



A Graduated Approach

Guidance for working with children with special educational needs and disability in early years settings and mainstream schools

October 2014



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1. Introduction

1.1 The Children and Families Act (2014) introduced a new system for Special Educational Needs and Disability (SEND) on 1st September 2014. There is a greater focus on working with families of children and young people with SEN and those who are disabled to achieve better outcomes. The DfE diagram below gives an overview of the reforms.

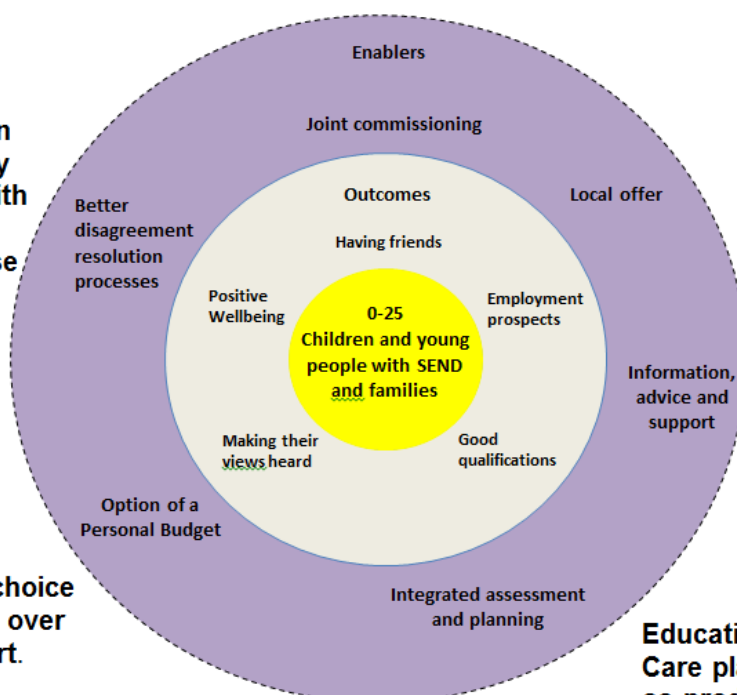
1.2 In line with these reforms Trafford Council has produced a SEND Policy and information in a Local Offer to keep parents and young people informed about local provision for children and young people 0-25 years with SEN and those who are disabled. As part of this information a range of Trafford professionals worked with SENCOs and parent representatives to produce this guidance. It provides good practice for early years settings and schools working with children

with SEND and the provision the Local Authority (LA) expects to be available in mainstream settings. It also provides the threshold for access to high needs funding.

1.3 Early years settings and schools will need to demonstrate that the children and young people they are referring for access to high needs funding have needs that are significantly outside and beyond those which can be provided for using the delegated mainstream block funding. Evidence of such levels of attainment and needs will need to be submitted to the Local Authority as part of a Common Assessment Framework (CAF) and a costed provision map as a referral for Education, Health and Care (EHC) Needs Assessment. High needs funding in Trafford is usually through an EHC Plan. Good provision mapping and tracking of the outcomes of any interventions offered to the child or young person

Where disagreements happen, they can be resolved early and amicably, with the option of a Tribunal for those that need it.

Extending choice and control over their support.



Children, young people and parents understand a joined up system, designed around their needs.

Education Health and Care plan is holistic, co-produced and focused on outcomes.

will ensure that early years settings / schools have this evidence to hand.

1.4 This Guidance will continue to be developed to include an additional section relating to post 16 providers. If parents or young people are accessing this guidance it should be read alongside a setting's SEN information available on its website showing the implementation of the setting's policy and provision.

1.5 The SEND Code of Practice:0-25 years (2014) and associated guides for early years settings, schools and FE colleges provides guidance on identification and SEN support and should be read alongside this guidance.

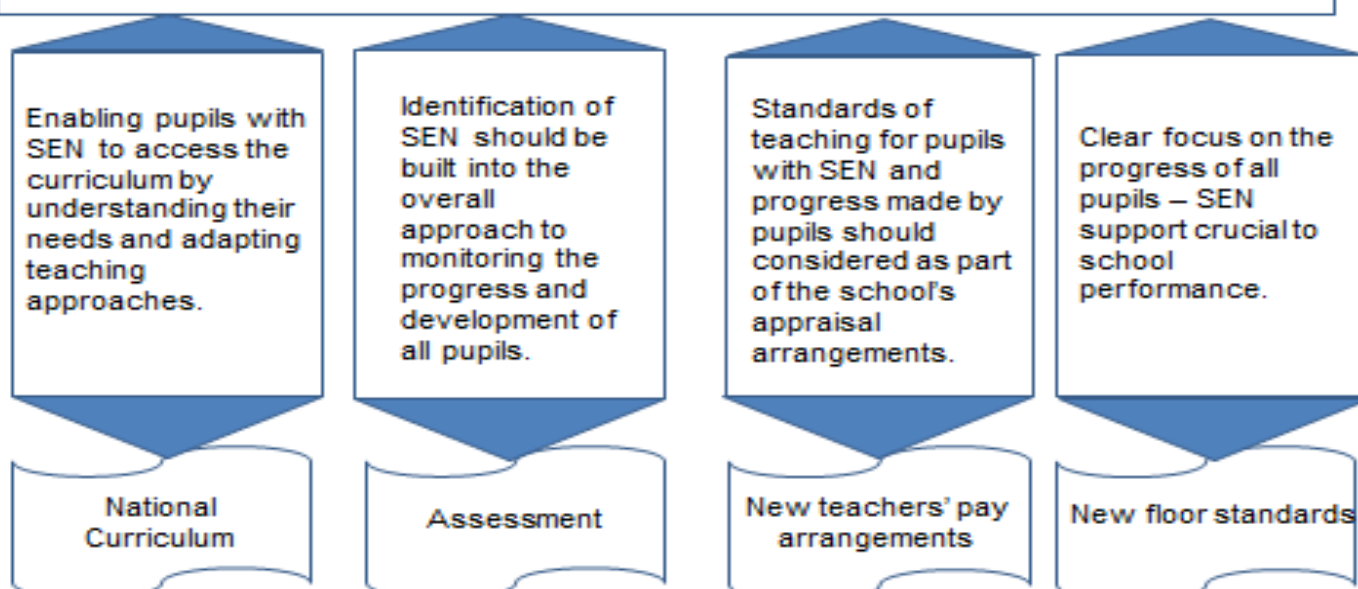
1.6 This document should not be read as blanket policy. There will be occasions when discretion needs to be applied to suit individual circumstances.

