and maths to an appropriate level. Higher Education (University) is one option but not the only one. Foundation programmes are equally acceptable.
- For some young people, securing a place in higher education will be their aspiration or goal.
- The Post-16/19 provider should give the young person advice and guidance about their aspiration of going on to university, and how they should make a claim for Disabled Learners Allowance (DSA) where eligible
- Ensure that the correct level of support is maintained or provided to help them achieve their goal.

Adult Education

For some learners, formal education that leads to a qualification may not be for them. There is a range of adult education programmes available in Gateshead.

- They are usually available to anyone over the age of 19
- In some cases, the courses are specifically designed for people with SEND.
- These are usually offered by the local authority
- They can be a way of maintaining skills, increasing confidence, and reducing social isolation
- You may have to pay a small contribution to the cost of the course, but often they are free



Funding for SEND Support

The provider will write the SEND Support Plan. If additional support is required, the college will liaise with Gateshead Council's Special Educational Needs & DisabilitiesTeam to fund the support required. If a young person requires an EHCP, the information contained within their SEND Support Plan will be used to inform this alongside information from relevant professionals. Independent advice in relation to SEND processes can be obtained either by contacting the Gateshead Council SEND Team or the SEND Information Advice & Support Service (SENDIASS).

Funding entitlements

There are 3 categories of funding:

- 1. Funding entitlement for 16-18 year-olds attending Post-16/19 school provision or college is provided through Education and Skills Funding Agency (ESFA)
- 2. Young people aged 19-25 who previously had a Section 139 statement will transfer to an EHCP and be funded through the Education and Skills Funding Agency (ESFA)
- 3. Young People aged 19 and over who attend college and have a learning difficulty or disability, but not an EHCP, may be entitled to 16-19 bursary fund from ESFA, there is some useful guidance surrounding 16-19 bursaries aimed at young people.

Packages of Support across 5 days per week – Post-16/19 provision is normally based on 540 guided learning hours, which equates to 3 days per week over an academic year. If it is agreed that the young person would benefit from, and is entitled to 5 days education, these additional 2 days could be paid for with their Personal Budget entitlement or through Social Care funding where eligible. If they are entitled to Social Care funding the support, they should receive will be included under the Social Care section of their EHCP where applicable. If they have any queries with regards to their entitlement to their support for these additional 2 days, they should contact their Social Care team.

If the young person is entitled to receive a full package of provision across 5 days a week, this support provision does not have to be at one provider, it could involve amounts of time with different providers or to allow them to study independently or take part in opportunities such as:

- Volunteering or participating in the community
- Work experience
- Independent travel training and/or skills for living independently in semisupported or independent accommodation etc.

The following guidance follows the PfA outcomes that are required from Early Years:

- Independence,
- Employment/training,
- Staying healthy
- Inclusion into the local community -making friends and having a social life.

These outcomes should be embedded from Early Years through to Post 25 within the curriculum of settings, schools and the full range of provision. Specific examples of effective PfA outcomes can be found in <u>www.preparingforadulthood.</u> <u>org.uk</u> PfA Outcomes. They are also available on the Gateshead Local Offer.

Implementation of the Thresholds in Post-16/19 Provision

The Post-16/19 provision and practice should build on the effective SEND practice in schools and Early Years across all the SEND Thresholds. Therefore, Post-16/19 providers must use the pre-16 cohort descriptors and the range of specific teaching interventions that have been successful and if appropriate in the planning of their Post-16/19 programme. The importance of transition cannot be underestimated. Transition should begin at Year 9 and with regard to the four PfA outcomes – education/employment, developing independence, staying healthy and being included in the local community – making friends and having a social life – these should begin and be embedded from the Early Years. Post-16/19 providers should be involved with schools and settings from Year 9 in understanding the needs of the young person, the curriculum that they are undertaking and how this can be built upon successfully in college, work placements, voluntary work and in shaping the 'lifestyle' that the young person wishes to have. Therefore, the Post-16/19 section of the SEND Thresholds will focus in the main on the PfA outcomes with links to the specific needs and Thresholds pre-16. Most young people with SEND will have been identified prior to entering Post-16/19 providers through the embedding of the Thresholds in schools and settings, however, there will be some young people for whom their needs have not been met. It will be important for the Post-16/19 providers to use the Threshold descriptors in identifying the needs of those young people and the subsequent provision that should be in place to meet those needs.

The importance of specialist training of all staff in the Post-16/19 provision will be pivotal in achieving good and outstanding PfA outcomes. Providers will have to demonstrate, like schools, how they are spending their monies on the individual young people. They will need to demonstrate through a provision map, how they are spending the first £6K before they can access any monies from the High Needs Block. So, once embedded, there will be a seamless transition from Early Years through to 25 of accountability and transparency of spend and the impact on young people's outcomes. The SEND Thresholds will provide the framework for this.

The Thresholds are a very useful guide for learning support staff/tutors/services to assess and identify the needs of learners and to put into place the appropriate support. They describe the young person's needs and provide suggestions for the types of interventions that will be required. Providers will need to evidence all their interventions and the impact of these through a provision map and other evidence. This is best practice nationally and Ofsted require this level of evidence of input and impact.

The setting will use Support Plans and One Page Profiles to support provision. The support plan should show not only setting-based interventions, but also those of specialists and outside agencies if they are involved. This will give an informed overview of the interventions, as well as their impact and the progress that the young person has made as a result. The support plan should be part of a progress check every half term and a data run at the end of every term, in line with the

assessment framework and process in each setting. Undertaking support planning in this way will also correlate the attainment/achievements alongside other indicators such as attendance, behaviour etc.

In some cases, young people will fall into more than one threshold, or will have needs in more than one area. The setting will need to study the Thresholds and to highlight where the greatest need is. This may change in time and as the young person matures. There will be specific times such as transition where the needs may change because of the differing environments and expectations. The Thresholds are a guide and provide a framework for the evidence that will be required. Some services that are available to schools and settings may not be available to colleges and/or have to be specifically bought in from the Element 1 and 2 or top up monies in the college.

Using the Guidance to Support Learning

- 1. Once the young person's needs have been agreed professionals will find advice about how to support the learning of learners at each threshold.
- 2. It is important to recognise that Quality First Teaching will provide a firm basis upon which to use the additional strategies.
- 3. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.



Cognition and Learning Needs Guidance

Threshold Des	scriptors Overview		Assessment, Intervention, Provision and Resources
Threshold 1 Mild	 May be below age-related expectations Difficulty with the acquisition/use of language, Difficulty with the pace of curriculum delivery Some problems with concept development Evidence of some difficulties in aspects of litera Attainment levels are likely to be a year or more 	cy, numeracy or motor coordination	Please refer to information contained within the Threshold 1 Cognition and Learning section of the School Age Guidance.
Threshold 2 Mild - Moderate	 Continuing and persistent difficulties in the acquisition/use of language/literacy/ numeracy skills. The learner is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan. Evidence of difficulties with aspects of cognition i.e., memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum. Progress is at a slow rate but with evidence of response to intervention. Support is required to maintain gains and to access the curriculum. 	 Attainment is well below expectations despite targeted differentiation. Processing difficulties limit independence and learner may need adult support in some areas. Mild but persistent difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality first teaching. May have difficulties with organisation and independence in comparison to peers. Difficulties impact on access to the curriculum Requires reasonable adjustments to support them in the classroom. Self-esteem and motivation may be an issue. Possibly other needs or circumstances that impact on learning. 	Please refer to information contained within the Threshold 2 Cognition and Learning section of the School Age Guidance.

Threshold 3 Moderate	 As above plus: Persistent difficulties in the acquisition/use of language/literacy/numeracy skills. May appear resistant to previous interventions. Operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification. Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum or assessment findings from a range of standardised cognitive assessments. Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g., memory, concept development, information processing, understanding, sequencing and reasoning. Difficulties impact on learning and/or limit access to the curriculum. Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties. Personalised learning plan. Access to advice from a specialist. 	 Support for reading/recording to access the curriculum at the appropriate level of understanding. Moderate and persistent difficulties with literacy, numeracy and/or motor coordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching. Difficulties in some aspect of cognitive processing will be present, i.e., slow phonological processing, poor working memory, and difficulties with auditory and visual processing. Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required. May require assistive technology and/or augmented or alternative communication supports. Difficulties with learning may impact on selfesteem, motivation and emotional wellbeing despite positive support. 	Please refer to information contained within the Threshold 3 Cognition and Learning section of the School Age Guidance.
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Threshold 4a	• Significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching.	Please refer to information contained within the Threshold 4a
Moderate	 Key language, literacy and/or numeracy skills are well below functional levels for their year group – the learner cannot access text or record independently. 	Cognition and Learning section of the School Age Guidance.
	 Significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum. 	
	Difficulties likely to be long term/lifelong.	
	Condition is pervasive and debilitating.	
	Significantly affects access to curriculum and academic progress.	
	High levels of support required which include assistive technology.	
	 Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present. 	
	 May appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding, or expressing thoughts. 	
Threshold 4b	As Threshold 4a plus:	Please refer to information
Significant	 Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required. 	contained within the Threshold 4b Cognition and Learning section of the School Age Guidance.
	 The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting. 	, , , , , , , , , , , , , , , , , , ,
Threshold 5	Severe learning difficulties or a learning disability has been identified.	Please refer to information
	Profound and multiple learning difficulties identified.	contained within the Threshold 5 Cognition and Learning section of
Severe	 Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills within the curriculum and out of school activities. 	the School Age Guidance.
	Complex and severe language and communication difficulties.	
	Access to specialist support for personal needs.	
	Complex needs identified.	

Cognition	Cognition and Learning: PfA Outcomes and Provision		Post 16	
	Employability/Education	Independence	Community Participation	Health
Post 16/19	YP is able to build upon strengths and interests highlighted in personal/vocational profile. YP is able to achieve steps toward academic and vocational qualifications. YP is able to achieve A level results, or equivalent to enable progression on to university or other education/ training opportunities. YP has skills in CV writing and in applying for jobs or Higher Education.	YP is able to manage potential income, including personal independence payments and incoming bills. YP is able to demonstrate skills in time management and negotiating travel/transport. YP is able to understand different types of living arrangements and which of these are positive or possible for each YP. YP is able to begin to plan for future living.	YP is able to understand personal budgets and how they could be spent Post-16/19 to further PfA aspirations. YP is able to understand the potential risks relating to drugs and alcohol within the community and will be able to make safe choices. YP is able to understand how the criminal justice system works to enable them to function appropriately with the community. YP is able to develop increasing social awareness including understanding and reasoning skills to promote social and emotional wellbeing and reduce vulnerability within the community.	YP will have an understanding of their health needs and will be able to manage these where applicable. YP is able to see a GP or other health professionals as appropriate. YP is able to have an understanding of the importance of regular medical, dental and optical checks. YP is able to understand healthy choices, including healthy eating and benefits of exercise and will take steps to remain health and active.
Post 19	YP will consolidate or complete learning, achieving outcomes to enable progression into employment/adult education or community learning. YP will understand processes and support in relation to job centre provision. YP will understand and access benefits where applicable.	YP will continue to develop independent living skills through appropriate study programmes. YP will understand correspondence/bills and manage them appropriately. YP will have planned living arrangements in place.	YP will show awareness of the role of adult social care and will access the service as required. YP will develop increasing social awareness including understanding and reasoning skills to promote social and emotional wellbeing and reduce vulnerability within the community.	YP will manage health appointments/interventions.

Cognition	and Learning: PfA Outcome	s and Provision		Post 16
	Employability/Education	Independence	Community Participation	Health
Provision	 An adapted curriculum/ workplace- based training programme to consider difficulties in relation to independent working and personal organisation. This may require learning and work-based tasks to be broken down in to smaller stages with a higher level of adult direction. Curriculum/work-based materials and instructions which are adapted to the YP's developmental level and individual learning needs. Alterations to the pace of delivery in work-based settings in accordance with the YP's ability to process and internalise information. A regular programme of activities designed to promote the development of skills for further training/employment to include skills in CV writing, interviews, job applications, understanding job- centre access and support. Provision of careers advice. Access to assistive technology as required. 	Specific programmes of teaching relating to finance, independent travel, time management, types of living arrangements, and provision of information to support the YP's understanding of these and ability to make positive choices. Supported opportunities to negotiate daily living tasks to include travel, income, bills, planning living and a future in accordance with the YP's cognitive functioning. Support to access documentation relating to health needs including NICE guidance and health check guide.	Supported opportunities to access community-based activities and to make choices in relation to participation in activities available to them. Individual programmes of support to facilitate community participation in accordance with the YP's choices and levels of cognitive function. Specific teaching in relation to community participation including potential risks, to include drugs, alcohol, criminal activity, social vulnerability, and provision of information to support the YP's understanding of these and ability to make safe choices.	Support to understand their own healthcare requirements. Support to access and understand information with regard to healthy eating and healthy lifestyle and exercise choices. Access to adult health services. Access to specialist services in line with any medical assessments.

Communication and Interaction Needs - Autism

Threshold Des	scriptors Overview	Assessment, Intervention, Provision and Resources
Threshold 1 Mild	 Communication and interaction needs (identified by the Threshold descriptors) may affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life. Does not have a diagnosis of an autism disorder made by an appropriate multi-agency team. May or may not have low level sensory needs. 	Please refer to information contained within the Threshold 1 Communication and Interaction: Autism section of the School Age Guidance.
Threshold 2	 Communication and interaction needs (identified by the Threshold descriptors) affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and 	Please refer to information contained within the Threshold 2
Mild - Moderate	school life.May or may not have low to moderate sensory needs.	Communication and Interaction: Autism section of the School Age Guidance.
Threshold 3	 Communication and interaction needs (identified by the Threshold descriptors) moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of 	Please refer to information contained within the Threshold 3
Moderate	 school life. This is especially true in new and unfamiliar contexts. The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. May or may not have a diagnosis of an Autism Disorder made by an appropriate multi-agency team. May or may not have moderate sensory needs. 	Communication and Interaction: Autism section of the School Age Guidance.

Threshold 4a Moderate	 Communication and interaction needs (identified by the Threshold descriptors) significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available. The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. May or may not have a diagnosis of an Autism Disorder by an appropriate multi-agency diagnostic team. May or may not have sensory significant sensory needs. 	Please refer to information contained within the Threshold 4a Communication and Interaction: Autism section of the School Age Guidance.
Threshold 4b Significant	 As Threshold 4a plus: Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. They will require significantly more support than is normally provided in a mainstream setting. May or may not have sensory significant sensory needs. 	Please refer to information contained within the Threshold 4b Communication and Interaction: Autism section of the School Age Guidance.

Threshold 5 Severe	 Communication and interaction needs (identified by the Threshold descriptors) severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. Learners at Threshold 5 may be in the following settings: Mainstream Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. They will require significantly more support than is normally provided at a universal level in a mainstream setting. Special Attainment profile is below expected NC performance indicators and/or PIVATs /B Squared. May or may not have a diagnosis of an Autism Disorder/and or EHCP. May or may not have severe sensory needs. 	Please refer to information contained within the Threshold 5 Communication and Interaction: Autism section of the School Age Guidance.
Threshold 6 Profound	 Communication and interaction needs (identified by the Threshold descriptors) profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. Needs an environment where interpersonal challenges are minimised by the adult managed setting. The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. May or may not have profound sensory needs. Within the specialist provision need an environment where interpersonal challenges are minimised by the adult managed. 	Please refer to information contained within the Threshold 6 Communication and Interaction: Autism section of the School Age Guidance.