2. High aspirations and expectations

2.1 All children and young people in Trafford are entitled to an education that enables them to make progress so that they achieve the best possible outcomes, become confident individuals with a growing ability to communicate their own views and live fulfilling lives. They will be prepared to make a successful transition to the next stage of education or life, from early years into compulsory education and on into adulthood, whether it be employment, further or higher education or training.

2.2 The DfE diagram below links the SEND Reforms to other reforms affecting schools from September.

SEND reforms are a vital part of the wider educational reform to ensure all children and young people have access to high quality teaching and equal opportunities regardless of background or circumstance.



3. Inclusive Quality First Teaching (IQFT)

3.1 The National Curriculum Inclusion Statement states that teachers should set high expectations for every pupil, whatever their prior attainment. Lesson planning to address potential areas of difficulty and remove barriers will mean that in many cases, pupils with SEN and disabilities will be able to study the full curriculum.

3.2 The SEND Code of Practice makes clear the principle that all teachers are responsible and accountable for the progress and development of the children and young people in their class, even where pupils access support from teaching assistants or specialist staff, and that teachers need to focus on outcomes rather than on hours of support to help a pupil to make progress.

3.3 A special educational need is a barrier to learning that might take a variety of forms. The wide range of strategies that can be employed by skilled staff is usually sufficient to overcome such barriers by setting suitable learning challenges and responding to students' diverse learning needs. Examples are planning appropriately-challenging work for those whose ability and understanding are in advance of their literacy skills or using positive behaviour management with a clear system of rewards and sanctions. The effectiveness of a school's IQFT teaching has a direct bearing on the nature of additional help required by

children with SEN, and on the point at which additional help is required.

3.4 Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require additional and different support. Such improvements in whole-class provision tend to be more cost effective and sustainable than expensive personalised interventions.

3.5 The Waves model helps to distinguish between levels of provision and is related here to the Universal, SEN Support, and High level of SEN Support used in the tables for each area of SEN within this guidance. Funding is explained in section 6.



“The quality of teaching for pupils with SEN, and the progress made by pupils, should be a core part of the school’s performance management arrangements and its approach to professional development for all teaching and support staff.”

SEND Code of Practice 6.4

Wave 1- Inclusive Quality First Teaching/Universal support for all children without any additional intervention (element 1 funding);

Wave 2- for children who are underachieving but do not have SEN and may be able to catch up with their peers, evidence based intervention (element 1 funding /school budget);

Wave 3- additional support for those with SEN who may have longer term needs and require individualised intervention within a setting's SEN Support, ranging from some to a high level of support through evidence based personalised programmes of intervention (element 2 funding). Wave 3 also covers the few children requiring a high level or exceptional support and highly personalised provision through an EHC Plan (element 3 top-up funding from the LA).

3.6 Schools and some early years settings will find an over-arching provision map including provision for all vulnerable groups a useful management tool. The best types of provision map include children and young people who:

- are under-achieving and needing intervention (e.g. Wave 2 provision) but who do not have SEN
- are identified SEN receiving SEN Support through additional funding from the early years/mainstream block funding or high needs funding through an EHC Plan

- have English as an additional language
- are looked after
- are in other vulnerable groups identified by the school (those in receipt of pupil premium, young carers, persistent absentees etc.)

3.7 For a provision map to be effective, it must cross-reference provision with progress (i.e. a setting/school must have some way of assessing and recording on the provision map where a student was when he/she started the intervention and where he/she is at the end of it) to be able to evaluate whether the additional provision has worked or not. Further information on provision mapping is available from the SEN Advisory Service (SENAS).

4. Identification

4.1 Slow progress and low attainment do not necessarily mean that a child has SEN and should not automatically lead to a pupil being recorded as having SEN. Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances. This can be characterised by progress which:

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

- fails to close the attainment gap between the child and their peers
- widens the attainment gap

4.2 The first response to such progress should be high quality teaching targeted at their areas of weakness. Evidence based interventions should be tried within the classroom or in small group withdrawal but delivered by well-trained staff and monitored closely by the class teacher.

4.3 Where progress continues to be less than expected the class or subject teacher, working with the SENCO, should assess whether the child has SEN. The identification of SEN should be built into the overall approach to monitoring the progress and development of all pupils.

4.4 Some SEN can be identified early and others become evident as children develop. Settings should listen to the concerns of parents/families who know their children best and use this information to add to the picture of the child or young person in that setting. Listening to children and young people can also be an important part of identifying need and is vital in providing the right provision to improve learning.

4.5 Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health

issues. Bullying or bereavement will not always lead to children having SEN but can have an impact on well-being and sometimes this can be severe. Schools should ensure they make appropriate provision for a child's short-term needs in order to prevent problems escalating. A child's/young person's needs arise as a result of their interaction with their learning environment; it is not appropriate to regard all needs as being problems generated from within individuals. If housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach should be followed by completing a [CAF](#).

4.6 A detailed assessment of need should ensure that the full range of an individual's needs is identified, not simply the primary need. The support provided to an individual should always be based on a full understanding of their particular strengths and needs and seek to address them all using well-evidenced interventions targeted at their areas of difficulty and where necessary specialist equipment or software.



The SEND Code of Practice states:

1.24 High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. Schools and colleges must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.

1.25 Early years providers, schools and colleges should know precisely where children and young people with SEN are in their learning and development. They should:

- ensure decisions are informed by the insights of parents and those of children and young people themselves**
- have high ambitions and set stretching targets for them**

- track their progress towards these goals**
- keep under review the additional or different provision that is made for them**
- promote positive outcomes in the wider areas of personal and social development, and**
- ensure that the approaches used are based on the best possible evidence and are having the required impact on progress**



4.7 Continued slow rates of progress may be an indicator of a range of learning difficulties or disabilities. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty or disability. Some learning difficulties and disabilities occur across the range of cognitive ability and, left unaddressed may lead to frustration, which may manifest itself as disaffection, emotional or behavioural difficulties.

5. A Graduated Approach to SEND

5.1 For children and young people identified as having SEND, settings will take action to remove barriers to learning and put into place effective special educational provision. A graduated approach will be undertaken which draws upon the four part cycle Assess, Plan, Do, Review. During this cycle approaches are revisited, refined and revised building on a growing understanding of learners' needs

and the support needed in helping them to make good progress and secure good outcomes.

5.2 Each stage of support builds on the good practice of the previous stages. This will lead to an approach in which increasing levels of support are provided where necessary and appropriate: from Universal provision/Inclusive quality first teaching; SEN Support; High level SEN Support; and High Needs provision through an EHC Plan.

Reform in practice: The Graduated Approach



6. SEN Funding and Levels of Support

6.1 Funding for education from the designated schools grant (DSG) is now allocated through 3 blocks, Early Years block; Mainstream block; and High Needs block.

6.2 Within these blocks early years and mainstream cover element 1 funding for all children and young people and funding for element 2 for those who needs additional and different provision for SEND. The High needs block funds element 3 the top-up for those with High Needs. The expectation is that up to £6,000 of element 2 is spent to provide additional support to those children and young people requiring SEN Support. Those that need over and above this on an annual basis are children and young people with High Needs and will require top-up from the LA/Commissioner to meet their

needs. Element 2 must be evidence based intervention and support that is well-targeted at the individual's needs. The three levels of support described below are used within the areas of need within this document.

6.3 Universal provision/Inclusive Quality First Teaching (Element 1 funding)

Children and young people achieve the learning outcomes, appropriate to their age and ability, through Inclusive Quality First Teaching and in some cases appropriate timely catch up intervention will add to this provision funded through element 1/whole school budget). There is sometimes the expectation that support will take the form of the deployment of extra staff to enable one-to-one tuition to be given to the child. A more appropriate approach might be to provide different learning materials or special equipment, or to devote extra adult

Reform of high needs funding

	Pre-16 SEN and AP		Post-16 SEN and LDD
	Mainstream settings	Specialist settings	All settings
Element 1: Core education funding	Mainstream per-pupil funding (AVVPU)	Base funding of £10,000 for SEN and £8,000 for AP placements, which is roughly equivalent to the level up to which a mainstream provider would have contributed to the additional support provision of a high needs pupil. Base funding is provided on the basis of planned places.	Mainstream per-student funding (as calculated by the national 16-19 funding system)
Element 2: Additional support funding	Contribution of £6,000 to additional support required by a pupil with high needs, from the notional SEN budget		Contribution of £6,000 to additional support required by a student with high needs
Element 3: Top-up funding	"Top-up" funding from the commissioner to meet the needs of each pupil or student placed in the institution		

time to devising the nature of the planned intervention and to monitoring its effectiveness, or to undertake staff development and training to introduce more effective strategies. This way some of the needs of children with identified SEN can also be met within IQFT.

6.4 SEN Support (Element 2 funding)

This support will cover a range of needs. Children/young people are identified as having a special educational need though during the time they receive support some children may make sufficient progress to be included purely in inclusive quality first teaching or catch up intervention. Additional provision within SEN Support should not be just 'more literacy' or 'more maths'; these are not the children and young people to whom schools may be offering Wave 2 interventions. Individual specialised interventions will be required in order to address their underlying learning needs and enable or improve access to the curriculum. The support and intervention provided should be selected to meet the outcomes identified for the pupil, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge. For some children and young people support will need to gradually intensify with more frequent reviews and more specialised teaching methods. The type of assessment would be more detailed and specific, planning would incorporate recommended strategies, implementation would be more individualised, and review would be

frequent and involve the appropriate professionals. Within SEN Support most children and young people have significant learning needs and require individualised support but a costed provision map would indicate this provision to be below the £6000 threshold and so would be funded through Element 2 funding. If well-targeted, evidence-based provision is having little impact and nearing the £6,000 a setting would ensure that the process of evidence gathering is implemented in an increasingly robust fashion. In Trafford £6,000 can provide around 11 hours of individual teaching assistant support (mid-point TA 2). However some children will benefit from specialist teaching instead or other targeted provision. The outcomes the child should achieve from any support are the starting point not the hours. Support staff may need training on providing a focus on learning outcomes, not on task completion and on developing independence. All support should be provided under the guidance of the teacher and SENCO.

6.5 SEN Support: High level of need (maximum Element 2 funding)

Where the provision described in the tables below is still not having an impact on progress despite the cycles of appropriate assessment and involvement of agencies and a costed provision map demonstrates a need for provision over and above £6,000 on an annual basis (and therefore a need for additional top-up funding) an EHC Needs Assessment referral should be made.

7. Measuring Success

7.1 The Special Educational Needs

Code of Practice makes reference to children and young people making less than expected progress given their age and individual circumstances and measuring progress once needs have been identified. Identifying progress is how individual children or young people, families, schools and the LA can measure the effectiveness of the provision made for students. During the Review within an assess, plan, do, review cycle, class teachers and SENCOs should agree any changes to outcomes set and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps. This cycle of action should be revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress.

7.2 Students and their needs are individual. What is appropriate progress is therefore also individual and has to be defined by success in meeting appropriately challenging SMART (specific, measurable, attainable, relevant and time-bound) targets over time and the achievement of identified outcomes. An outcome is defined in the SEND Code of Practice:0-25 year as 'the benefit or difference made to an individual following an intervention'. Children/young people who do not have a special educational need progress at different rates and the same is true for children with an

identified special educational need. Some children and young people will successfully achieve their desired outcomes but the nature of their special educational need may mean that the gap between their attainments and those of their peers will widen over time.

7.3 Trafford have an assessment guide for measuring the impact of interventions – see [Appendix 1](#)

7.4 As part of any Ofsted expectation, Ofsted will expect to see evidence of pupil progress, a focus on outcomes and a rigorous approach to the monitoring and evaluation of any SEN support provided. The Progression Materials (DfE) are a useful tool for judging the progress of children and young people with SEN across each key stage, based upon their age and prior attainment.

7.5 National curriculum levels are used within this guidance for demonstrating progress. The LA will work with schools to update guidance as necessary as from September 2014 schools are able to introduce their own approaches to formative and summative assessment as part of the reforms to the National Curriculum. P Scales will continue to exist for all National Curriculum subjects, to enable schools to report on the attainment for children with special educational needs (5-16 years) who cannot access the National Curriculum. Small steps of progress within P scales will need to be measured using tools such as PIVATS or B squared.

8. Involving Specialists

8.1 Schools may involve specialists at any point to advise them on early identification of SEN and effective support and interventions. When special educational needs begin to present as severe and complex so that higher levels of funding are required, external agencies would always be involved e.g. Educational Psychologist, SEN Advisory Service Consultant, Speech & Language Therapist.

8.2 The SENCO and class teacher, together with the curriculum, literacy and numeracy leads and external specialists, should consider a range of different teaching approaches and appropriate equipment and teaching materials, including the use of specialised programmes and information technology. The external specialist may act in an advisory capacity, or provide additional specialist assessment or in some cases intervention. In some instances improved management or adjustments based on advice from health professionals such as CAMHS or Occupational Therapists for example may considerably reduce the child's special educational needs.