Communication and Interaction Needs - SLCN

Threshold De	escriptors Overview	Assessment, Intervention, Provision and Resources
Threshold 1	Communication and interaction needs which may affect access to some aspects of the National Curriculum, including the social emotional curriculum and school life:	Please refer to information contained within the Threshold 1
Mild	• Does not have a diagnosis of an Autism disorder made by an appropriate multi-agency team.	Communication and Interaction: Speech, Language and
	• Speech is understood by familiar adults but has some immaturities, which may impact on social interaction and may impact on the acquisition of literacy.	Communication Needs section of the School Age Guidance.
	• Difficulties with listening and attention that affect task engagement and independent learning.	
	• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the learner needs some support with listening and responding.	
	• Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position)	
	Reduced vocabulary range, both expressive and receptive.	
	May rely on simple phrases with everyday vocabulary.	
	• Social interaction could be limited and there may be some difficulty in making and maintaining friendships.	
	• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.	
	 May present with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present. 	

Threshold 2	Communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life:	Please refer to information contained within the Threshold 2
Mild - Moderate	• Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context.	Communication and Interaction: Speech, Language and Communication Needs section of
	• Speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy.	the School Age Guidance.
	• Difficulties with listening and attention that affect task engagement and independent learning.	
	 Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations. 	
	Needs some support with listening and responding.	
	 Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position). 	
	Reduced vocabulary range, both expressive and receptive.	
	May rely on simple phrases with everyday vocabulary.	
	 May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses. 	
	 Social interaction could be limited and there may be some difficulty in making and maintaining friendships. 	
	 Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. 	
	 Presents with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases more consistently. 	

Threshold 3	Communication and interaction needs that will moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially	Please refer to information contained within the Threshold 3
Moderate	 true in new and unfamiliar contexts. The he pervasive nature of the Autism/ Communication and Interaction (C&I) needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. 	Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.
	• May or may not have a diagnosis of an Autism Disorder made by an appropriate multi-agency team.	
	Persistent delay against age related speech, language and communication.	
	Persistent difficulties that do not follow typical developmental patterns (disordered).	
	Speech	
	• Speech may not be understood by others i.e., parents/family/carers where context is unknown.	
	• Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.	
	Speech sound difficulty may lead to limited opportunities to interact with peers.	
	May be socially vulnerable.	
	May become isolated or frustrated.	
	Phonological awareness (Speech sound awareness) difficulties impact on literacy development.	
	 May have a diagnosis of Developmental Language Disorder made by a Speech and Language Therapist. 	
	Expressive	
	• May have difficulty speaking in age-appropriate sentences and the vocabulary range is reduced. This will also be evident in written work.	
	Talking may not be fluent.	
	May have difficulties in recounting events in a written or spoken narrative.	

Receptive	
Difficulties in accessing the curverbal information, following examples of the curverbal information and the curverbal in	rriculum, following instructions, answering questions, processing everyday conversations.
Needs regular and planned ac	dditional support and resources.
Difficulties with listening and a	ttention that affect task engagement and independent learning.
May not be able to focus atten	tion for sustained periods.
May appear passive or distract	ted.
	redicting, and inference within both social and academic contexts. and responses in everyday situations e.g., not understanding the
Social Communication	
	r language mean that social situations present challenges resulting y, social isolation and social vulnerability.
Difficulties with using and und expressions, tone of voice and	erstanding non-verbal communication (NVC) such as facial gestures.
Poor understanding of abstraction inferring and understanding the second s	t language and verbal reasoning skills needed for problem solving, ne feelings of others.
Anxiety related to lack of under	erstanding of time and inference.
Needs reassurance and forew experiences.	arning of changes to routine or when encountering new situations/

Threshold 4a	Communication and interaction needs that significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially	Please refer to information contained within the Threshold 4a	
Significant	true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.	Communication and Interaction: Speech, Language and	
	 The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. 	Communication Needs section of the School Age Guidance.	
	 Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. 		
	 May or may not have a diagnosis of an Autism Disorder made by an appropriate multi-agency diagnostic team. 		
	 Could communicate or benefit from communicating using Augmented and Alternative Communication. 		
	Some or all aspects of language acquisition are significantly below age expected levels.		
	 Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). 		
	 May have a diagnosis of Developmental Language Disorder made by a Speech and Language therapist. 		
	Must have an identified Speech, Language and /or Communication Delay/Disorder		
	This could be difficulties in:		
	Understanding and/or using language.		
	Speech Sound development		
	Social Interaction		
	Identification		
	Diagnosed by a Speech and Language Therapist.		
	 Learners with Developmental Language Disorder (DLD) may have associated social communication difficulties. 		
	 Learners with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling. 		
	 Learners with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning. 		

Threshold 4b Significant	Communication and interaction needs that severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available .	Please refer to information contained within the Threshold 4b Communication and Interaction:
Significant	• The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.	Speech, Language and Communication Needs section of the School Age Guidance.
	Could communicate or benefit from communicating using AAC.	the school Age outdance.
	Some or all aspects of language acquisition are significantly below age expected levels.	
	• Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known).	
	Must have a diagnosis of Developmental Language Disorder (DLD)	
	The main categories are:	
	Mixed receptive/expressive language disorder	
	Expressive only language disorder	
	Higher order processing disorder	
	Specific Speech Impairment	
	Identification	
	Diagnosed by a Speech and Language Therapist,.	
	• Learners with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours.	
	• YP with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling.	
	• YP with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory. They may experience difficulties with problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum.	

Threshold 5 Severe	Communication and interaction needs that severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available .	Please refer to information contained within the Threshold 5 Communication and Interaction Speech, Language and Communication Needs section of the School Age Guidance.
Threshold 6	Communication and interaction needs that profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known	Please refer to information contained within the Threshold 6
Profound	and familiar contexts and with familiar support/people available. Learners at Threshold 6 will need an environment where interpersonal challenges are minimised by the adult managed setting.	Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidancee.

Communie	cation and Interaction: PfA Ou	Post 16		
	Employability/Education	Independence	Community Participation	Health
Post 16/19	YP will have appropriate communication and interaction skills to facilitate successful access to apprenticeships, internships, traineeships as required. YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing. YP is able to demonstrate appropriate communication skills, written or verbal, to enable successful application for jobs or higher education. YP is able to respond appropriately to questions, displaying the communication skills required to present their skills and attributes within an interview situation.	YP is able to have the communication and interaction skills to participate in residential and local learning options where relevant. YP will have the communication and interaction skills to facilitate independent living (shopping, travel). YP will have the communication and interaction skills to enable them to discuss their views and opinions in relation to future living arrangements. YP is able to access information relating to travel and transport to facilitate independent travel appropriate to individual circumstances.	YP is able to demonstrate appropriate communication and interaction skills to be able to access community, leisure and social activities within the local community in accordance with the YP's preference. YP will be able to communicate their choices and preferences to ensure their personal wellbeing within the community. YP is able to demonstrate appropriate communication and interaction skills necessary to successfully engage in voluntary work and/or community-based projects/initiatives. YP is able to communicate effectively with relevant agencies and /or emergency services as required.	YP is able to access information relating to relevant health services in order to maintain good health. YP is able to take responsibility for dental, medical and optical appointments; communicating their needs and interacting with appropriate staff to arrange these. YP is able to have the communication and interaction skills necessary (in the context of individual circumstances) to articulate health concerns/needs to relevant health professionals during appointments.

Post 19	YP is able to demonstrate appropriate communication and interaction skills necessary to successfully engage in paid work, voluntary work or higher education.	YP will have the communication and interaction skills to enable them to arrange independent/supported living options as applicable	YP is able to communicate appropriately with professionals from adult social care in order to access assistance as required. YP is able to interact effectively with others within a range of social situations, including online, in order to make and maintain appropriate reciprocal friendships and relationships.	YP is able to access information relating to relevant health services in order to maintain good health. YP is able to take responsibility for dental, medical and optical appointments; communicating their needs and interacting with appropriate staff to arrange these. YP will have the communication and interaction skills necessary (in the context of individual circumstances) to articulate health concerns/needs to relevant health professionals during appointments.
Provision	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of education/workplace information in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of information relating to local learning options, living provision and transport in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of information relating to community-based activities in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of health services information in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate. <i>Continued on next page</i>

Communi	ication and Interaction: PfA Outcomes and Provision continued			Post 16
	Employability/Education	Independence	Community Participation	Health
Provision continued	 Access to appropriate strategies and resources to facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/ adapted forms of communication as required. Opportunities to interact with peers through supported social activities. Provision of information and instruction at a level appropriate to the needs of the YP. Repetition and reinforcement as required. Alterations may need to be made to the pace of delivery. Access to electronic forms of communication (phone, text, email), modified if necessary to assist workplace operation. This may include assistive technology. Advice and guidance from SALT, HI team/ToD, VI team as required. 	Access to appropriate strategies and resources to facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/adapted forms of communication as required. Adult support to facilitate independent living as required (transport, shopping, bills). Access to electronic forms of communication (phone, text, email, social media), modified if necessary to assist accessibility. This may include assistive technology. Advice and guidance from SALT, HI team/ToD, VI team as required.	Access to appropriate strategies and resources to facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Community based activities/groups appropriate to the YP's age and developmental level designed to facilitate the development of friendships through communication, interaction and shared interests. Adult support to facilitate alternative/ adapted forms of communication as required. Access to electronic forms of communication (phone, text, email, social media), modified if necessary to assist accessibility. This may include assistive technology. Advice and guidance from SALT, HI team/ ToD, VI team as required.	Access to appropriate strategies and resources to facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/adapted forms of communication as required. Access to electronic forms of communication (phone, text, email), modified if necessary, to assist with the making and checking of appointments. This may include assistive technology. Advice and guidance from SALT, HI team/ToD, VI team as required.

Social, Emotional and Mental Health Needs

Threshold Des	Threshold Descriptors Overview				
Threshold 1 Mild	 Presenting with some low-level features of behaviour, emotional, social difficulties. Sometimess appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration. Follows some but not all school rules/routines around behaviour in the school environment. Some difficulties with social /interaction skills. Signs of stress and anxiety and/or difficulties managing emotions on occasions. 	Please refer to information contained within the Threshold 1 Social, Emotional and Mental Health section of the School Age Guidance.			
Threshold 2 Mild - Moderate	 Difficulties identified at Threshold 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Threshold 1 interventions being in place. SEMH continues to interfere with young person's social/learning development across a range of settings and young person does not follow routines in school consistently. Becoming socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge. Shows patterns of stress/anxiety related to specific times of the day. Preference for own agenda and be reluctant to follow instructions. Begun to experience short term behavioural crises. 	Please refer to information contained within the Threshold 2 Social, Emotional and Mental Health section of the School Age Guidance.			

Threshold 3	Difficulties identified at Threshold 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Threshold 1 and 2	Please refer to information contained within the Threshold	
Moderate	 SEMH interferes more frequently with young person's social/learning development across a range of settings and young person does not follow routines in school without adult support. More sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. Remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning. Patterns of stress/anxiety related to specific times of the day have become more common. Preference for own agenda and may be reluctant to follow instructions. 	3 Social, Emotional and Mental Health section of the School Age Guidance.	
	 Short-term behavioural crises have become more frequent and are more intense. 		
Threshold 4a	Continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex, and which necessitate a multi-agency response.	Please refer to information contained within the Threshold	
Significant	 Does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day. Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. Increasingly isolated and struggles to maintain positive relationships with adults or peers. Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning. 	4a Social, Emotional and Mental Health section of the School Age Guidance.	

Threshold 4b Significant	 Continues to present with severe and persistent level which continue to be complex and long term, and response. Does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day. Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. 	Please refer to information contained within the Threshold 4b Social, Emotional and Mental Health section of the School Age Guidance.	
Threshold 5 Severe	 Severe and increasing dysregulated behaviour, oft requiring provision outside the mainstream enviro Moderate/ severe learning difficulties, mental health difficulties, acute anxiety, attachment issues. Patterns of regular school absence. Incidents of absconding behaviour. Disengaged from learning, significant under-performance. Verbally and physically aggressive. Reliant on adult support to remain on task. Struggles with change – both to routines and relationships. Regular use of foul and abusive language. Engaging in high-risk activities both at school and within the community. Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals. 		Please refer to information contained within the Threshold 5 Social, Emotional and Mental Health section of the School Age Guidance.

Threshold 6 Profound	 Continuing profound and increasing dysregulated needs and requiring continued provision outside the Significant challenging behaviour. Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS). Unable to manage self in group without dedicated support. Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours. Consistent use of foul and abusive language. Involved in substance misuse either as a user or exploited into distribution/selling. Poor attendance requires high level of adult intervention to bring into school, even with transport provided. 		Please refer to information contained within the Threshold 6 Social, Emotional and Mental Health section of the School Age Guidance.
Threshold 7	 Continued long term and complex behavioural, encontinued multi-agency response coordinated as a in specialist provision. Needs likely to include: Self-harming behaviour. Attempted suicide. Persistent substance abuse. Extreme sexualised language and behaviour, sexually exploited. Extreme violent/aggressive behaviour. Serious mental health issues. Long term non-attendance and disaffection. Regular appearance in court for anti-social behaviour/criminal activity. 	 notional, and social difficulties, necessitating a annual, interim or emergency SEND review and met Puts self and others in danger. Frequently missing for long periods. Extreme vulnerability due to MLD/SLD. Medical conditions that are potentially life threatening and cannot be managed without dedicated support. Complex needs identified. 	Please refer to information contained within the Threshold 7 Social, Emotional and Mental Health section of the School Age Guidance.

Social Emo	otional and Mental Health	: PfA Outcomes and Pre	ovision	Post 16
	Employability/Education	Independence	Community Participation	Health
Post 16/19	YP is able to have acquired the necessary social skills to interact with employers and clients in order to function effectively in apprenticeships, internships and traineeships as required. YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing. YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.	YP is able to understand their right to make choices, and to exercise decision making in relationships with others with emphasis on best interests and informed consent. YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online). YP is able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices. YP is able to understand different types of living arrangements and those which are positive and possible in relation to their own circumstances.	 YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to facilitate/mediate interactions with others. YP will have developed appropriate social skills in order to establish new friendships in the context of community involvement. YP is able to demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community. YP is able to have an awareness of boundaries and social conventions with respect to a threshold of relationships and social situations (including online). YP is able to make safe choices. YP is able to understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances. 	YP is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment. YP is able to make safe choices in relation to sexual health. YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to maintain emotional wellbeing. YP is able to employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.

Social Emo	otional and Mental Health	Post 16		
	Employability/Education	Independence	Community Participation	Health
Post 19	YP will have acquired the necessary social skills to interact with employers and clients or academic staff in order to function effectively in voluntary work, paid work or Higher Education as required. YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing. YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.	YP is able to make positive choices in relation to their own living arrangements considering circumstances and possible options best suited to facilitate social and emotional wellbeing.	 YP will have developed appropriate social skills in order to maintain friendships in the context of community involvement. YP is able to demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community. YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online). YP is able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices. YP is able to understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances. 	YP is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment YP is able to make safe choices in relation to sexual health. YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required. YP is able to employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.