9. Education, Health and Care (EHC) Needs Assessment

9.1 EHC Needs Assessments are undertaken for students with

complex and severe special educational needs. Such an assessment can be undertaken when there is convincing evidence that, despite the school/setting, with the help of external specialists, taking relevant and purposeful action to overcome the child or young person's special educational needs, the difficulties remain or have not been remedied sufficiently. An EHC Needs Assessment is a multi-agency investigation that aims to define the long-term needs of children and young people. It may or may not result in an EHC Plan being drawn up.

9.2 For the LA to decide that an EHC Needs Assessment is justified, detailed advice from the school/setting will be sought including:

- A costed provision map (link) with evidence of additional support given through use of mainstream block funding cross referenced to pupil's progress against individual targets and planned outcomes.
- Within a CAF:- Pupil progress data outlining progress over last academic year (or longer) in core areas of the curriculum and, possibly, in personal and social development. The CAF is completed by school with the family.
- Record of regular 'assess, plan, do, review' cycles within CAF and [provision map](#).
- Education and other assessments e.g. observational

assessments regarding engagement in lessons, including those by external agencies, such as Educational Psychologist.

- Evidence of implementation of recommendations from external agencies and reviews of these with the relevant professional these can be mentioned within the CAF, demonstrated on the provision map and attached if preferred.
- Views of the parent and of the child/young person
- Any involvement of social care and health services to date including the child's medical history where relevant

10. Using the Graduated Approach Document

10.1 The Guidance is set out in tables for early years and individual areas of need. The tables indicate provision that the LA expect settings/schools to make for children and young people with regard to:

- Early Years Foundation Stage
- Cognition and Learning – General and Specific Learning Difficulties
- Communication and Interaction – Speech Language and Communication Needs
- Communication and Interaction – Autism Spectrum Disorder
- Social, Emotional and Mental Health (SEMH)
- Physical Needs, Medical Needs and Personal Care
- Sensory Impairment – Hearing

Impairment (HI) and Visual Impairment (VI)

For each group of children and young people detailed information is given about the LA's expectations, in terms of:

- Level and description of difficulty
- Support and intervention
- Assessment, monitoring and reviewing, involving specialists, parents, children and young people

10.2 The Guidance is indicative, not an exhaustive list. A child or young person need not be experiencing all the needs described for consideration to be given to whether they have needs which will be appropriately funded at a given level.

10.3 Some of the needs described might not, individually, warrant intervention, but they may be significant in conjunction with other needs. A setting may find a child or young person has needs across a number of the headings, or a cluster of needs under one heading. Those with the most complex difficulties are likely to fit more than one category of need and require strategies from each area. The Early Years section is set out to accommodate this.

10.4 This Guidance is designed to support education settings to gauge the levels of support they need to arrange for students before considering a referral for an EHC Needs Assessment and accessing the High Needs Top-up funding.

Early Years Foundation Stage

The SEND Code of Practice states:

5.12 All early years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the EYFS framework. The EYFS framework also requires practitioners to review children's progress and share a summary with parents. In addition, the Early years outcomes is an aid for practitioners, including child minders, nurseries and others such as inspectors, to help them to understand the outcomes they should be working towards.

Children in Nurseries and Early Years Settings

This section is for children in the Early Years Foundation Stage (pre reception class age) and should be read alongside the main introduction to this document on pages 1 to 17. It covers children from approximately age 2 to 5 years, and provides guidance on a clear approach to identifying and responding to children with SEN and Disabilities.

Trafford's Graduated Approach is based around the Early Years Outcomes document (DfE 2013) which supports practitioners in making "...best fit judgements about whether a child is showing typical development for their age, may be at risk of delay or is ahead for their age....".

Practitioners and parents/carers can also look at the other tables available for all school aged children. These provide ideas and strategies for assessing and supporting children in relation to Cognition and Learning; Communication and Interaction; Social, Emotional and Mental Health; Physical Needs, Medical Needs and Personal Care; and Sensory Impairment.

Key points to be aware of within the early years graduated approach are that:

1. The document is designed to help decide on the levels of support and type of action to be put in place for children, before settings and/or schools apply to the High Needs Block for additional funding

2. The Graduated Approach should be co-ordinated by the SENCO and based on the SEND Code of Practice (DfE 2014), the EYFS Materials, the Early Years Outcomes guidance and [Early Support Resources](#).
3. Parents/carers should be fully involved in the assessment process, in planning and reinforcing support, and reviewing progress.
4. If a child appears to be behind expected levels, practitioners should particularly focus on progress in the EYFS Curriculum 3 Prime areas of Communication and Language, Physical Development and Social and Emotional Development.
5. Children's Special Educational Needs within the 2014 Code of Practice fall into 4 broad areas, Communication and Interaction, Cognition and Learning, Social Emotional and Mental Health, Sensory and/or Physical Needs; however individual children may have changing needs across all 4 areas and young children may not fit 'neatly' into one area (SEND Code of Practice 2014).
6. Particular care should be taken in identifying needs in young children whose first language is not English, and interpreters / translators should be used where necessary to communicate with families and gather information, and to assess the child
7. The child's keyworker should usually have oversight of the child's programmes or interventions, with SENCO support.
8. Repeated cycles of an 'Assess, Plan, Do, Review' approach (SEND Code of Practice DfE 2014) should be implemented, and interventions should be revised, initiated or ended depending on the success of the outcomes for the child.
9. The [Trafford Local Offer](#) provides further information for families and practitioners on how to access Trafford provision for children with a variety of needs and conditions, including information on how to make a referral.

Universal Provision

Most children will be able to participate in an ordinary setting and make progress through the EYFS Materials (Development Matters in the EYFS 2012) and the Early Years Outcomes (2013), through high quality provision, referred to as **Quality First Teaching (QFT)** which includes effective differentiation.

Quality First Teaching means appropriately planned, quality experiences and provision, built on observations of children's starting points and interests in order to develop their learning. Sensitive interactions are essential to support this.

Some children may need some environmental and/or curriculum adaptations from the setting's own resources as part of their Universal Early Years Entitlement. Such children, who may be achieving at levels just below typical development, can be identified by using the Early Years Outcomes guidance.

SEN Support in the Early Years

When a child appears not to be making progress either generally or in a specific aspect of learning, then it may be necessary to present him/her with different opportunities, or use alternative approaches to learning. Additional support from within the setting's own resources/budget may then be required.

Difficulties that persist may indicate the need for a level of help above that normally available in the early education setting in question. Young children may need planned interventions to support them to meet the same level of learning as their peers.

Practitioners can assess a child's developmental level where there are significant concerns, by using the Early Years Outcomes Guidance in conjunction with the [Early Years Developmental Journal](#). It is important to remember, however, that all children develop at varying rates, particularly in the early years; there will be many typically developing children who may not be at their chronological age level in some Steps and this will not be a cause for concern.