	Employability/Education	Independence	Community Participation	Health
Provision	 Highly supported work experience placements and short-term training opportunities with specific teaching in relation to interactions with employers, peers and clients in preparation for access to longer term learning provision and/or employment. An adapted curriculum/work-based training programme to consider the YP's emotional/mental health needs and appropriate provision to ensure the promotion of positive mental health and wellbeing. Regular monitoring of the YP's workload, behaviour patterns, interactions with others to identify early indications of stress, anxiety, depression etc. ensuring that appropriate steps are taken to support the YP to manage this as required. Adult guidance and support to apply my regulatory or coping strategies and provision within the workplace or education setting to accommodate these. Access to agencies/organisations who provide mental health and emotional support within the workplace or education setting as appropriate. 	Access to programmes designed to support and develop the YP's awareness of social boundaries and conventions in relation to a range of social situations and relationships. Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community. Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety.	Access to programmes designed to support and develop the YP's awareness of social boundaries and conventions in relation to a range of social situations and relationships. Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community. Community based activities/ groups appropriate to the YP's age and developmental level designed to facilitate socialisation and the development of friendships. Links to organisations who provide social and emotional support as required. Specific teaching in relation to risks associated with drugs, alcohol, criminal activity, social vulnerability and provision of information to support the YP's understanding of these and ability to make safe choices. Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety.	Programmes of activities designed to promote positive self-care routines (relating to personal care and the home/ work environment) and suppor to apply and embed these within daily routines. Programmes of activities and provision of information relating to sexual health and associated risks and support and guidance as required to enable the YP to make positive relationship choices and remain safe. Information and guidance to positive mental health and wellbeing and individual programmes of activities to identify coping strategies and mechanisms in accordance with the YP's circumstances and emotional/mental health needs Links to agencies /organisation who provide mental health and emotional support as required. Access to emotional support workers as required.

Sensory Impairment and/or Physical and Medical Needs (0-25 years)

For young people 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/or 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.

The following provision **may be** available, dependent upon the setting the young person is accessing.

Sensory and/or Physical and Medical Needs - Vision Impairment

Threshold Descriptors Overview

Threshold 1	• The young person does not require any active involvement or further assessments from LINT-VI. The young person 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.
(Eligibility Criteria E) The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).	 The young person's LINT-VI Low Vision Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related CFVI Areas. The young person either does not require or requires minimal LINT-VI liaison with multi-agencies. The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies. The young person's social environment is accessible with appropriate Quality First Teaching VI Friendly strategies. The young person has a knowledgeable and empowered family around them due to information shared by LINT-VI. The young person has knowledgeable and empowered educators around them due to information shared by LINT-VI. All key persons involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person 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.
Threshold 2 (Eligibility Criteria D) The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).	 The young person does not require any active intervention based on the specialist curriculum from LINT-VI following assessment and provision of strategies. The young person remains on caseload and LINT-VI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). The young person's LINT-VI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related CFVI Areas. The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies. The young person has a knowledgeable and empowered family around them due to information shared by LINT-VI. All key persons involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-VI which have been cascaded to relevant staff on a yearly basis in line with transitions.

Threshold 3	• The young person remains on caseload and LINT-VI provides a short-term block from one Area of the CFVI (up to 6 visits).
(Eligibility Criteria C)	The young person may need a low level of intervention to successfully transition between different settings.
The young person meets criteria for	• 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.
vision impairment with assessed need	The young person requires minimal or short-term LINT-VI liaison with multi-agencies.
identifying a young person with one	 The young person 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.
approach required to access information around them (i.e.,	• The young person 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.
modified and enlarged print or symbols).	• The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them.
	• The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them.
	 All key person/s involved with the young person require timely LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.

Threshold 4

(Eligibility Criteria B)

The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e. large and modified print and tactile).

- The young person 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.
- The young person 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.
- The young person'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.
- The young person may need a medium level of intervention to successfully transition between different settings.
- The young person requires a low/medium level of LINT-VI liaison with multi-agencies.
- The young person requires LINT-VI 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 VI Friendly
 strategies.
- The young person 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.
- The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person 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 young person in addition to LINT reports and strategies.

Threshold 5	• The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and interven- tion with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place
(Eligibility Criteria A) The young person	and are provided at least half-termly.
meets criteria for vision impairment	 The young person requires specialist teaching in at least 4 areas from the CFVI. The young person's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to
with assessed need	specialist curriculum Areas i.e. CCTV, iPad, hand-held magnifiers.
identifying a young person requiring at least	• The young person may need a high level of intervention to successfully transition between different settings.
two different approaches to access information	The young person requires a medium/high level of LINT-VI liaison with multi-agencies.
around them (i.e., print and tactile).	 The young person requires LINT-VI 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 VI strategies.
	• The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgea- ble and empowered family around them.
	• The young person's educators require frequent communication (at least twice a week) to ensure that the young person has knowledgea- ble and empowered educators around them.
	 All key person/s involved with the young person 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 young person in addition to LINT reports and strategies.

Threshold 6	• The young person 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
(Eligibility Criteria A*) The young person meets criteria for vision impairment with assessed need identifying a young person with auditory/ tactile approaches as their primary access to information around	 place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly. The young person 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 young person receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist. The young person will need a high level of intervention to successfully transition between different settings.
to information around them.	 The young person requires a high level of LINT-VI liaison with multi-agencies. The young person 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 young person's family requires frequent communication (minimal of weekly) to ensure that the young person has a knowledgeable and empowered family around them. The young person's educators require frequent communication (daily as applicable) to ensure that the young person has knowledgeable and empowered educators around them. All key person/s involved with the young person 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 young person in addition to LINT reports and strategies with LINT-VI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Senso	ory Impairment: Visio	n		
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets criteria for vision impairment with assessed needs identifying a young person with one approach required to access information around them (i.e., print or symbols). Eligibility Criteria for VI equivalent is E (subject to additional funding per young person for those attending college provision). Young people within Threshold 1 require the following from the CFVI: Facilitating an Inclusive World: The young person does not require any active involvement or further assessments from LINT-VI. The young person 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.	 Assessment Initial/last Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: Auxiliary Aids such as hand- held magnifiers if previously put into place are applied. The young person understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. Planning The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. Settings take on CAF Lead Practitioner role where appropriate. 	 Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. Tutor verbalising work on the board and all written information within the learning environment. Consideration of seating position – young person positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning and not facing a window. Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the young person's style of learning and support alternative ways of accessing and recording work. Cue and reinforce young person's listening and attention. Implement visual fatigue rest breaks within the setting day. Attention to speed of lesson delivery and speed of working. Differentiated questioning and explicit language used to explain whole class responses. 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. Tutors to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. 	 Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for preand post-teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. 	 Provision of auxiliary aids (low vision aids) by LINT following LINT-VI Low Vision Aid Assessment. Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual young person's needs (adaptations and curriculum delivery to facilitate access). A designated member of setting staff to monitor and manage the use of specialist equipment e.g., CCTV, iPad, magnifiers. 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. Provision of additional quiet workspace for 1:1 and small group work Appropriate levels of support on trips.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	 Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Educators, parent/ carer and/or other key professionals can request updated advice if needed or visual functioning changes. 	 Tutors to ensure young people can access work displayed on interactive white boards in the method identified by the QTVI e.g., handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software. Tutors to use dark coloured white board pens and avoid light colours or pens which are running out. Provide a consistent routine. Provide additional transition visits for young person into a new environment. Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life and at busier times of the day i.e. in a café. Say the young person's name first to gain their attention. 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. Verbal description alongside facial expressions or body language. Provide opportunities to take responsibility for helpful tasks in a range of settings. Ensuring any AAC are accessible e.g. symbols aren't laminated on shiny laminate. Provide a 'can do' environment where the young person can succeed and achieve. Offer opportunities to take controlled risks in a safe environment. Listen to the voice of the young person and develop their self-advocacy skills. Ensure balance between intervention and independence is understood by all professionals. 	• Exam access arrangements may allow 25% additional time.	 Setting will ensure the young person has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. Provision of additional workspace/storage for specialist equipment. Identification of a key member of staff for the young person to support emotional and mental wellbeing. Access to <u>SEND-Support-and-Guidance-Document-2021.pdf</u> (gateshead-localoffer.org) Access to <u>3701-JH-Accessibility-STRATEGY-2021-24.pdf</u> (gateshead-localoffer.org). Known to Vision and Hearing Support (adult-based Gateshead service) if appropriate.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols). Eligibility Criteria for VI equivalent is D (subject to additional funding per young person for those attending college provision). Young people within Threshold 2 require the following from the CFVI: Facilitating an Inclusive World: The young person does not require any active intervention based on the CFVI from LINT-VI following assessment and provision of strategies. The young person remains on caseload and LINT-VI provides an annual assessment with updated strategies (as appropriate).	 Assessment Annual Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: UNT-VI provides an annual assessment including up to 3 visits with updated strategies (as appropriate i.e., troubleshooting for specialist equipment may generate additional visits). UINT-VI provides an Annual Assessment Report or letter, Specialist Strategies and links shared within Report to visual conditions. Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. The young person understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. Planning 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. Setting will facilitate monitoring and assessment visit from LINT-VI. The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. 	As Threshold 1	 Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	As Threshold 1

Inresnola 2 - Senso	ry impairment: vision continued			
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	 Settings take on CAF Lead Practitioner role where appropriate. 			
	 A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. 			
	Risk assessments supplemented by LINT.			
	• Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission).			
	• Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report.			

Threshold 2 - Sensory Impairment: Vision continued

Threshold 3 - Sense	ory Impairment: Vision			
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols). Eligibility Criteria for VI equivalent is C (subject to additional funding per young person for those attending college provision). Young people within Threshold 3 require the following from the CFVI: Facilitating an Inclusive World: The young person remains on caseload and LINT-VI provides an annual assessment with updated strategies as appropriate. Areas 2-11: The young person 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.	 Assessment Annual Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person requires a short-term block from one Area of the CFVI (up to 6 visits) provided by LINT-VI. LINT-VI provides an Annual Assessment Report, Specialist Strategies and links shared within Report to visual conditions. 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. Planning Educators have a minimum of termly liaison with QTVI to support the young person and themselves in understanding the impact of vision loss and promote independent use of auxiliary aids. 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. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Risk assessments supplemented by LINT. Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). 	 As Thresholds 1 and 2 plus: Clear routines supported by cues, e.g., objects of reference, auditory timetables. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate access to curriculum. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the young person can still sit next to/near their peers. 	 Timetable adjustments to accommodate specialist interventions. QTVI supports educators in developing the young person's personal understanding of their vision impairment and developing their confidence and independence into adulthood. 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. Exam access arrangements may allow 25% additional time. 	As Thresholds 1 and 2 plus: • Training offered re the needs of the young person to raise awareness of different types of vision impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 3 - Sensory Impairment: Vision continued						
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing		
	 Educators identify times within the day to deliver training programmes as appropriate. 					
	 Communication between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families. 					
	• Communication between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews.					

Threshold 3 - Sensory Impairment: Vision continued

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., large and modified print and tactile). Eligibility Criteria for VI equivalent is B (subject to additional funding per young person for those attending college provision). Young people within Threshold 4 require the following from the CFVI: Facilitating an Inclusive World: The young person 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.	 Assessment Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person 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. LINT-VI provides an Annual Assessment Report, Specialist Strategies links shared within Report to visual conditions. The Low Vision Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. Advice, guidance and direct support over the year is required in line with the young person's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. 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 young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. 	 As Thresholds 1 to 3 plus: Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used. The young person working with tactile learning resources that will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are needed to facilitate learning. 	 Timetable adjustments to accommodate specialist interventions and rest breaks. QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators supports 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. Setting supports the provision of special examination arrangements and allows pupils time to develop the discreet skills associated with their use. Weekly teaching from QTVI to teach specialist curriculum that enables access and progress within setting curriculum. Advice on sourcing large print or tactile materials and production of accessible materials (transcription). 	 As Thresholds 1 to 3 plus: Peer awareness training. Bespoke training offered around creating Vision Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the young person to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-VI i.e., RSBC.

Threshold 4 - Sensory Impairment: Vision continued					
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing	
Area 2-11: The young person requires active intervention based on block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.	 Planning Setting manages SEND support and engages in joint planning with LINT-VI, family, the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. Setting takes on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and settings is frequent (minimal of half-termly) to ensure that there are knowledgeable and empowered educators around the young person. Outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the young person to learn to access. Setting provides time within the week for direct specialist teaching from LINT-VI. Educators identify times within the day to deliver training programmes as appropriate. Policies reflect reasonable adjustments. 	 Suitable peers and adults scaffolding the young person's environment e.g., facilitate interaction with others. Suitable peers and adults facilitate interaction in less structured environments e.g., in a café. Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/ occasions. Sharing experiences and having discussions on how other people are feeling. 	 Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the vision impairment reinforce work and prepare the young person for an activity/ learning experience (pre- and post-teaching) - provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings support involvement of other agencies e.g., Guide Dogs. Assess and deliver discreet teaching relevant to the young person which will be generalised and used within the day. CFVI is running alongside setting curriculum with up to at least 3 areas to be embedded within setting and home environment. Exam access arrangements may allow up to 50% additional time. QTVI works with setting to facilitate interaction and communication with other young people with a VI within or external of setting. 	 As Thresholds I to 3 plus: Peer awareness training. Bespoke training offered around creating Vision Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-VI signpost and, or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the young person to progress and develo efficient ways of working. Charities working in collaboration with th family and LINT-VI i.e RSBC. 	

Threshold 4 - Sense	Threshold 4 - Sensory Impairment: Vision continued				
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing	
Area 2-11: The young person requires active intervention based on block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.	 Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their family. Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 				

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., print and tactile). Eligibility Criteria for VI equivalent is A (subject to additional funding per young person for those attending college provision). Young people within Threshold 5 require the following from the CFVI: Facilitating an Inclusive World: The young person 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. Area 2-11: The young person requires active and ongoing intervention based on the CFVI from LINT-VI following assessment and provision of strategies.	 Assessment Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person requires specialist teaching at least 4 areas from the CFVI. The young person is known to LINT's Habilitation Specialist and has been assessed using LINT's Habilitation Eligibility Criteria. LINT-VI provides an Annual Assessment Report, Specialist Strategies and links shared within Report to visual conditions. A Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. A high level of intervention may be needed for the young person to successfully transition into adult services. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. 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 young person in addition to LINT reports and strategies e.g., during transition. 	 As Thresholds 1 to 4 plus: Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and postlesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation. Marking and recording of work reflects unique access needs of the young person e.g., use of Penfriend stickers. Communication between the young person and others in a variety of forms which can be high tech is used e.g., on-body signing. 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. 	 IF VI is primary need, Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials (transcription). SSTA/QTVI/SSLM identified as key individual to support the young person's emotional and mental wellbeing. Timetable adjustments to accommodate specialist interventions and rest breaks. QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day. 	 As Thresholds 1 to 4 plus: Bespoke training at a significant level offered to setting offered around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QTVI to support the young person and themselves in understanding the impact of vision loss, promote independent use of specialist equipment through training, Advice is given to providers of 'out of setting' clubs.

ng Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources an Staffing
	 An environmental assessment may be necessary to assess accessibility of setting environment. 			
	Planning			
	 Setting manages SEND support and engages in joint planning with LINT-VI, family, the young person 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. 			
	 Setting takes on CAF Lead Practitioner role where approriate. 			
	 The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. 			
	 Communication between LINT-VI and setting is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the young person. 			
	 Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 			
	 All outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the young person to learn to access. 			
	 Setting provides time within the week for direct specialist teaching from LINT-VI. 			
	• Opportunities in place for regular reviews of planning in line with LA.			
	 Assessment and monitoring will be collaborative between setting and LINT-VI. 			
	Setting engages in joint planning/target setting.			

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(Following specialist assessments by LINT) Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
assessments by LINT) • Good communication needed on lesson planning and assessment between educators and QTV1 to ensure access to learning in a way that does not disadvantage the young person. • Educators work with LINT-V1 to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-V1 to identify when the young person accesses their specialist interventions with adaptations to the curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the pupil to be disseminated to all staff by the SENDCO. • Educators facilitate working between themselves, the family, LINT-V1 and BaLT to identify appropriate use of communication methods e.g. AAC. • Co-ordination between setting, LINT-V1 and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their family.			Stanling

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets criteria for vision impairment with assessed need identifying a young person with auditory/ tactile approaches as their primary access to information around them. Eligibility Criteria for VI equivalent is A* (subject to additional funding per young person for those attending college provision). Young people within Threshold 6 require the following from the CFVI: Facilitating an Inclusive World: The young person 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.	 Assessment Functional Vision Assessment (the frequency of which Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person 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. LINT-VI provides an Annual Assessment Report, Specialist Strategies links shared within Report to visual conditions. Direct intervention and ongoing assessment based on Habilitation Areas of the CFVI (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the young person to successfully transition between different settings. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, assessment and activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. 	 As Thresholds 1 to 5 plus: Presentation of learning materials in alternative formats, including Braille/Moon/tactile diagrams, audio/ speech. Tactile methods of communication relevant for the young person is presented within and beyond the class environment e.g. Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the pupil to engage and socialise with their peers. A high level of scaffolding is required throughout the day in order enable the pupil to engage and socialise with their peers. A high level of scaffolding is required throughout the day in order enable the pupil to engage and socialise with their peers. 	 LINT SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). SSTA/QTVI/SSLM identified as key individual identified to support the young person's emotional and mental wellbeing. LINT –VI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the young person is seamless between the setting's curriculum and the CFVI. QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT- VI to ensure that specialist skills are practised and consolidated within the day. 	As Thresholds 1 to 5 plus: • Bespoke training at a significant level offered to setting around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate.

Threshold 6 - Senso	ry Impairment: Vision continued			
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Area 2-11: The young person requires active, ongoing and a significant level of intervention based on the CFVI from LINT-VI following assessment and provision of strategies.	 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 young person in addition to LINT reports and strategies i.e., during the autumn term when a pupil has transitioned. An environmental assessment is often necessary to assess accessibility of setting environment. Planning 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. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and settings is frequent (daily as appropriate) to ensure that there are knowledgeable and empowered educators around the young person. All outcomes from EHCP reflect the CFVI 'above and additional to' interventions for the young person to learn to access. Setting works closely with QTVI to create a bespoke education offer to meet unique needs based on setting curriculum and CFVI. 		 Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the vision impairment the young person for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real- life experience Advice to access leisure and sports clubs outside setting. Setting works closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., Guide Dogs. Regular consultation with QTVI about delivery of curriculum to ensure the young person can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

oung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	 Assessment and monitoring will be bespoke between setting and LINT-VI across the curriculum. Educators and LINT-VI preciously plan to provide seamless lessons offering access to an appropriate curriculum embedded with the CFVI. Policies reflect reasonable adjustments and are written in collaboration with QTVI. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their family. Precise planning between educators, the young person, their family, LINT-VI and adult services (including Vision & Hearing Support if appropriate) required to enable successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 		 CFVI is seamless within the young person's curriculum offer, embedded within setting and home environment. 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. Close liaison with QTVI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-VI must administer these. LINT –VI responsible for all specialist skills training, full levels of support, modelling and coaching. Exam access arrangements may allow up to 100% additional time. QTVI works with setting to facilitate interaction and communication with other young people with a VI within or external of setting. 	

Vision Impairment: PfA Outcom	es and Provision		Post 16		
	PfA Outcomes and Provision				
Employability/ Education	Independence	Community Participation	Health		
 Young person is able to successfully access workbased environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices. Young person is able to successfully access further education provision in order to progress with future career choices. Young person is able to maintain their low vision aids, making applications to manufacturers to purchase their own aids if required. Young person is able to confidently ask for help when there are barriers to accessing educational resources. Young person is able to search for and apply for jobs, including knowing how to disclose their vision impairment, prepare for interviews and access work experience placements. Young person is able to understand the basic principles of wages, National Insurance, pension contributions, tax and employment rights as well as the principle of 'reasonable adjustments'. Young person is able to request support to obtain and manage specialist equipment and/or support for job applications and funding. Young person is able to begin to identify their personal skills, strengths, and interests regarding employment. 	Young person is able to apply life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances and know how to seek support from both familiar and unfamiliar people if they require assistance with their VI needs. Young person is able to engage with self- care routines to maintain low vision aids as appropriate. Young person is able to demonstrate awareness of risk within the home context and will manage this appropriately in order to remain safe.Young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing. Young person is able to use their mobility aid/cane/wheelchair with proficiency, to support safe travel in familiar and unfamiliar environments. Young person is able to use a wide range of pre-cane and sighted guide techniques to travel safely through familiar and unfamiliar environments. Young person is able to explain and demonstrate how to provide sighted-guide assistance. Young person is able to adapt their mobility and orientation skills to navigate a variety of familiar and unfamiliar environments.	Young person is able to access and knows how to get involved in community, leisure and social activities by finding out what is available to enable participation within the local community in accordance with their preference. Young person is able to access social venues including restaurants, cafes, bars, clubs, theatres, and cinemas as independently as possible. Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe. Young person is able to demonstrate confident skills and knowledge involved in accessing key community services such as banks, libraries, and doctors' surgery. Young person is able to begin to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits. Young person is able to begin to directly engage between health professionals, social services personnel and local specialist adult sensory impairment services. Young person is able to confidently express their own needs and make clear requests of members of the public and professionals (bus driver, shop assistant etc.).	Young person is able to transfer to adult services and attend regular Ophthalmology/Optometrist appointments, taking responsibility for making these themselves. Young person is able to participate in health- related appointments as independently as possible. Young person is able to access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector. Young person is able to demonstrate an acceptance of vision impairment, establishing their own identity in relation vision impairment and disability. Young person is able to confidently self-advocate in a wide range of situations.		

Vision Impairment: PfA Outcomes and Provision

Post 19

PfA Outcomes and Provision				
Employability/ Education	Independence	Community Participation	Health	
Young person is able to successfully access work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices. Young person is able to successfully access further/higher education provision in order to progress with future career choices. Young person is able to confidently liaise with specialist VI 3rd sector providers in order to highlight their access needs. Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. Young person is able to access job centre provision to support pathways into employment post education. Young person is able to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.	Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing. Young person is able to confidently use their mobility aid/cane/wheelchair with proficiency, to support safe travel in familiar and unfamiliar environments.	Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference. Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Young person is able to analyse risk (travel, road safety, personal safety) in the context of community participation in order to remain safe i.e., utilise taxis. Young person is able to maintain wider relationships: house sharing, romantic relationships, preparing for parenthood, housing. Young person is able to directly engage between health professionals, social services personnel and local specialist adult sensory impairment services.	Young person is able to transfer to adult services and attend regular Ophthalmology/ Optometrist appointments, taking responsibility for making their own appointments. Young person is able to identify, organise and access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.	

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Vision Impairment.

Sensory and/or Physical and Medical Needs - Hearing Impairment

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Threshold Descriptors Overview

Threshold 1	 The young person does not require any active involvement or further assessments from LINT-HL. The young person remains on caseload and LINT-HL can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
(Eligibility Criteria E) The young person meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/ aids are in place.	 The young person's LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas. The young person either does not require or requires minimal LINT-HI liaison with multi-agencies. The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. The young person's social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. The young person has a knowledgeable and empowered family around them due to information shared by LINT-HI. All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person 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.
Threshold 2 (Eligibility Criteria D) The young person meets criteria for hearing im- pairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considera- tions may also need to be considered.	 The young person does not require any active intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies. The young person remains on caseload and LINT-HI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). The young person's LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas. The young person requires minimal LINT-HI liaison with multi-agencies as they need the LINT-HI annual assessment shared as appropriate. The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. The young person has a knowledgeable and empowered family around them due to information shared by LINT-HI. The young person has knowledgeable and empowered educators around them due to information shared by LINT-HI. All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-HI which have been cascaded to relevant staff on a yearly basis in line with transitions.

Threshold 3 (Eligibility Criteria C) The young person 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.	 The young person remains on caseload and LINT-HI provides a short-term block from one Area of the specialist curriculum (up to 6 visits). The young person may need a low level of intervention to successfully transition between different settings. 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. The young person requires minimal or short-term LINT-HI liaison with multi-agencies. The young person 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. The young person 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. The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them. The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them. All key person's involved with the young person require timely LINT-HI monitoring to ensure that they can identify, recognise, and
	• All key person/s involved with the young person require timely LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.

	Threshold 4 (Eligibility Criteria B)	with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and
 meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The young person will require formal ongoing intervention from LINT to be as independent as possible. The young person requires a low/medium level of LINT-HI liaison with multi-agencies. The young person requires a low/medium level of LINT-HI liaison with multi-agencies. The young person requires a low/medium level of LINT-HI liaison with multi-agencies. The young person requires a low/medium level of LINT-HI liaison with multi-agencies. The young person requires LINT-HI to provide advice, guidance and direct support over the year as required in line with their special intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. The young person requires LINT-HI to provide advice, guidance and direct support in line with their specialist intervention to ensure their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowled and empowered family around them. The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them. 	The young person meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The young person will require formal ongoing intervention from LINT to be as independent as	 Fine young person 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. The young person'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. The young person may need a medium level of intervention to successfully transition between different settings. The young person requires a low/medium level of LINT-HI liaison with multi-agencies. The young person 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. The young person requires LINT-HI 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. The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them. All key person/s involved with the young person requires around them. All key person/s involved with the young person require at least termly LINT-HI monitoring to ensure that they can identify, recognise, and

Threshold 5 (Eligibility Criteria A)	• The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and interven- tion with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.
The young person 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.	 The young person requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. The young person'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. The young person may need a high level of intervention to successfully transition between different settings. The young person requires a medium/high level of LINT-HI liaison with multi-agencies. The young person 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. The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgea-
	 The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgeable and empowered family around them. The young person's educators require frequent communication (at least twice a week) to ensure that the young person has knowledgeable and empowered educators around them.
	• All key persons involved with the young person 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 young person in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The young person meets criteria for hearing impairment with assessed need identifying a young person 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.

- The young person 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.
- The young person 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.
- The young person has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People.
- The young person will need a high level of intervention to successfully transition between different settings.
- The young person requires a high level of LINT-HI liaison with multi-agencies.
- The young person 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.
- The young person's family requires frequent communication (minimal of weekly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (daily as applicable) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person 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 young person in addition to LINT reports and strategies with LINT-HI liaison meetings occurring either weekly or fortnightly.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are embedded in day-to-day practice. Eligibility Criteria for HI equivalent is E (subject to additional funding per young person for those attending college provision). Young people within Threshold 1 require the following from the specialist HI curriculum: Facilitating an Inclusive World: The young person does not require any active involvement or further assessments from LINT-HI. The young person 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.	 Assessment Initial/last LINT-HI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: Auxiliary Aids such as listening equipment if previously put into place are used and daily listening checks are completed for any audiological equipment. The young person understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. Planning The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by hearing impairment and provide support to enable teachers to plan appropriately. Settings take on CAF Lead practitioner role. 	 All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. Procedures in place for audiological aids as well as implementing the wearing and cleaning of them. Consideration of seating position – young person 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. Cue and reinforce the young person's listening and attention. Implement sensory rest breaks within the setting day. Attention to speed of lesson delivery and speed of working. Differentiated questioning and explicit language used to explain whole class responses. Provide a consistent routine. 	 Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for preand post-teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. 	 Provision of auxiliary aids including technology by LINT i.e., audiological equipment following LINT-HI Auxiliary Aid assessment. Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of the Deaf (QToD) around individual young person's needs (adaptations and curriculum delivery to facilitate access). A designated member of setting staff to monitor and manage the use of auxiliary aids i.e., hearing aids. Provision of consumables by setting, e.g., cleaning kits, whiteboards etc. Provision of additional quiet workspace for 1:1, small group work. Appropriate levels of support on trips. Setting will ensure the young person has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.

Threshold 1 - Senso	ory Impairment: Hear	ing continued		
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	 A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. Educators, parent/ carer and/or other key professionals can request updated advice if needed if hearing functioning changes. 	 Speaker stays still when talking. Support for inclusion with extra-curricular activities, homework and newsletters. Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting. Say the young person's name first to gain their attention. Use facial expressions and/or body language to emphasise key language. Provide opportunities to take responsibility for helpful tasks. Provide of a 'can do' environment where the young person can succeed and achieve. Offer opportunities to take controlled risks in a safe environment. Listen to the voice of the young person and develop their self-advocacy skills. Ensure balance between intervention and independence is understood by all professionals. 		 Provision of additional workspace/ storage for specialist equipment. Identification of a key member of staff for the young person to support emotional and mental wellbeing. Access to <u>SEND-Support-and- Guidance-Document-2021.pdf</u> (gateshead-localoffer.org). Access to <u>3701-JH-Accessibility- STRATEGY-2021-24.pdf</u>

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person 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. Eligibility Criteria for HI equivalent is D (subject to additional funding per young person for those attending college provision). The young person within Threshold 2 requires the following from the HI specialist curriculum: Facilitating an Inclusive World: The young person does not require any active intervention LINT-HI following assessment and provision of strategies. The young person remains on caseload and LINT-HI provides an annual assessment with updated strategies (as appropriate).	 Assessment Annual LINT-HI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: LINT-HI provides an annual assessment including up to 3 visits with updated strategies (as appropriate i.e., troubleshooting for specialist equipment may generate additional visits). LINT-HI provides an Annual Assessment Report or letter, Specialist Strategies, and links shared within Report to auditory conditions. Auxiliary aids are suitably removing barriers to access. The young person understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. Planning 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. Setting will facilitate monitoring and assessment visit from LINT-HI. The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by a hearing impairment and provide support to enable teachers to plan appropriately. Settings take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report. 	As Threshold 1	 Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for preand post- teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 	As Threshold 1