Discussion of age related development with parents/carers of children with a Special Educational Need or Disability can be a sensitive topic; all such conversations need to be conducted in a supportive and positive manner, with clear recorded evidence and assessments available to review. Practitioners should focus on both strengths in terms of what the child CAN do, as well as any weaknesses, and present any concerns within the context of the wide variation within children's typical development within the Early Years.

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
<p>Most children will be able to participate in an ordinary setting and make progress through the EYFS Materials (Development Matters in the EYFS 2012) and the Early Years Outcomes (2013), through high quality provision, referred to as Quality First Teaching (QFT) which includes effective differentiation.</p> <p>Quality First Teaching means appropriately planned, quality experiences and provision, built on observations of children's starting points and interests in order to develop their learning. Sensitive interactions are essential to support this.</p> <p>Some children may need some environmental and/or curriculum adaptations from the setting's own resources as part of their Universal Early Years Entitlement. Such children, who may be achieving at levels just below typical development, can be identified by using the Early Years Outcomes guidance.</p>	<p><u>Positive Relationships and Enabling Environments</u></p> <p>Key good practice for all children, including those who may need some environmental and/or curriculum adaptations.</p> <p>See also –</p> <ol style="list-style-type: none"> 1. Development Matters in the EYFS – the 'Positive Relationships' column describes how adults can intervene to support learning, and the 'Enabling Environments' column describes what adaptations can be made to available spaces and what resources can be used 2. ICAN Early Talkers Activity Pack cards which help develop young children's communication skills – these are available from www.ican.org.uk and provide lots of ideas for families and practitioners. 3. Tables within this document for individual areas of need which give helpful strategies and advice for school age children in relation to: <ul style="list-style-type: none"> Cognition and learning Communication and interaction 	<p>Refer to the 'Unique Child' sections in the Development Matters in the EYFS guidance, to assess a child's developmental progress, and monitor progress through the Early Years Foundation Stage Materials and the Early Years Outcomes guidance.</p> <ul style="list-style-type: none"> Base assessments around the belief that parents/carers know their children best, and that their observations and views are a key part of the assessment process. Meet with Parents/Carers & families to discuss plans and progress, and address any learning and development needs, with Interpreters where necessary. Parent/Carers should be encouraged to provide information about anything happening at home which may help or hinder their child's development, and share ideas with practitioners on how to support their child. For children whose home language is not English, discussion should take place with parents/carers about their child's skills in their home language, and any strengths or cause for concern should be explored.

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> • Social, emotional and mental health (SEMH) • Physical needs, medical needs and personal care • Sensory impairment <p><u>Resources</u></p> <ul style="list-style-type: none"> • Continuous use of multi-sensory activities to reinforce learning and provide meaningful experiences. • Use of pictures for labels, and picture/photo/visual timetables. • Use of colour coding for different areas within the setting e.g. construction area = green theme. <p><u>Stories</u></p> <ul style="list-style-type: none"> • Use of props/story sacks/real objects etc. to support understanding and encourage attention. • Story group kept as small as staffing resources allow. • Short, well-illustrated stories, read with enthusiasm by adults, using sign and gesture wherever possible. • Plan children's seating arrangements within the group, to support children with sensory, attention, visual or hearing issues e.g. place some children near the front, use specified 'sitting spots' for children who find it hard to pay attention . 	<ul style="list-style-type: none"> • Record structured observations of the child around specific areas of focus, over a period of time, and in a variety of contexts. • Establish 'Assess, Plan, Do, Review' cycles of intervention with the child (See 2014 SEND Code of Practice). • Ensure any previous advice from external specialists about teaching children who may have a Special Educational Need/Disability, is implemented by all staff.

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p><u>Instructions</u></p> <ul style="list-style-type: none"> • Repeated and accompanied by gestures or pictures. • Use of role play and demonstration e.g. this is how we take turns. • Use of signing systems alongside language e.g. Signalong, to support children at the very early stages of learning language. • Use of music, instruments, sounds and songs to reinforce the routine and to highlight instructions e.g. tidy up song. <p><u>Adults</u></p> <ul style="list-style-type: none"> • Join in with an activity the child has selected and play alongside them, modelling language, rather than always taking the lead. • Use clear language at an appropriate level, listen carefully to children, and give time to children who may have difficulties speaking, or who need time to understand and process thinking. • Adults to be part of imaginative play activities to support and extend play. <p><u>Group work</u></p> <ul style="list-style-type: none"> • Focussed teaching for all children delivered in small groups throughout the day. 	

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> • Help children learn the rules for being together within key worker groups e.g. taking turns, listening skills. • Organise planned activities according to themes identified within curriculum plans, and reinforce topics with real objects, pictures and photos. • share photos of what the children have done, and talk about what they did and how they felt. <p>Provide accessible changing facilities in line with Trafford's 'Intimate Care' Policy Guidance.</p> <p>Make arrangements for medicine administration in line with Health & Safety policy.</p> <p>Accessible information and support where English is an additional language, using interpreters/translators if needed.</p> <p>Provide opportunities for children whose home language is not English to develop and use their home language in play and learning, supporting their overall language development.</p> <p>Ratios required for registration maintained throughout the day. In schools and settings where practitioners are given breaks, the head teacher or manager should make appropriate arrangements to ensure that the staffing levels</p>	

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	are maintained.	
SEN Support in Early Years		
<ul style="list-style-type: none"> On-going assessment (known as Formative Assessment) is central for all Early Years children: it involves practitioners observing children in order to understand their needs and progress, and to plan support. More intense and regular assessment is needed for some children if there are significant emerging concerns, and reasonable adjustments must be made to the assessment process. Children who may need SEN support in the Early Years often have difficulties in using and understanding language; this can make it very difficult to assess precisely what level of delay a young child may be experiencing in their overall development. Practitioners may require additional advice and/or training to support and monitor the progress of children with Special Educational Needs or identified disabilities. However children between 2 and 5 years of age who appear to have a delay of approximately 6 months or more, when assessed using the EY 	<p><u>Positive Relationships and Enabling Environments</u></p> <p>As above under Universal Provision, plus -</p> <ul style="list-style-type: none"> Flexible approaches to whole curriculum planning. Differentiated curriculum to support individual targets. Increased use of visual prompts, real objects, signing, pictures and photos to support the routines. SENCO advice on strategies. Staffing ratios in excess of minimum required ratios for parts of day. Some dedicated individual and/or small group support time for children. Families signposted to the SEND Local Offer. 	<p>As above under Universal Provision, plus -</p> <ul style="list-style-type: none"> Any involved external specialists are invited to regular review meetings with parents/carers, and their views sought prior to the meeting if they cannot attend. Individual Healthcare Plans are drawn up, and Risk Assessments carried out as appropriate. Assessment and monitoring by key worker, supported by SENCO. Assessment using Early Support Development Journal if advised to by EY Team and/or SEN Advisory Service (SENAS). Where Specialist Advice exists (e.g. Speech Therapy, SENAS) recommendations are highlighted to staff and implemented. Increased involvement of parent/carers in the assessment, monitoring and review process.