Threshold 3 - Sense	ory Impairment: Hearing			
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets criteria for hearing impairment with assessed need that is met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT-HI. Eligibility Criteria for HI equivalent is C (subject to additional funding per young person for those attending college provision). The young person within Threshold 3 requires the following from the HI specialist curriculum: Facilitating an Inclusive World: The young person remains on caseload and LINT-HI provides an annual assessment with updated strategies as appropriate. Specialist Teaching Areas: The young person 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.	 Assessment Annual LINT-HI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person requires a short-term block from one Area of the specialist HI curriculum (up to 6 visits) provided by LINT-HI. LINT-HI provides an Annual Assessment Report, Specialist Strategies, and links shared within Report to auditory conditions. 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 area/s. Planning Educators have minimum of termly liaison with QToD to support the young person and themselves in understanding the impact of the hearing impairment and promote independent use of auxiliary aids. 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 if required by the young person. Settings take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person to be disseminated to all staff by the SENDCo (with parental permission). Educators identify times within the day to deliver training programmes as appropriate. Communication between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for young people and their families. Communication between setting, UNT-HI and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing hearing impairment and preparing for interviews. 	 As Thresholds 1 and 2 plus: Clear routines supported by visual cues, e.g., pictures/ symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate. Ensure the learning environment is responsive. New vocabulary in introduced in context and is meaningful i.e., from the young person's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the young person can still sit next to/near their peers. 	 Timetable adjustments to accommodate specialist interventions. QToD supports educators in developing CYP's personal understanding of their hearing impairment and developing their confidence and independence. Educators support LINT-HI 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. Exam access arrangements may allow 25% additional time. 	As Thresholds 1 and 2 plus: • Training offered re the needs of the young person to raise awareness of HI impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The young person will require formal ongoing intervention from LINT-HI to be as independent as possible. Eligibility Criteria for HI equivalent is B (subject to additional funding per young person for those attending college provision). Young people within Threshold 4 require the following from the HI specialist curriculum: Facilitating an Inclusive World: The young person 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.	 Assessment LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that: The young person 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. LINT-HI provides an Annual Assessment Report, Specialist Strategies, and links shared within Report to auditory conditions. The 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. Advice, guidance and direct support over the year is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	 As Thresholds 1 to 3 plus: Visual, tactile, olfactory and gustatory approaches to learning and teaching may supplement the auditory stimuli used. Young people relying on signing will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be supplemented. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are now key to facilitate learning. Link learning opportunities to support the generalisation of concepts. Suitable peers and adults to scaffold the young person's environment e.g., facilitate interaction with others. 	 Timetable adjustments to accommodate specialist interventions and sensory breaks. QToD supports educators in developing the young person's personal understanding of their hearing impairment and developing their confidence and independence into adulthood. Educators support LINT-HI in practising and consolidating skills taught discreetly within specialist curriculum as appropriate which is embedded within the day. Setting supports the provision of special examination arrangements and allows the young person time to develop the discreet skills associated with their use. Teaching from QToD to teach specialist curriculum that enables access and progress within mainstream curriculum. Advice on sourcing accessible materials. Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the hearing impairment reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience 	 As Thresholds 1 to 3 plus: Peer awareness training. Bespoke training offered around creating a Deaf Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-HI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-HI and settings can support young people to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-HI i.e. NDCS.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Specialist Teaching Areas: The young person requires active intervention based on block/s of intervention from the specialist curriculum provided by LINT-HI following assessment and provision of strategies.	• 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 young person in addition to LINT reports and strategies e.g., during transition.			
Strategies.	 An environmental assessment may be necessary to assess accessibility of setting environment. 			
	Planning			
	 Setting manages SEND support and engages in joint planning with LINT- HI, family, the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. 			
	 Settings take on CAF Lead Practitioner role. 			
	• A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe.			
	• Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO.			
	 The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. 			

oung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffin
	 Communication between LINT-HI and settings is frequent (minimal of half-termly) ensure that there are knowledgeable and empowered educators around the young person. 			
	 Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. 			
	• Setting provides time within the week for direct specialist teaching from LINT- HI.			
	 Educators identify times within the day to deliver training programmes as appropriate. 			
	 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. 			
	• Co-ordination between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for the young person and their families.			
	• Co-ordination between setting, LINT- HI and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing hearing impairment and preparing for interviews.			

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person 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. Eligibility Criteria for HI equivalent is A (subject to additional funding per young person for those attending college provision). Young people within Threshold 5 require the following from the HI specialist curriculum: Facilitating an Inclusive World: The young person 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.	 Assessment Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. LINT-HI provides an Annual Assessment Report, Specialist Strategies, and links shared within Report to auditory conditions. The young person is known to and has been assessed by and/or known to a Speech & Language Therapist for Deaf Children and Young People. The 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. A high level of intervention may be needed for the young person to successfully transition into adult services. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 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 young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. 	 As Thresholds 1 to 4 plus: 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. Teaching methods based on experiential learning with a strong visual emphasis, and which facilitate access to the curriculum and class participation. Recording of work reflects unique access needs. Consistent, well-cued routines. Materials are presented slowly and clearly to the young person, in familiar, quiet environments. 	 IF HI is primary need, LINT Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptations. SSTA/QToD/SSLM identified as key individual to support the young person's emotional and mental wellbeing. Timetable adjustments to accommodate specialist interventions and sensory breaks QToD supports educators in developing the young person's personal understanding of their hearing impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day. 	 As Thresholds I to 4 plus: Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QToD to support the young person and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment through training, Advice is given to providers of 'out of setting' clubs.

Threshold 5 - Senso	ry Impairment: Hearing continued	1		
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Specialist Teaching Areas: The young person requires active and ongoing intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.	 Planning Setting manages SEND support and engages in joint planning with LINT-HI, family, the young person and other agencies. QToD ensures that specialist planning based on the HI specialist curriculum is shared with all key educators including parents/ carers and other agencies as appropriate. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. Communication between LINT-HI and settings is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the young person. Settings take on CAF Lead practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. Setting provides time within the week for direct specialist teaching from LINT-HI. Opportunities in place for regular reviews of planning in line with LA. Assessment and monitoring will be collaborative between setting and LINT-HI. Setting engages in joint planning/target setting. 	 Embrace communication between the young person and others in a variety of forms e.g., BSL. Use support techniques to experiment with autonomy and curiosity to develop problem- solving skills, e.g., co-active exploration. The young person may require a Total Communication Approach. 	 Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the hearing impairment reinforce work and prepare young people for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS. Regular consultation with QToD about delivery of curriculum to ensure the young person can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. Specialist curriculum is merging within the young person's curriculum offer within setting with up to at least 5 areas to be embedded within setting and home environment. 	 As Thresholds 1 to 4 plus: Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QToD to support the young person and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment through training, Advice is given to providers of 'out of setting' clubs.

oung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	 Good communication needed on lesson planning and assessment between educators and QToD to ensure access to learning in a way that does not disadvantage the young person. Educators work with LINT-HI to facilitate assessment and planning across the curriculum. Educators work closely with LINT-HI to identify when the young person accesses their specialist interventions with adaptations to the setting's curriculum required. Policies reflect reasonable adjustments and are written in collaboration with QToD. Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. Co-ordination between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for the young person and their families. Co-ordination between setting, LINT-HI and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing hearing impairment and preparing for interviews. 		 QToD may liaise with and/or refer to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. Close liaison with QToD to receive advice and support on access arrangements will be required for internal and external examinations/ assessments. LINT-HI may help with the administration of these. LINT –HI responsible for all specialist skills training, higher levels of support, modelling and coaching. Exam access arrangements may allow at least 50% additional time. QToD works with setting to facilitate interaction and communication with other young people with a HI within or external of setting. 	

Threshold 5 - Sensory Impairment: Hearing continued

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets criteria for hearing impairment with assessed need identifying a young person 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) are their primary access to information around them. Eligibility Criteria for HI equivalent is A* (subject to additional funding per young person for those attending college provision). Young people within Threshold 6 require the following from the HI specialist curriculum: Facilitating an Inclusive World: The young person 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.	 Assessment LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that: The CYP 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. LINT-HI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. Direct intervention and ongoing assessment based on Communication. The CYP has been assessed by and/ or is known to a Speech & Language Therapist for Deaf Children and Young People. Very high level of intervention may be needed for the CYP to successfully transition between different settings. Advice, guidance and direct support (minimum of 25 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. Timely LINT-HI 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 young person in addition to LINT reports and strategies i.e., during transition. An environmental assessment is often necessary to assess accessibility of the setting environment. 	 As Thresholds 1 to 5 plus: Access to learning is only possible with the use of sign e.g., BSL/ SSE. A high level of scaffolding is required throughout the day in order enable the young person to engage and socialise with their peers and adults. 	 SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning via effective communication. SSTA/QTOD/SSLM identified as key individual to support the young person's emotional and mental wellbeing. LINT-HI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the young person is seamless between the setting's curriculum and the specialist curriculum. QToD supports educators in developing the young person's personal understanding of their hearing impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day. 	As Thresholds 1 to 5 plus: • Bespoke training at a significant level offered to the setting around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Specialist Teaching Areas: The young person requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.	 Planning 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. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. Communication between LINT-HI and settings is frequent (daily as appropriate) to ensure that there are knowledgeable and empowered educators around the young person. Settings take on CAF Lead Practitioner role A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. Assessment and monitoring will be bespoke between setting and LINT-HI across the curriculum. Educators and LINT-HI preciously plan to provide seamless lessons offering access to an appropriate curriculum. 		 Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the hearing impairment reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings work closely with LINT- HI to facilitate the involvement of other specialist agencies e.g., NDCS. Regular consultation with QToD about delivery of curriculum to ensure the young person can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

oung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	 Policies reflect reasonable adjustments and are written in collaboration with QToD. Educators facilitate working between themselves, the family, LINT-HI and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. Co-ordination between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for the young person and their families. Precise planning between educators, the young person, their family, LINT-HI and adult services is required to enable successful volunteering/ work experience opportunities, searching for and applying for jobs, disclosing the hearing impairment and preparing for interviews. 		 The specialist curriculum is seamless within the young person's curriculum offer, embedded within the setting and home. QToD has liaised with and/ or referred to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. Close liaison with QToD to receive advice and support on access arrangements will be required for internal and external examinations/ assessments. LINT-HI must administer these. LINT-HI responsible for all specialist skills training, full levels of support, modelling and coaching. Exam access arrangements may allow up to 100% additional time. QToD works with setting to facilitate interaction and communication with other young people with a HI within or external of setting. 	

	PfA Outcomes and Provision				
Employability/ Education	Independence	Community Participation	Health		
Young person is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices. Young person is able to access and function within further education provision in order to progress with future career choices. Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. They may require support with specific language choices to be explicitly explained and taught to them. N.B. F or some young people with a profound/severe hearing loss, they will require signed support.	Young person is able to demonstrate the life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances and know how to seek support from both familiar and unfamiliar people if they require assistance with their hearing needs. Young person is able to engage with self-care routines to maintain hearing equipment and assistive listening devices as appropriate. Young person will have an awareness of risk within the home context and will manage this appropriately in order to remain safe. PIP and assistive listening devices such as pager/flashing fire alarms may need to be sourced to support independent living. Young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.	Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference. Young person will be able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Young person will show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe. N.B. for some learners with a profound/severe hearing loss, they will require signed support.	Young person is able to transfer to adult services and attend regular audiology/ ENT/SaLT to with independence and take responsibility for making their own appointments. Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required.		

Hearing Impairment: PfA Outcomes and Provision

Post 16

Hearing Impairment: PfA Outcomes and Provision

Post 19

PfA Outcomes and Provision					
Employability/Education	Independence	Community Participation	Health		
Young person is able to access and function within work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices. Young person is able to access and function within further/ higher education provision in order to progress with future career choices. Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. Young person may require support with specific language choices to be explicitly explained and taught to them. Young person is able to access job centre provision to support pathways into employment post education. N.B. for some young people with a profound/severe hearing loss, they will require signed support.	Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing. PIP and assistive listening devices such as pager/flashing fire alarms may need to be sourced to support independent living.	Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference. Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe. N.B. for some young people with a profound/severe hearing loss, they will require signed support.	Young person is able to transfe to adult services and attend regular audiology/ENT/SaLT to with independence and take responsibility for making their own appointments. Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices required.		

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Hearing Impairment.

Sensory and/or Physical and Medical Needs Multi-Sensory Impairment

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

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

- The young person does not require any active involvement or further assessments from LINT-MSI. The young person 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.
- The young person's LINT-MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas.
- The young person either does not require or requires minimal LINT-MSI liaison with multi-agencies.
- The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies.
- The young person has a knowledgeable and empowered family around them due to information shared by LINT-MSI.
- The young person has knowledgeable and empowered educators around them due to information shared by LINT-MSI.
- All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person 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.

Threshold 2 (Eligibility Criteria D)	 The young person does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The young person remains on caseload and LINT-MSI provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
The young person meets criteria for multi-sensory impairment with as-	 The young person's LINT MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas.
sessed need identifying	• The young person requires minimal LINT-MSI liaison with multi-agencies after receiving the LINT-MSI Annual Assessment and strategies.
a young person with one approach required to access information	 The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies.
around them (i.e. print or symbols).	The young person's social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies.
symbols).	• The young person has a knowledgeable and empowered family around them due to information shared by LINT-MSI.
	• The young person has knowledgeable and empowered educators around them due to information shared by LINT-MSI.
	 All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-MSI which have been cascaded to relevant staff on a yearly basis in line with transitions.

(Eligibility Criteria C)

The young person meets criteria for multisensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols).

- The young person remains on caseload and LINT-MSI provides a short-term block from one Area of the MSI specialist curriculum (up to 6 visits).
- The young person may need a low level of intervention to successfully transition between different settings.
- The young person'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.
- The young person requires minimal or short-term LINT-MSI liaison with multi-agencies.
- The young person requires LINT-MSI 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 MSI Friendly strategies.
- The young person 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.
- The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require timely LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.

Threshold 4	• The young person 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
(Eligibility Criteria B)	place and provided on at least a termly basis.
The young person meets criteria for multi- sensory impairment	 The young person 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.
with assessed need identifying a young person requiring at least	 The young person'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.
two different approaches	The young person may need a medium level of intervention to successfully transition between different settings.
to access information around them (e.g., print	 The young person requires a low/medium level of LINT-MSI liaison with multi-agencies.
and tactile).	• The young person requires LINT-MSI 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 MSI strategies.
	• The young person 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.
	 The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them.
	 The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them.
	 All key person/s involved with the young person 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 young person in addition to LINT reports and strategies.

Threshold 5 (Eligibility Criteria A)	• The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and interven- tion with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.
The young person meets criteria for multi- sensory impairment with assessed need	 The young person requires specialist teaching in at least 4 areas from the MSI specialist curriculum. The young person'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.
identifying a young person requiring at least two different approaches to access information	 The young person may need a high level of intervention to successfully transition between different settings. The young person requires a medium/high level of LINT-MSI liaison with multi-agencies.
around them (e.g. print and tactile).	 The young person 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.
	• The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgea- ble and empowered family around them.
	• The young person's educators require frequent communication (at least twice a week) to ensure that the young person has knowledgeable and empowered educators around them.
	 All key persons involved with the young person 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 young person in addition to LINT reports and strategies.

Threshold 6 (Eligibility Criteria A*)	 The young person 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.
(Eligibility Criteria A*) The young person meets criteria for multi- sensory impairment with assessed need identifying a young person with auditory/ tactile/signing approaches as their primary access to information around them.	 The young person 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. The young person receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist. The young person has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. The young person will need a high level of intervention to successfully transition between different settings. The young person requires a high level of LINT-MSI liaison with multi-agencies. The young person 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. The young person's family requires frequent communication (daily as applicable) to ensure that the young person has knowledgeable and empowered family around them. All key persons involved with the young person 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 young person in addition to LINT reports and strategies.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets the criteria for multi- sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols). Eligibility Criteria for MSI equivalent is E (subject to additional funding per young person for those attending college provision). Young people within Threshold 1 require the following from the MSI specialist curriculum: Facilitating an Inclusive World: The young person does not require any active involvement or further assessments from LINT-MSI. The young person 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.	 Assessment Initial/last LINT-MSI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: Auxiliary aids such as hand-held magnifiers if previously put into place are used and daily listening checks are completed for any audiological equipment. The young person understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. Planning The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable teachers to plan appropriately. Settings take on CAF Lead Practitioner role where	 All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed needs at the planning stage of activities. Procedures for contact lens wearers (for young people who are aphakic) and audiological aids as well as implementing the wearing and cleaning of them. Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. Tutor verbalises work on the board (ensuring they are facing the young person) and all written information within the teaching environment. Consideration of seating position – young person 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. Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the young person's style of learning and support alternative ways of accessing and recording work. Implementation sensory rest breaks within the setting day. Attention to speed of lesson delivery and speed of working. 	 Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	 Provision of auxiliary aids (low vision aids and technology) by LINT following LINT-MSI Auxiliary Aid Assessment. Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Multi-Sensory Impairment (QTMSI) around individual young person's needs (adaptations and curriculum delivery to facilitate access). A designated member of setting staff to monitor and manage the use of auxiliary aids e.g., CCTV, iPad, magnifiers. 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. Provision of additional quiet workspace for 1:1 and small group work Appropriate levels of support on trips.

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Young Person's Presentation (Following specialist assessments by LINT) Assessment a Planning	and Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	 Differentiated questioning and explicit language used to explain whole class responses. 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 for 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. Tutors to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. Tutors ensure young people can access work displayed on interactive white boards in the method identified by the OTMSL or a hardouts ormaling 		Setting will ensure the young person has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.

Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	 Encouragement of social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life i.e., in the café. 		
	 Say the young person's name first to gain their attention. 		
	 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. 		
	 Verbal description alongside facial expressions or body language. 		
	 Provide opportunities to take responsibility for helpful tasks. 		
	 Ensuring any AAC are accessible e.g., symbols aren't laminated on shiny laminate. 		
	 Provide a 'can do' environment where the young person can succeed and achieve. 		
	 Offer opportunities to take controlled risks in a safe environment. 		
	 Listen to the voice of the young person and developing their self-advocacy skills. 		
	• Ensure there is a balance between intervention and independence is understood by all professionals.		
		 through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life i.e., in the café. Say the young person's name first to gain their attention. 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. Verbal description alongside facial expressions or body language. Provide opportunities to take responsibility for helpful tasks. Ensuring any AAC are accessible e.g., symbols aren't laminated on shiny laminate. Provide a 'can do' environment where the young person can succeed and achieve. Offer opportunities to take controlled risks in a safe environment. Listen to the voice of the young person and developing their self-advocacy skills. Ensure there is a balance between intervention and independence is 	 through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life i.e., in the café. Say the young person's name first to gain their attention. 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. Verbal description alongside facial expressions or body language. Provide opportunities to take responsibility for helpful tasks. Ensuring any AAC are accessible e.g., symbols aren't laminated on shiny laminate. Provide a 'can do' environment where the young person can succeed and achieve. Offer opportunities to take controlled risks in a safe environment. Listen to the voice of the young person and developing their self-advocacy skills. Ensure there is a balance between intervention and independence is

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets the criteria for multi- sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols). Eligibility Criteria for MSI equivalent is D (subject to additional funding per young person for those attending college provision). Young people within Threshold 2 require the following from the MSI specialist curriculum: Facilitating and Inclusive World: The young person does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The young person remains on caseload and LINT-MSI provides an annual assessment with updated strategies (as appropriate).	 Assessment LINT-MSI Annual Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: LINT-MSI provides an annual assessment including up to 3 visits with updated strategies (as appropriate i.e., troubleshooting for specialist equipment may generate additional visits). LINT-MSI provides an Annual Assessment Report or letter, Specialist Strategies, and links shared within report to cause of MSI. Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. The young person understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. Planning 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. Setting will facilitate monitoring and assessment visit from LINT-MSI. The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable teachers to plan appropriately. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). 	As Threshold 1	 Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	As Threshold

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person meets the criteria for multi- sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols). Eligibility Criteria for MSI equivalent is C. Young people within Threshold 3 require the following from the MSI specialist curriculum: Facilitating an Inclusive World: The young person remains on caseload and LINT-MSI provides an annual assessment with updated strategies as appropriate. Areas 2-11: The young person requires active intervention based on a short-term block from the specialist provided by LINT- MSI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.	 Assessment LINT-MSI Annual Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that: The young person requires a short-term block from one Area of the specialist MSI curriculum (up to 6 visits) provided by LINT-MSI. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. The 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. Planning Educators have regular liaison with QTMSI to support the young person and themselves in understanding the impact of the multi-sensory impairment and promote independent use of auxiliary aids. 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. Settings take on CAF Lead Practitioner role as appropriate. A PEEP (Personal Emergency Evacuation Plan) to ensure the young person is safe. 	 As Thresholds 1 and 2 plus: Clear classroom routines supported by cues, e.g., objects of reference, auditory timetables, tactile symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate to access to curriculum. Ensure the learning environment is responsive. New vocabulary in introduced in context and is meaningful i.e., from the pupil's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the pupil can still sit next to/near their peers. Opportunities are sought within PSHE to discuss MSI and role models within society. Behaviour management systems motivate the pupil and set clear expectations. 	 Timetable adjustments to accommodate specialist interventions. QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. 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. Exam access arrangements may allow 25% additional time. 	As Thresholds I and 2 plus: • Training offerer re the needs of the young person to raise awareness of multi-sensory impairment an strategies to reduce barrier to learning and ensures al relevant staff attend.

foung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	 Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission if appropriate). 			
	 Educators identify times within the day to deliver training programmes as appropriate. 			
	 Communication between setting, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). 			
	 Communication between setting, LINT-MSI and Vision & hearing Support is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 			

Threshold 4 - Senso	ory Impairment: Multi-Sensory			
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., large and modified print and tactile). Eligibility Criteria for MSI equivalent is B (subject to additional funding per young person for those attending college provision). Young people within Threshold 4 require the following from the MSI specialist curriculum: Facilitating an Inclusive World: The young person 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. Area 2-11: The young person requires active intervention based on block/s of intervention from the specialist curriculum provided by LINT-MSI following assessment and provision of strategies.	 Assessment LINT-MSI Assessment (the frequency of which is determined by the young person's Eligibility Criteria) including a Learning Media Assessment if required has identified that: The young person requires specialist teaching in up to 2 areas from the LINT specialist curriculum. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. 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. Advice, guidance and direct support over the year is required in line with the young person's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. 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 young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. Planning Setting manages SEND support and engages in joint planning with LINT-MSI, family (if appropriate), the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. 	 As Thresholds 1 to 3 plus: Tactile, olfactory, gustatory, haptic (touch), proprioceptive and vestibular approaches to learning and teaching may supplement the visual and auditory stimuli used. Young people working with tactile learning resources that will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are now key to facilitate learning. 	 Timetable adjustments to accommodate specialist interventions and rest breaks QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators support LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual/communication training as appropriate which is embedded within the day. Setting supports the provision of special examination arrangements and allows the young person time to develop the discreet skills associated with their use. Weekly teaching from QTMSI to teach specialist curriculum that enables access and progress within curriculum. Advice on sourcing accessible materials. Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the multi-sensory impairment 	 As Thresholds 1 to 3 plus: Peer awareness training. Bespoke training offered around creating a Multi-Sensory Impaired Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-MSI signpost and/ or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-MSI and settings can support to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-MSI i.e., SENSE.

ung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	 Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. Communication between LINT-MSI and the setting is frequent (minimal of half-termly) to ensure that there are knowledgeable and empowered educators around the young person. Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. Setting provides time within the week for direct specialist teaching from LINT-MSI. Educators identify times within the day to deliver training programmes as appropriate. Policies reflect reasonable adjustments. Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment report. Co-ordination between setting, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families. Co-ordination between setting, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi- sensory impairment and preparing for interviews. 		 reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real- life experience Advice to access leisure and sports clubs outside setting. Settings support involvement of other agencies e.g., SENSE. Environmental assessment is completed and recommendations made to ensure access and the safety of the young person is safety made. Assess and deliver discreet teaching relevant to the young person which will be generalised and used within the day. Specialist curriculum is running alongside setting curriculum with up to at least 3 areas to be embedded within setting and home environment. Exam access arrangements may allow up to 50% additional time. QTMSI works with setting to facilitate interaction and communication with other young people with MSI within or external of setting. 	

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., print and tactile). Eligibility Criteria for MSI equivalent is A (subject to additional funding per young person for those attending college provision). The young person within Threshold 5 requires the following from the MSI specialist curriculum: Facilitating an Inclusive World: The young person 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.	 Assessment LINT-MSI Assessment (the frequency of which is determined by the young person's Eligibility Criteria) including a Learning Media Assessment if required has identified that: The young person requires specialist teaching at least 4 areas from the specialist curriculum. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. The young person is known to LINT's Paediatric Habilitation Specialist and Specialist SaLT and has been assessed using their criteria. 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. High level of intervention may be needed for the young person to successfully transition between different rooms. Advice, guidance and direct support (minimum of 10 hours per week) is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are in addition to appropriate Quality First Teaching MSI Friendly strategies. 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 young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. 	 As Thresholds 1 to 4 plus: 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. Teaching methods based on experiential and tactile learning with a strong verbal emphasis required, and which facilitate access to the curriculum and class participation. Marking and recording of work reflects unique access needs. Utilise textures to support recognition. Consistent, well-cued routines. 	 IF MSI is primary need, LINT Intervenor provides intervention within the day to facilitate access, inclusion and independent learning opportunities. Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. Intervenor provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials. Intervenor/QTMSI/SSLM identified as key individual to support the young person's emotional and mental wellbeing. Timetable adjustments to accommodate specialist interventions and rest breaks. QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. Time away from main cohort of young people for individual or small group work may be necessary to: complete tasks made slower by the multi-sensory impairment reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) 	 Bespoke training at a significant level to the setting offered around creating a Multi-Sensory Impaired Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QTMSI to support the young person and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training, Advice is given to providers of 'out of setting' clubs.

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Threshold 5 - Senso	ry Impairment: Multi-Sensory conti	nued		
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Area 2-11: The young person requires active and ongoing intervention based on the specialist curriculum from LINT- MSI following assessment and provision of strategies.	 Planning Setting manages SEND support and engages in joint planning with LINT-MSI, family (if appropriate), the young person 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. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. Communication between LINT-MSI and settings is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the young person. Settings take on CAF Lead Practitioner role where appropriate. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. Setting provides time within the week for direct specialist teaching from LINT-MSI. Opportunities in place for regular reviews of planning in line with LA. Assessment and monitoring will be collaborative between setting and LINT-MSI. Setting engages in joint planning/target setting. 	 People and items are presented slowly and clearly to the young person, in familiar, quiet environments. Communication between the young person and others in a variety of forms which can be high tech e.g., on-body signing. Using 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. The young person may require an intensive interaction approach. Use of personal identifiers. 	 provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g., SENSE. Regular consultation with QTMSI about delivery of curriculum to ensure the young person can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. Specialist curriculum is merging within the young person's curriculum offer within setting with up to at least 5 areas to be embedded within setting and home environment. 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. Close liaison with QTMSI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-MSI may help with the administration of these. 	

ung Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	 Good communication needed on lesson planning and assessment between educators and QTMSI to ensure access to learning in a way that does not disadvantage the young person. Educators must work with LINT-MSI to facilitate assessment and planning across the curriculum. Educators work closely with LINT-MSI to identify when the young person accesses their specialist interventions with adaptations to the setting's curriculum required. Policies reflect reasonable adjustments and are written in collaboration with QTMSI. Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. Co-ordination between setting, Vision & Hearing Support and LINT-MSI is required to provide successful Careers Advice and Guidance for the young person and their families. Co-ordination between setting, LINT-MSI and Vision & Hearing Support is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 		 LINT-MSI responsible for all specialist skills training, higher levels of support, modelling and coaching. Exam access arrangements may allow at least 50% additional time. QTMSI works with setting to facilitate interaction and communication with other young people with a MSI within or external of setting. 	

Young Person's Presenta- tion (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person with auditory/tactile approaches as their primary access to information around them. Eligibility Criteria for MSI equivalent is A* (subject to additional funding per young person for those attending college provision). Young people within Threshold 6 require the following from the MSI specialist curriculum: Facilitating an Inclusive World: The young person 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.	 Assessments LINT-MSI Assessment (the frequency of which is determined by the young person's Eligibility Criteria) including a Learning Media Assessment if required has identified that: The young person 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. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. The direct intervention and ongoing assessment based on Habilitation Areas of the specialist curriculum (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the young person to successfully transition between different settings. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, social and assessment activities are in addition to appropriate Quality First Teaching MSI Friendly strategies. 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 young person in addition to LINT reports and strategies i.e., during transition. An environmental assessment is often necessary to assess accessibility of setting environment. 	 As Thresholds 1 to 5 plus: 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. Tactile methods of communication relevant for the young person is presented within and beyond the classroom environment e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the young person to engage and socialise with their peers and adults. 	 The young person has full-time support provided by a LINT Intervenor. Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. Intervenor provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). Intervenor/QTMSI/SSLM identified as key individual to support the young person's emotional and mental wellbeing. LINT-MSI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the young person is seamless between the setting's curriculum and the specialist curriculum. QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. Time away from main cohort of young people for individual or small group work may be necessary to: 	As Thresholds 1 to 5 plus: • 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.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Area 2-11: The young person requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.	 Planning 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. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. Communication between LINT-MSI and settings is frequent (daily as appropriate) to ensure that there are knowledgeable and empowered educators around the young person. All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. Setting works closely with QTMSI to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. Assessment and monitoring will be bespoke between setting and LINT-MSI access to an appropriate curriculum. Policies reflect reasonable adjustments and are written in collaboration with QTMSI. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. 		 complete tasks made slower by the multi-sensory impairment reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g., SENSE. Regular consultation with QTMSI about delivery of curriculum to ensure the young person can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. The specialist curriculum is seamless within the young person's curriculum offer within setting with up to at least 7 areas to be embedded within setting and home environment. Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility. 	

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	 Risk assessments supplemented by LINT. Educators facilitate working between themselves, the family, LINT-MSI and Specialist SaLT to identify appropriate use of communication methods e.g., AAC. Co-ordination between setting, LINT-MSI and Vision & hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families. 		 Specialist SaLT training and regular assessment in Communication to ensure age-related levels of language and communication. Close liaison with QTMSI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-MSI must administer these. LINT –MSI responsible for all specialist skills training, full levels of support, modelling and coaching. Exam access arrangements may allow up to 100% additional time. QTMSI works with setting to facilitate interaction and communication with other young people with a MSI within or external of setting. 	

SEND Thresholds Guidance 2024: Post 16 - Multi-Sensory Impairment

PfA Outcomes and Provision				
Employability/ Education	Independence	Community Participation	Health	
Young person is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices. Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. They may require support with specific language choices to be explicitly explained and taught to them.	Young person is able to demonstrate life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances and know how to seek support from both familiar and unfamiliar people if they require assistance with their hearing needs. Young person is able to engage with self-care routines to maintain hearing equipment and assistive listening devices as appropriate. Young person is able to have an awareness of risk within the home context and will manage this appropriately in order to remain safe. Specialist equipment may need to be sourced to support independent living. Young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.	Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference. Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.	Young person is able to transfer to adult services and attend regular audiology/ ENT to support good access to sound with independence and take responsibility for making their own appointments. Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required. Young person is able to organise and access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.	

Multi-Sensory Impairment: PfA Outcomes and Provision

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
Young person is able to successfully access work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices. Young person is able to successfully access further/higher education provision in order to progress with future career choices. Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. They may require support with specific language choices to be explicitly explained and taught to them. Young person is able to access job centre provision to support pathways into employment post education. Young person is able to confidently liaise with specialist 3rd sector providers in order to highlight their access needs if appropriate. Young person is able to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.	Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing. Young person is able to make informed choices on specialist equipment they may need to support independent living. Young person is able to confidently use their mobility aid/cane/wheelchair with proficiency, to support safe travel in familiar and unfamiliar environments.	Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference. Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Young person is able to analyse risk (travel, road safety, personal safety) in the context of community participation in order to remain safe. Young person is able to maintain wider relationships: house sharing, romantic relationships, preparing for parenthood, housing. Young person is able to directly engage between health professionals, social services personnel and local specialist adult sensory impairment services.	Young person is able to transfer to adult services and attend regular audiology/ENT/SaLT/ Ophthalmology/Optometrist appointments, taking responsibility for making their own appointments. Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required Young person is able to identify, organise and access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Multi-Sensory Impairment.