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Outcomes and the EY Development Journal, are generally those who will require some form of SEN Support in the Early Years. This may include external specialist advice/input] from within the setting's own resources/budgets. Careful consideration should be given to a child's age and their rate of progress over time e.g. a delay of over 6 months at age 2 is far more significant and concerning than a 6 months delay at age 4 or 5.</p> <ul style="list-style-type: none"> The EY Developmental Journal helps families and practitioners to celebrate record and support early development, and to identify areas where extra help may be needed. Its age ranges are narrower than those within the EY Outcomes Document e.g. Steps 1 – 4 link into the 0 to 11 months EYFS Stage. The EY Developmental Journal can therefore help to paint a more precise picture of a child's strengths and difficulties, and of where support needs to be targeted. It is closely linked to both 'Development Matters' and to the 'Personal Child Health Record'. For Early Development journal Stages see Appendix 2. 	<ul style="list-style-type: none"> Appropriate Staff training e.g. re: specific needs, specialist approaches. <p>For strategies and approaches relating to specific areas of need, please consult</p> <p>For strategies and approaches related to specific areas of need, please consult the appropriate sections within this document which relate to school aged children.</p> <p>These sections for individual areas of need give helpful strategies and advice for school age children in relation to:</p> <ul style="list-style-type: none"> Cognition and learning Communication and interaction Social, emotional and mental health (SEMH) Physical needs, medical needs and personal care Sensory impairment 	<ul style="list-style-type: none"> Views of parents/carers, and children wherever possible, are sought, recorded, and valued. Referral to the Trafford Parent and Young People's Partnership Service (PYPPS) if required for support for parents. Involvement of interpreters / translators as required to liaise with parents / carers about child's development and progress. Individual targets set and reviewed at least every 6 weeks, and changes incorporated. Generalised advice or consultation with some outside Early Help / Early Intervention agencies e.g. Speech Therapists, Physiotherapists, Occupational Therapists, Sensory Impairment Service (SIS), CAMHS, SEN Advisory Service (SENAS), Trafford Early Development Service (TEDS) A Common Assessment Framework (CAF) may be put in place to coordinate support. There will be a number of 'Assess, Plan,

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Indicators of need</p> <p>The following list of indicators of need will also support the identification of children who may benefit from SEN Support in the Early Years, from within the setting's own budget/resources:</p> <ul style="list-style-type: none"> • The child's current rate of progress is inadequate, despite receiving appropriately structured early education experiences. • Differentiated provision for the child's early education over time has not resulted in progress towards improving his/her performance in identified areas of weakness and achieving learning and/or developmental targets set as determined by EYFS Materials, Early Years Outcome Guidance and the Early Support Resources (including the Early Years Development Journals) • Evidence of the child continuing to work at levels below those expected of children of the same age in some or all areas. • Assessments over time by the early education practitioner and/or SEN Co-ordinator (SENCO) indicate that a more individualised and differentiated 		<p>Do, Review' cycles.</p>

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>educational programme is necessary</p> <ul style="list-style-type: none"> • Repeated ‘Assess, Plan, Do, Review’ cycles of intervention have not resulted in a marked increase in the child’s rate of progress <p>When intervention is not resulting in the hoped for outcomes for the child, and the setting is considering asking for advice or support from external services/specialists e.g. SENAS, Longford Park Behaviour Outreach service, practitioners should gather appropriate records which would include –</p> <ul style="list-style-type: none"> • Evidence of the child displaying emotional, behavioural and social difficulties which significantly and regularly interfere with his/her learning or that of the group, despite the implementation of an individualised behaviour management programme and appropriate modifications to the learning environment being made; the ‘Personal, Social and Emotional’ section of the EY Developmental Journal to be completed, together with any other sections thought to be relevant to the child. • Evidence of the child experiencing sensory and/or physical difficulties to 		

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>the extent that he/she requires additional equipment or regular visits for direct intervention or advice by specialist practitioners; the 'Communication and/or Physical' section of the EY Developmental Journal to be completed, together with any other sections thought to be relevant to the child.</p> <ul style="list-style-type: none"> • Evidence of the child experiencing on-going communication and/or interaction difficulties, impeding his/her development of social relationships and causing substantial barriers to learning, despite implementation of individual Speech and Language Therapy programmes; the 'Communication' section of the EY Developmental Journal to be completed, together with any other sections thought to be relevant to the child. • Evidence of the child experiencing on-going learning difficulties, significantly impeding his/her development across several areas of the EYFS Curriculum; the 'Communication and Thinking' sections of the EY Developmental Journal to be completed, together with any other sections thought to be relevant to the child. 		

Early Years Foundation Stage		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p><u>Professional Judgement</u></p> <p>In addition to the indicators above:</p> <ul style="list-style-type: none"> A consensus of those who teach the child, in partnership with his / her parents / carers, that the child has achieved limited progress and requires an enhanced level of intervention that will require an individually targeted approach. 		
<p>SEN Support in Early Years – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment</p>		
<p>Children with high level needs should receive support as quickly as possible, so if a child's difficulties appear to be evidently significant and/or long term, please contact the Area SENCO or refer to other relevant External Specialists ASAP for advice. This is done via a Trafford Single Agency Referral Form (SARF) or Trafford Common Assessment Framework (CAF) Form as appropriate.</p>	<ul style="list-style-type: none"> Targets for Individual Plans are informed by external advice from specialists and reviewed every 6 weeks over a significant period of time Advice is sought from agencies appropriate to child's needs, including Early Education and Childcare Service, SEN Advisory Service (SENAS), Sensory Impairment Service (SIS), TEDS 	
<p>SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school/setting having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school/setting or parents should consider requesting an Education, Health and Care Needs Assessment.</p>		

Cognition and Learning

The SEND Code of Practice states:

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

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

General Learning Difficulties (GLD)

The majority of students with general learning difficulties will be identified early in their school careers. In most cases, they will have difficulty acquiring basic numeracy and literacy skills and may have commensurate speech and language difficulties. They may find it hard to understand abstract ideas and to generalise from experience. Some may also have poor social skills and may show signs of emotional and behavioural difficulties.

Indicators of general learning difficulties would be:

- Resources needing to be deployed which are additional to or different from those normally available to the students in the school, through the differentiated curriculum (this would not include 'catch-up' interventions such as Early Literacy Support or Additional Literacy Support)
- Consistently evident problems with regard to memory and reasoning skills
- Consistently evident problems with processing, organising and co-ordinating spoken and written language to aid cognition
- Consistently evident problems with sequencing and organising the steps needed to complete tasks
- Consistently evident problems with problem solving and developing concepts
- Consistently evident problems with understanding ideas, concepts and experiences which significantly impair access to the curriculum

- Consistently evident problems with fine and gross motor competencies which significantly impair access to the curriculum
- Consistently evident problems with understanding ideas, concepts and experiences when information cannot be gained through first-hand sensory or physical experiences

Specific Learning Difficulties (SpLD)

Specific Learning Difficulty is the overall term used to describe a developmental condition that causes problems when using words (dyslexia) and problems using symbols (dyscalculia) and some other developmental problems.

Dyslexia is the commonest type of specific learning difficulty that students are likely to experience with about 10% of the population having some form of dyslexia.

‘Dyslexia is present when fluent and accurate word identification (reading) and/or spelling do not develop or do so very incompletely or with great difficulty. This focuses on literacy learning at the ‘word level’ and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis of a staged assessment through teaching.’ (British Psychological Society, 2000: Dyslexia, *Literacy and Psychological Assessment*.)

Short-term memory, mathematics, concentration, personal organisation and speaking may be affected.

Dyslexia is biological in origin and tends to run in families, but environmental factors may also contribute to it. Its cause has not been fully confirmed but the effect is to create neurological anomalies in the brain.

The effects of dyslexia can largely be overcome by support and the use of compensatory strategies.

Students with dyslexia have to work hard to overcome their difficulties and consequently tire more quickly than other students. This needs to be taken into account in the pace of lessons and differentiating tasks.

Students with specific learning difficulties fail to acquire levels of skills in some subjects commensurate with their performance in others, despite good attendance and health, satisfactory attitudes to learning and sound teaching. They may find difficulties particularly frustrating if

they become an obstacle to the development of learning in other areas. Low self-esteem, poor concentration and behavioural difficulties can arise as a consequence.

Other aspects of the development of these students may be in line with the majority of students their age. It is, however, possible for dyslexia to be present alongside other learning disorders, thus creating different complexities of special need.

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
<p>Likely to achieve NC level 1 or above at KS1.</p> <p>Likely to achieve NC level 3 or above at end of KS2.</p>	<p>Teachers are able to identify specific difficulties and make suitable adjustments.</p> <p>Teaching includes demonstration, prompts and opportunities for practice.</p> <p>Differentiation in presentation, pace and outcome to ensure the development of literacy, numeracy, expressive language.</p> <p>Staff are aware of the implications of mild sensory impairment, fine motor skill development and medical issues.</p> <p>Pupils work collaboratively in mixed-ability groups Specialist resources available in class for specific needs, e.g. Dyslexia, GLD.</p> <p>Social & emotional factors are taken into account.</p> <p>Views of parents & pupils are sought and valued Pupils' strengths and weaknesses are taken into</p>	<p>Where specialist advice (e.g. Speech and Language Therapy) exists, recommendations are implemented in the classroom.</p> <p>Class teacher liaises with parent as necessary regarding adjustments.</p> <p>Referral to Parent and Young People Partnership Service (PYPPS) if required for support for parents.</p> <p>Whole school training.</p> <p>Class-based assessments e.g. running records/ miscue analysis of reading.</p>

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>account in planning.</p> <p>Pupils' learning styles are identified and addressed in teaching.</p> <p>Pupils receive prompt, constructive feedback.</p> <p>Alternatives to copying from board are in place.</p> <p>Pupils use alternative methods of recording learning.</p> <p>Helpful resources are available for all pupils to promote independence.</p> <p>Some small group teaching support may be required at some points during the week.</p> <p>'Catch-Up' interventions are closely monitored and reviewed regularly for effectiveness.</p>	
SEN Support in School For recommended resources and programmes, see Appendix 3		
<p>There will be a range of need within this element, requiring different amounts of funding.</p> <p>Pupil is working at a lower level than most of the class i.e. about 2 NC levels lower than expected for some element 2 support.</p>	<p>Personalised approach to planning the curriculum and learning to match identified individual needs.</p> <p>A provision map is in place which includes evidence-based interventions; progress is carefully assessed, tracked, monitored and evaluated.</p>	<p>School regularly engages with external specialist support in relation to specific programmes and targets e.g. SENAS, Educational Psychologist (EP).</p> <p>Staff delivering interventions have received appropriate training.</p>

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>With additional targeted support the pupil will be on track to make 2 levels of progress over a key stage (e.g. 1½ sub-levels per year).</p> <p>Protracted difficulty with literacy and/or numeracy skills <i>and</i> pupil working at or below 9th centile (SS 80) in literacy and/or numeracy skills despite universal provision including Wave 2 intervention.</p> <p>Pupil areas of difficulty may be general or specific but will be a significant barrier to accessing all subject areas.</p> <p>There may be significant difficulties learning independently e.g. if left without targeted adult supervision pupil may lose focus.</p> <p>Pupil may have significant difficulties remembering and retaining information or in organising him/herself and work.</p> <p>Difficulties with learning may impact on social and emotional development e.g. pupil may be unwilling to participate in class or may avoid work by distracting the class.</p>	<p>Targeted, appropriate support in identified area(s) of learning.</p> <p>Simplified language reinforced by visual materials and modelling approaches.</p> <p>Intervention strategies for social skills programme in small group setting where necessary.</p> <p>Concrete, practical-based learning activities.</p> <p>Peer-support for learning.</p> <p>Carefully controlled language and fonts in handouts /worksheets.</p> <p>Working memory weaknesses are addressed in planning.</p> <p>Strategies to extend concentration and attention.</p> <p>Regular reading/discussion.</p> <p>Multisensory teaching for phonics, whole word and fluency and automaticity, mnemonics and visualisation techniques.</p> <p>Access to specialist teaching programmes for dyslexia; those working with students should have received specialist training (e.g. CPS1 in</p>	<p>Programmes and targets are reviewed regularly and changes incorporated.</p> <p>Regular liaison and consultation with parents; learning materials and resources are available to support parents.</p> <p>Group assessment may be adequate initially followed by In-depth individual assessment from SENCO e.g. YARC, WRAT 4, after a cycle of Assess-Plan-Do-Review.</p> <p>Information from specialist assessor or E.P.</p>