Pos<u>t 19</u>

Physical and/or Medical Needs (PMN)

Threshold 1 (Eligibility Criteria E) The young person has a physical and/ or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching.	 The young person does not require any active involvement or further assessments from LINT-PMN if involved. The young person 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 young person either does not require or requires minimal LINT-PMN liaison with multi-agencies if involved. The young person's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies. The young person's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies. The young person has a knowledgeable and empowered family around them in relation to PMN. The young person has knowledgeable and empowered educators around them in relation to PMN. All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person requires no or minimal therapy intervention The young person can move around their environment without adult support. The young person can manage their physical and personal care needs i.e., dressing, personal hygiene. The young person is meeting age-related expectations and does not need additional input. The young person does not need specialist equipment/aids to produce written work.
	• The young person have appropriately trained staff employed in setting (i.e., moving & Handling, medical procedures, catheter trained etc).

Threshold 2 (Eligibility Criteria D) The young person has a physical and/ or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.	 The young person does not require any active intervention based on the specialist curriculum from LINT-PMN if involved following assessment and provision of strategies. The young person remains on caseload and LINT-PMN provides an annual assessment including a monitoring visit with updated strategies (as appropriate). The young person requires minimal LINT-PMN liaison with multi-agencies if involved after receiving the LINT-PMN annual assessment as appropriate. The young person's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies. The young person's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies. The young person has a knowledgeable and empowered family around them in relation to PMN. The young person has knowledgeable and empowered educators around them in relation to PMN. All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person. The young person may have infrequent or historical involvement from health.
	 The young person may have infrequent or historical involvement from health. The young person has prescribed medication which requires management by adults/staff. The young person requires little or no assistance to access the curriculum. The young person needs little or no supervision/monitoring during physical activities such as P.E. The young person has limited involvement with therapists. The young person has been assessed by a therapist/health professional and the school/setting have been advised of appropriate measures needed to ensure the young person's safety, and/or a programme put into the school/setting for staff to use.
	 The young person wears orthotics such as PEDRO boots, shoe inserts and/or splints. The young person has the appropriate posture/seating/physical aids available and these are regularly monitored by the appropriate therapist. The young person 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 young person needs specialist equipment/aids that do not require operational assistance/preparation.

(Eligibility Criteria C) All key person/s involved with the young person require timely LINT-PMN monitoring (if involved) to ensure that they can identify, The young person recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., has a physical and/ during the autumn term when the young person has transitioned. or medical need that may impair their ability The young person may need a low level of intervention to successfully transition between different settings. to participate in many The young person requires minimal or short-term LINT-PMN liaison with multi-agencies if involved. aspects of education and social life/leisure • The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and activities. The young empowered family around them in relation to their PMN. person's needs are met The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable through a combination and empowered educators around them in relation to their PMN. of approaches including small group interventions • The young person has continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which and 1-1 individualised impacts on access to the curriculum. support following advice / support from • The young person has ongoing difficulties with continence/ toileting and other aspects of self-help and independence. health professionals as • The young person requires assessment for equipment and resources. appropriate. • The young person 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 young person has increased dependence on seating to promote appropriate posture for fine motor activities/feeding. The young person has increased dependence on mobility aids i.e., wheelchair or walking aid. The young person has increased use of alternative methods for extended recording e.g., scribe, ICT etc. • The young person 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 young person may require their school/setting to have moving and handling training.

active intervention based on a short-term block (up to 4 visits) based on the young person needs.

• The young person remains on caseload and LINT-PMN provides an annual assessment with updated strategies as appropriate as well as

(Eligibility Criteria B)

The young person 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 young person 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 young person 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 young person requires a low/medium level of LINT-PMN liaison with multi-agencies (if involved).
- The young person 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 young person's family requires frequent communication (minimal of termly) to ensure that the young person has a knowledgeable and empowered family around them in relation to PMN.
- The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the young person 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 young person in addition to LINT reports and strategies.
- The young person may need a medium level of intervention to successfully transition between different settings.

- The young person requires specialist equipment (medical/ educational) that requires operational assistance.
- The young person is not reaching age related expectations in all areas of the curriculum.
- The young person requires assistance during lunchtimes i.e., help to move tray/feeding etc.
- The young person requires aid/s such as rolator, 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 young person needs some assistance with their personal care needs i.e., dressing/undressing, toileting, hygiene. and access to an appropriate accessible hygiene area.
- The young person needs a therapist/therapy assistant to attend the school/setting to carry out an appropriate programme.
- The young person 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 young person's disability/condition affects their speech and has an impact on their verbal communication and ability to express views.
- The young person 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 young person requires assessment and/or provision of programme from Therapists (OT/Physiotherapy).
- The young person requires assistance to participate in physical activities i.e., PE and requires a modified physical curriculum.
- The young person experiences unstable health which impacts on their everyday life/ability to access curriculum.

(Eligibility Criteria A)

The young person 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 young person 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 young person 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 young person requires a medium/high level of LINT-PMN liaison with multi-agencies (if involved).
- The young person 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 young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them in relation to PMN.
- The young person's educators require frequent communication (minimal of fortnightly) to ensure that the young person has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the young person 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 young person in addition to LINT reports and strategies.
- The young person 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 young person may need a planned programme of therapy/intervention.
- The young person uses specialist equipment on a daily basis that requires operational assistance or preparation in order to access all areas of the curriculum.
- The young person'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 young person 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 young person requires support at lunchtime.
- The young person's setting needs significant adaptations to ensure that the young person has full access to their learning environment.
- The young person has regular/weekly/daily involvement with a therapist/health professional.
- The young person may be an Augmentative Alternative Communication (AAC) user.
- The young person may have a degenerative condition which impacts on independence.

(Eligibility Criteria A*)

The young person 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 young person 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 young person 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 young person requires a high level of LINT-PMN liaison with multi-agencies (if involved).
- The young person 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 young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgeable and empowered family around them in relation to PMN.
- The young person's educators require frequent communication (weekly) to ensure that the young person has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the young person 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 young person in addition to LINT reports and strategies.
- The young person will need a high level of intervention to successfully transition between different settings.
- The young person's medical needs demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.

- The young person'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 young person may require regular/daily/24-hour supervision/ monitoring (continuing care due to intrusive procedures).
- The young person requires regular/daily intervention from specialist nursing teams or health professionals.
- The young person needs a skilled or familiar person to assist in communicating their expressive and receptive needs.
- The young person's physical/medical needs directly affects their ability to communicate verbally and/or record work/ideas.
- The young person uses specialist equipment/aids that require daily operational assistance or preparation.
- The young person requires regular or daily intervention from therapists/health professionals.
- The young person 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 young person 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 young person needs a specialist/differentiated physical curriculum.
- The young person requires a daily or intensive therapy programme.
- The young person has a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/ feeding, epilepsy management etc.
- The young person has a life threatening/limiting or degenerative condition.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person has a physical and/or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching. Eligibility Criteria for PMN is E (if the young person has been assessed by LINT-PMN specialist teacher). The young person can move around the environment with no additional aids and adaptations. The young person requires no/minimal intervention from specialist nursing teams or health professionals (including therapists). The young person does not need equipment which requires operational assistance. The young person can manage their physical and personal care needs i.e., dressing, personal hygiene.	 Assessment The learning environment is accessible and inclusive for a young person with PMN including the use of any aids or adaptations. The young person understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. IF Involvement from LINT PMN QT the LINT-PMN Assessment has identified that: The young person does not require any active interventions following specialist assessment. Planning The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately. Universal provision can meet need. Usual curriculum planning including group or individual targets is required. 	 Inform all staff and supply staff, sport or drama groups etc. of PMN needs at the planning stage of activities. Consider seating position – young person positioned in optimal position to make entry and exit from rooms as clear as possible. Consider accessibility to the smartboard/whiteboard i.e. that the young person can physically interact with the board. Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the young person's style of learning and support alternative ways of accessing and recording work. Cue and reinforce the young person's listening and attention. Implement fatigue rest breaks within the setting day if appropriate. Consider timetabling arrangements i.e., consider the young person accessing physical activities earlier in the day. Consider accessibility to learning materials in terms of height of resources, at eye level with the young person, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc. 	 Quality First Teaching. Some support provided by the setting i.e. with physical activities if required. Setting considers timetabling and location of rooms for the young person for ease of access. An educational occupational therapist may see the young person which may include assessment for equipment/ adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. 	 Appropriate support and transport for trips. Identification of a key member of staff for the young person to support emotional and mental wellbeing. Supportive / correctly sized standard setting chair and table i.e., a chair and table surface that fit the young person with feet supported and table at the correct height etc. Pupils in this category may require specialist equipment via physio/OT services. i.e., specialist seating for science labs. Access to appropriate ICT provision i.e., accessibility options on Windows. Where appropriate a 2:1 staffing ratio required for positional changes the young person and/or transitioning between areas. Access to a disabled toilet. Access to the environment via ramps or lift where appropriate.

SEND Thresholds Guidance 2024: Post 16 - PMN

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.	 Trips out of the setting to be planned in advance. Educators, parent/carer and/or other key professionals can request updated advice if needed or if physical/medical needs change. Risk assessments carried out by setting if necessary with referral to Health & Safety if required. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). School takes responsibility for the organisation of access arrangements for statutory assessments based on the last. LINT-PMIN Assessment Report if appropriate. 	 Consider accessibility of AAC i.e., that the young person can easily access their switches. Ensure all pathways are clear. All resources needed for activities are within reach. All medical information is recorded and emergency procedures are known to all staff. Provide additional transition visits for the young person between rooms. Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life. Provide opportunities to take responsibility for helpful tasks. Provide of a 'can do' environment where the young person can succeed and achieve. Provide opportunities to take controlled risks in a safe environment. Ensure a balance between intervention and independence that is understood by all professionals. Listen to the voice of the young person and develop 		 Access to <u>SEND-Support-and-Guidance-Document-2021.pdf</u> (gateshead-localoffer.org). Access to <u>3701-JH-Accessibility-STRATEGY-2021-24.pdf</u> (gateshead-localoffer.org)

Threshold 2 - Sensory	Threshold 2 - Sensory Impairment: Physical/Medical Needs (PMN)					
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing		
The young person has a physical and/or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching as well as targeted strategies and setting- led interventions. Eligibility Criteria for PMN is D (if the young person has been assessed by LINT PMN specialist teacher). The young person can move around the environment independently with or without specialist equipment. The young person requires no or minimal intervention from specialist nursing teams or health professionals (including therapists). The young person may need specialist positional equipment, equipment for which the young person requires operational assistance and/or wears orthotics such as PEDRO boots, splints, shoe inserts etc.	 Assessment The learning environment is partially accessible and inclusive for a young person with PMN and which will require some reasonable adjustments in relation to adaptations and specialist equipment. The young person understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. The young person may require referral by the setting to OT for advice re fine/gross motor assessment. IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that: The young person does not require any active interventions following specialist assessment. A LINT- PMN Assessment Report or letter with links shared within report to physical and/or medical conditions. Planning Usual curriculum planning including group or individual targets. The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately. Risk assessments carried out by setting if necessary with referral to Health & Safety if required. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. 	 As Threshold 1 plus: Flexible use of resources and staffing available in the learning environment to assist with recording work, accessing text, pre- teaching vocabulary, modifying tutor talk, modelling responses, focusing listening and attention. The setting may require moving and handling training. 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. 	 Quality First Teaching Some differentiation to physical activities if appropriate. Main provision by staff with some age- appropriate programmes delivered one-to-one or in small groups. Physiotherapy may intervene with young people who have mild physical issues to prevent further deterioration/reduce impact of condition / early intervention to achieve more successful outcomes. 	 As Threshold 1 plus: Differentiated writing materials and equipment. Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery via educational OT assessment. Staff awareness training of relevant medical conditions on a 'need to know' basis. Refer to LINT-PMN information on the website on adapted equipment/aids if necessary. 		

Threshold 2 - Sensory	Threshold 2 - Sensory Impairment: Physical/Medical Needs (PMN) continued					
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing		
The young person can manage their physical and personal care needs i.e. dressing, personal hygiene. The young person needs little or no supervision/monitoring during physical activities.	 Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission if required). Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last.LINT-PMN Assessment Report if appropriate. Care plan in place, if appropriate, written in conjunction with specialist nurse and LINT-PMN (if involved). The young person is involved in monitoring and setting targets. SENDCO awareness if no progress apparent after targeted teaching approach. 					

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person has a physical and/or medical need that may mpair their ability to participate n many aspects education and social life/leisure activities. The young person's needs are met through a combination of approaches including small group interventions and 1-1 ndividualised support following advice/support from health professionals as appropriate. Eligibility Criteria for PMN is C if the young person has been assessed by LINT PMN specialist teacher). The young person has ongoing mild to moderate problems with hand/eye co-ordination, fine/ gross motor skills and recording which is impacting on access to curriculum. The young person is making slow or little progress despite provision of targeted teaching approaches. The young person has continuing difficulties with self-help and independence i.e. with continence/ toileting.	 Assessment IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that: The young person may require a short block (equating to up to 4 visits) 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. The young person remains on caseload and the LINT PMN QT provides an annual assessment with links shared within report to physical and/or medical conditions and updated strategies. The young person may have a condition that requires assessment for equipment and resources. Planning Educators identify times within the day to deliver training programmes as appropriate. Parents are involved regularly (if appropriate) to support targets at home. The young person is involved in monitoring and setting targets. The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. Risk assessments carried out by setting if necessary with referral to Health & Safety if required. 	 As Threshold 1 and 2 plus: Small group or one- to-one adult input to practice skills. Clear routines within the learning environment. Alternative ways of recording to minimise handwriting. Groups and layouts of tables will need to be adjusted to ensure access for the young person 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. Opportunities are sought within the curriculum discuss PMN and role models within society. 	 Quality First Teaching Some differentiation to physical activities if required. Opportunities to practice dressing and undressing skills. Access to appropriate ICT provision. Occasional input from additional adult to provide targeted support under the direction of tutor. Minimal support/ supervision may be needed to meet hygiene needs and/or sporting activities. Advice to be sought from Health Professionals e.g., Physiotherapist, Occupational Therapist etc. Physiotherapists may intervene with young people who have mild - moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes. 	 As Threshold 1 and 2 plus: Provision expected from setting. IF involvement from LINT PMN QT: Training offered re: the needs of the young person to raise awareness of types of PMN and to reduce any further barriers to learning. Manual handling training may be offered bespoke to the needs of the young person.

Threshold 3 - Sensor	Threshold 3 - Sensory Impairment: Physical/Medical Needs (PMN) continued					
Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing		
 The young person is having ongoing difficulties with gross motor skills and coordination often seen in physical activities. The young person may have medical condition that impacts on time in school and requires a medical care plan. The young person has increased dependence on seating to promote appropriate posture for fine motor activities/feeding. The young person has increased dependence on mobility aids i.e., wheelchair or walking aid. The young person has increased use of alternative methods for extended recording e.g., scribe, ICT. NC Level Across expected range with an 	 A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission if required). Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last.LINT-PMN Assessment Report if appropriate. Care plan in place, if appropriate, written in conjunction with specialist nurse and LINT-PMN (if involved). 	As Threshold 1 and 2				
NC Level						

SEND Thresholds Guidance 2024: Post 16 - PMN

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person 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. Eligibility Criteria for PMN is B (if the young person has been assessed by LINT PMN specialist teacher). The young person requires specialist equipment (medical/ educational) that requires operational assistance. The young person is not reaching age related expectations in all areas of the curriculum. The young person requires assistance during mealtimes i.e. help to move tray/feeding etc. The young person requires aid/s such as rolator, sticks, to move around their environment.	 Assessment IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that: The young person 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. A LINT- PMN Assessment Report with links shared within report to physical and/or medical conditions and Specialist Strategies is required. The young person requires block/s of intervention (equating to a minimum of 6 visits per year) with programmes which are expected to take up to a year to embed across setting and home and may include: Minor adaptations to ensure full access to all areas of the setting (handrails, ramps etc). An assessment of assistive technology Intensive modelling, coaching and training by Teacher for PMN and/or relevant therapists/ medical professional to enable setting to support and identify general/specific PMN needs. An environmental assessment. A personal care and manual handling assessment in conjunction with the LINT-PMN, Occupational Therapy, Physiotherapy and Health Professionals. An environmental assessment re accessibility. 	 As Thresholds 1 to 3 plus: Individual skills-based work may need to take place. Nurture group input may be necessary to help with low self-esteem. A buddy system may benefit the young person. Attention needed to position in rooms. ICT equipment to aid recording. Suitable peers and adults scaffolding the young person's environment e.g., facilitating interaction with others. Suitable peers and adults facilitating interaction in less structured environments e.g., in a café. Sharing experiences and having discussions on how other people are feeling. 	 Assistive technology may be in use to aid recording work i.e., laptop, iPad etc. Further differentiation to physical activities if required in conjunction with Physiotherapy (physio needs would be based on assessment on a case-by- case basis). Referral to OT by setting if first line strategies / advice and programmes have been trialled and evidenced but achievement is limited. Main provision from setting staff with support from SENDCO and/or the LINT- PMN QT (if involved). Flexible use of support to access curriculum and develop skills in recording. Furniture and equipment assessed jointly by the LINT- PMN QT (if involved) and Occupational Therapy Need handwriting/ fine motor advice from OT. 	 As Thresholds 1 to 3 plus: Disability/condition requires the intervention of an appropriately trained adult to support within the setting during specific times/tasks. Hygiene /medical room may be necessary. Adapted site may be necessary to physically access the building (assessment by OT will be required). IF involvement from LINT PMN QT: Bespoke training may be offered around creating a PMN Friendly Environment with CPD offer extended to whole setting as appropriate.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person is more dependent on appropriate ICT for recording. The young person needs some assistance with their personal care needs i.e., dressing/ undressing, toileting and hygiene. A therapist/therapy assistant attends the setting to carry out an appropriate programme. The young person 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 young person requires some monitoring/supervision by staff/ adults. The disability/condition affects speech and has an impact on verbal communication and ability to express views. The young person is unable to or has difficulty in using verbal and/ or signing to communicate.	 Planning Curriculum planning including group or individual targets differentiated as appropriate to the NC level. SENDCO seeks advice from LINT-PMN QT and health care professionals in order to discuss next steps. Setting manages SEND support and engages in joint planning with the LINT-PMN QT, family, the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. The young person can contribute to their EHC Plan and/setting targets. Communication between the LINT-PMN QT and settings is regular (at least half termly if involved). Setting policies reflect reasonable adjustments made to ensure inclusion Timetabling of specialist equipment use to have the least impact on classroom time. Individual targets on support plan following advice from the LINT PMN QT, and health professionals/ therapists Modified planning for outdoor activities is likely to be needed. 			

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person requires assessment and/or provision of programme from Therapists (OT/ Physio).	• The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately.			
The young person needs assistance to participate in physical activities and requires a modified access to those	 Risk assessments carried out by setting if necessary with referral to Health & Safety if required. A PEEP (Personal Emergency Evacuation Plan) is in 			
modified access to these. The young person's health is unstable which impacts on everyday life/ability to access curriculum. NC Level Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.	 An Eler (reisonal Entergency Evolution har) is in place to ensure the young person is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last. LINT-PMN Assessment Report if appropriate. Care plan in place, if appropriate, written in conjunction with specialist nurse and LINT-PMN (if involved). Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, 			

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The young person 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. Eligibility Criteria for PMN is A (if the young person has been assessed by LINT PMN specialist teacher). Health care inputs and therapies are intensive and on a regular basis i.e., weekly/ daily. The young person requires daily use of specialist equipment that require operational assistance or preparation in order to access all areas of the curriculum. The young person requires support during mealtimes. The young person may be an Augmentative Alternative Communication (AAC) user. The young person may have a degenerative condition which impacts on independence.	 Assessment IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that: The young person 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. A LINT- PMN Assessment Report with links shared within report to physical and/or medical conditions and Specialist Strategies is required. The young person requires specialist intervention throughout the year (equating to a minimum of monthly visits) to embed across setting and home and may include: Ongoing formal instruction in the use of specialist equipment and devices. The development of mobility and independent living skills. A Personal Care Assessment. A Manual Handling Assessment. The young person may require an environmental assessment re accessibility. Planning involved) continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate. The young person can contribute to their EHC Plan and/setting targets. 	 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. Adult input to practice skills as advised by LINT/OT. Physiotherapy/ Occupational Therapy programme to be completed in setting. Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills. Alternative ways of recording are used to minimise handwriting. 	 Specialist programmes are integrated within the day i.e., gross and fine motor, dressing and undressing, independent life skills. ICT utilised most of the time for recording purposes. Differentiated writing materials and equipment. Timetable adjustments to accommodate specialist interventions and sensory and/or fatigue rest breaks. Differentiation to physical activities if required. Delivery of physiotherapy programme/postural management by trained staff. The curriculum is modified in some or all areas. 	 As Thresholds 1 to 4 plus Condition/disability requires the intervention of an appropriately trained adult to support within the setting during all or the majority of task The setting needs significant adaptations to ensure that full access to the curriculum is achieved. Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment. May need a suitable space or room(s) in whic therapies can be carried out with appropriate hoisting facilities, therap bench, parallel bars, and height adjustable writing table.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Interven- tion	Resources and Staffing
NC Level Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non- physical based tasks may be age appropriate. Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.	 Opportunities are in place for regular reviews of planning in line with LA. Individual targets on support plan following advice from OT and health professionals. The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMIN and provide support to enable tutors to plan appropriately. Risk assessments carried out by setting if necessary with referral to Health & Safety if required. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. An emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last. LINT-PMN Assessment Report if appropriate. Emergency Health Care Plan in place, if appropriate, written in conjunction with nurses/ school nurse, LINT-PMN (if involved) and parents/carers. Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 	 Attention is given to persistent difficulties in mobility around the building. An environment is provided to support self-esteem and positive self-image. Accessibility of the whole site, with facilities and practices that maintain the dignity of each young person. Some young people are likely to require specialist support in communication with peers with an emphasis on developing the young person's independent use of ICT, recording skills and communication through AAC as appropriate. Communication is embraced between the young person and others. 	 Settings have regular liaison with the LINT-PMN QT (if involved) to support young person and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. Interventions should be incorporated across all activities throughout the day. 	 May need a suitable space where specialist resources such as seating standing frames, walkers physiotherapy equipmer can be stored. The facility to recharge powered wheelchairs and mobile hoists/slings when necessary. May need a rest area for periods where pupils car spend time out of their wheelchairs i.e., away from other activities whils having regard for their dignity. 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 an assist communication, recording skills etc.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum. Eligibility Criteria for PMN is A* (if the young person has been assessed by LINT-PMN specialist teacher). The young person needs access to multiple pieces of personal specialist equipment, resources and technology to break down barriers to learning. The disability/condition demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms. The young person's behaviour demonstrates serious risk of harm to self/others – tonic clonic seizures, choking, self-harming. (Consider onward referral to behaviour/health services). The young person may require regular/daily/24- hour supervision/monitoring (continuing care due to intrusive procedures).	 Assessments IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that: The young person requires long-term, significant and intensive intervention from the LINT-PMN QT (equating to a minimum of fortnightly visits) which is expected to take at least a year to embed across setting and home and may include: Ongoing formal instruction in the use of specialist equipment and devices. Ongoing development of mobility and independent living skills. An Environmental Assessment carried out by the LINT-PMN QT alongside OT An environmental assessment re accessibility. The young person requires an Annual PMN Assessment Report with links shared within report to physical and/or medical conditions and Specialist Strategies. Planning Risk assessments for: moving and handling, movement around the setting and outside to be in place. A PEEP (Pupil Emergency Evacuation Process) is in place collaboration with the LINT PMN QT (if involved). 	 As Thresholds 1 to 5 plus: 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. Opportunities to interact with others as an Augmentative Alternative Communication (AAC) user. Constant reinforcement and generalisation of skills is an essential priority. Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical, and medical needs. A specialist learning environment that supports the young person's need to accept and develop pre- requisite skills required to access communication and learning. 	 There is a highly individualised multi-agency working approach. Individual specialist support for mobility and personal care needs. High staffing ratio with specialist teaching and specialist non-teaching support to facilitate the young person's access to the curriculum. Staff trained and 'signed off' in medical / physical interventions, postural management, and strategies as appropriate. OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A skilled or familiar person to assist in supporting the young person to communicate their expressive and receptive needs. A specialist/differentiated physical curriculum, if appropriate, to ensure that they can access this aspect of learning. 	 As Thresholds 1 to 5 plus: Fully equipped hygiener facilities to meet the needs of those who require hoisting for all transfers. A suitably equipped room(s) in which therapies can be carried out including a height adjustable therapy bench and hoist and slings. An equipment room where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored. The facility to recharge powered wheelchairs. May have access to specialist hydrotherapy/ water-based activities with advice and guidance from the physiotherapist.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The young person has a physical The young person requires regular/daily intervention from specialist nursing teams or health professionals. The young person's disability/ condition directly affects the ability to communicate verbally and/or record work/ideas. The young person uses specialist equipment/aids that require daily operational assistance or preparation. The young person requires a high level of support from specialist health professionals. The young person 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. The young person 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.	 OT assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with LINT-PMN QT (if involved). 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 (if appropriate) and other agencies as appropriate. The young person 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. Communication between LINT-PMN (if involved) and settings is frequent (minimal of fortnightly) to ensure that there are knowledgeable and empowered educators around the young person. All outcomes from EHCP reflect the PMN specialist curriculum 'above and additional to' interventions for the young person to learn to access (if LINT-PMN is involved). 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. Assessment and monitoring will be bespoke. Policies reflect reasonable adjustments and are written in collaboration with LINT PMN QT (if involved). 		 A daily or intensive therapy programme integrated within the day. Postural management to be regularly reviewed. Curriculum planning closely tracks levels of achievement. and incorporates individual targets, self-help and therapy programmes. 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). Settings have regular liaison with the LINT-PMN QT (if involved) to support the young person and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. 	 May have access to sensory room. A suitable space may be needed for young people with emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend the setting. Access to regular nursing support and advice Access to specialist services e.g., educational psychologists, SEN services and health professionals Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. Specialist resources provided by Health to meet the personal care and mobility needs of each young person.

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
assessments by LINT) The young person has a medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc. The young person has a life threatening/limiting or degenerative condition. NC Level Attainment levels will range from P scales in Primary to NC levels in Secondary.	 Educators facilitate working between themselves, the family, LINT-PMN (if involved) and SaLT to identify appropriate use of communication methods e.g. AAC. Individual care plan/ protocol to be in place. Behaviour care plans in place if appropriate Plans in place for Egress, moving and handling. The young person requires a high level of support from a multi-disciplinary team to make successful transitions between rooms. Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report (if applicable). Co-ordination between setting, Health, LINT-PMN (if involved) is required and adult services to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 			Stanling

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

Physical and/or Medical Needs: PfA Ou	Post 16				
PfA Outcomes and Provision					
Employability/ Education	Independence	Community Participation	Health		
 Young person is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices. Young person is able to confidently ask for help when there are barriers to accessing educational resources. Young person is able to be supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class. Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. The young person is able to utilise specialist input into careers education, information and guidance, including supporting volunteering/work experience opportunities. The young person is able to understand the essential benefits of employment (salary, sense of worth etc.). Young person is able to begin to understand the purpose and criteria for funding such as Access to Work. Young person is able to request support to obtain and manage specialist equipment and/or support for job applications and funding. Young person is able to begin to identify their personal skills, strengths, and interests regarding employment. 	The young person is able to demonstrate the life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances. The young person is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances. The young person is able to confidently negotiate indoor and outdoor environments independently, understanding their own limitations physically. The young person is able to have an awareness of risk within the home context and will manage this appropriately in order to remain safe. The young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.	 The young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference. The young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. The young person is able to analyse risk (travel, road safety, personal safety) in the context of community participation in order to remain safe. The young person is able to safely access online communities. The young person is able to express own needs and make clear requests of members of the public and professionals (bus driver, shop assistant etc.). The young person is able to give their carer instructions. The young person is able to make informed decisions when refusing assistance appropriately, both verbally and non-verbally. 	 The young person is able to recognise the need for dental, medical and optical health and will take responsibility for making appointments as required. The young person is able to take steps to remain physically active and healthy in the context of their individual circumstances. The young person is able to make healthy eating choices in order to promote physical wellbeing. The young person is able to maintain any physiotherapy regimes necessary to ensure physical health and optimum mobility in the context of their individual circumstances. The young person is able to confidently engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances. The young person is able to confidently attend their annual health check with their GP if registered as having a learning disability. The young person is able to access specialist support, such as mentoring or counselling as appropriate. 		

Physical and/or Medical Needs: PfA Outcomes and Provision

PfA Outcomes and Provision				
Employability/Education	Independence	Community Participation	Health	
Young person is able to access and function within work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.	Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing.	Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.	Young person is able to transfer to adult services and attend regular medical appointments to with independence and take responsibility for making their own appointments. The young person is able to access specialist support, such as mentoring or counselling as appropriate.	
Young person is able to access and function within further/higher education provision in order to progress with future career choices.		Young person is able to access appropriate transport in order to facilitate participation within		
Young person is able to present their skills in written form (C.V) to help secure future education and work-based options.		community, leisure and social activities. Young person is able to show		
Young person is able to access job centre provision to support pathways into employment post education.		awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.		
Young person is able to successfully access work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.		Young person is able to maintain wider relationships: house sharing, romantic relationships, preparing for parenthood, housing.		
Young person is able to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.		Young person is able to directly engage between health professionals and social services personnel.		

Useful Information and Resources

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Formation and Resources

Preparation for Adulthood Useful Information and Resources:

Two main websites that will be useful in terms of resources, information and writing individualised PfA outcomes are: <u>www.preparingforadulthood.org.uk</u> and The National Development Team for Inclusion (NDTI) <u>www.ndti.org.uk</u>

More specific links which will also be useful are as below:

https://www.disabilityrightsuk.org/how-we-can-help/benefits-information/factsheets

https://www.preparingforadulthood.org.uk/downloads/supported-internships

https://www.preparingforadulthood.org.uk/downloads/employment/apprenticeships-for-young-people-a-good-practice-report.htm

https://www.preparingforadulthood.org.uk/downloads/supported-internships/fact-sheet-study-programmes.htm

https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/factsheet-the-children-and-families-act-and-the-care-act.htm

https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/factsheet-the-mental-capacity-act-2005-and-supported-decision-making.htm

https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/building-independence-through-planning-for-transition.htm

https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood

https://www.kids.org.uk/pages/search.aspx?q=keeping%20it%20personal

https://www.england.nhs.uk/ipc/

There will be more examples regularly updated on the Gateshead Local Offer.