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>supporting pupils with dyslexia) or should be routinely monitored by a teacher with a specialist qualification.</p> <p>Writing frames, story boards for longer pieces of work.</p> <p>Alternative methods of recording enable the student to demonstrate knowledge without the requirement for extended written work.</p> <p>Support for study skills and work planning; mind mapping techniques.</p> <p>Provision of materials which reduce or support note-taking, copying.</p> <p>Effective multi-sensory spelling strategies; provision of spelling lists and specialist dictionaries.</p> <p>Support for personal organisation.</p> <p>Pre- and post-tutoring in subject specific vocabulary or new concepts.</p> <p>Up to at least 3 small group/1:1 intervention sessions per week for literacy and/or numeracy (depending on level of difficulty).</p> <p>TA support for curriculum access in some areas.</p>	

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>A system of negotiated rewards or strategies to improve motivation.</p> <p>Support for homework; arrangements to ensure that tasks are clearly recorded and that lesson based materials are available to students who have difficulty recording / access to homework club.</p> <p>Support for organising and completing extended coursework and revision, including access to alternative methods of recording or note-taking.</p> <p>IT equipment and appropriate software to develop and support basic skills; predictive text support and read aloud facility.</p> <p>Access to learning/pastoral base during unstructured times of the day.</p> <p>A CAF may be in place to coordinate support.</p> <p>Staff providing intervention have access to appropriate training and specialist advice to help them plan and deliver support.</p> <p>Staff are able to incorporate programmes relating to sensory impairment, motor skills and mobility and medical procedures.</p>	

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	Access to mentor who can provide practical and emotional support.	
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
<p>Pupil is working at a significantly lower level than most of the class and the gap is widening e.g. 3 levels lower most of the class and 1 sublevel (2 APS points) progress per year in last 3 years <i>and</i> assessments indicate that pupil is working at or below 2nd centile (SS 70) in literacy and numeracy.</p> <p>Areas of difficulty may be general or specific. They will be a severe barrier in all subject areas e.g. pupil unable to access written information or write independently.</p> <p>Pupil has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to stay on task and /or access small group work. This may be reflected in cognitive assessment below 2nd centile (SS 70).</p> <p>Pupil has severe and persistent difficulties learning independently, remembering and retaining information and organising himself and his work.</p> <p>Difficulties may have a significant effect on the</p>	<p>A highly personalised curriculum and support Teaching and learning matched to individual needs, as identified by an EP and other specialist services.</p> <p>Progress is carefully assessed, tracked, monitored and evaluated, using P scales where appropriate, with individualised targets Individual learning programme in place planned with professionals who specialise in pupil's specific needs; regularly reviewed with parents/carers and relevant professionals. All staff with whom pupil is in contact understand his/her needs.</p> <p>A CAF will be completed to coordinate specialist multi-disciplinary advice and support through the referral used for the EHC process.</p> <p>High levels of support in class from an adult with specialist skills who has accessed appropriate training to meet specific needs.</p> <p>Direct teaching from specialist teacher if appropriate e.g. teacher with a qualification</p>	<p>EP assessment and advice has been sought and implemented.</p> <p>Assessment and advice from appropriate specialists sought and implemented e.g. SENAS.</p> <p>Specialists involved in planning and regularly reviewing programmes with school staff, pupils and parents. There will be a number of cycles of 'assess, plan, do, review'.</p> <p>A lead professional coordinates support.</p> <p>Up to 12 hours a week of 1:1 or very small-group TA support or combination of specialist teacher/TA support, delivering evidence-based intervention planned from individual assessment</p>

Cognition and Learning		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
ability to make friends and be happy in school. Difficulties likely to be complex in nature and strategies suggested for other areas of need should be incorporated.	<p>recognised by British Dyslexia Association or PATOSS.</p> <p>Very flexible arrangements in planning learning, environment and structure of school day e.g. more breaks, learning in different locations, visual reminders and specific repetitions of next steps and expectations etc.</p> <p>Frequent contact between home and school to ensure needs are being met effectively and consistently.</p>	
SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.		

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

The SEND Code of Practice states:

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

Communication and Interaction – Speech, Language and Communication Needs (SLCN)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
<p>There is an awareness of a speech and language difficulty i.e. the student seems to have some difficulty with speaking or communication. Speech is understood by others but has some immaturities, which at times interfere with the acquisition of literacy and/or create mild social difficulties.</p> <p>The teacher has identified evidence that the student's language is delayed. Vocabulary and comprehension are poor. A differentiation and/or management strategy is/are likely to help access the curriculum.</p> <p>A speech and language Therapist may have assessed the student's progress and the student may be attending the local health clinic for assessment and speech sound therapy. The</p>	<p>The main action for most students with speech and language difficulties will be that which the class teacher is able to take using resources and strategies available in the ordinary classroom.</p> <p>Some differentiation of speaking, understanding, listening tasks to allow access to the curriculum.</p> <p>Literacy tasks may require some modification.</p> <p>Staff are skilled at selecting appropriate methods and materials into their lesson plans to ensure access across the curriculum for students with individual needs.</p> <p>Staff skilled in adjusting pace and order of activities in order to maintain attention.</p>	<p>Students have regular opportunities to evaluate their performance in learning activities.</p> <p>Student's self-assessment routinely used to set individual learning targets.</p> <p>Full inclusion in all school assessments, statutory assessments and tasks.</p> <p>Complete assessment such as ECAT monitoring tool or Wellcomm screening etc.</p> <p>Parent/carers involved through normal school policy arrangements.</p> <p>General whole school strategy training.</p> <p>If required referral to Parent Partnership Services</p>

Communication and Interaction – Speech, Language and Communication Needs (SLCN)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Speech and Language Therapist (SLT) will mainly be working with the parent/ carer. If there are identified language and communication needs in line with learning, the child may be on a school support caseload for advice and programme as necessary.</p> <p>There will be termly visits/ contact between speech and language therapist and the schools.</p> <p>Needs some encouragement to take responsibility for own learning and to collaborate with peers in curriculum activities.</p> <p>Need some support to listen and respond to longer explanations, stories, sequences of information in whole class situation.</p> <p>Comments and questions often indicate an initial difficulty in understanding the main points of discussions, explanations, information given, in a whole class situation.</p> <p>Sometimes develops & explains own ideas clearly, but sometimes needs support:</p> <ul style="list-style-type: none"> • to contribute successfully to discussion about imaginary and factual activities • to use vocabulary precisely and effectively 	<p>Staff are aware of the implications of mild sensory impairment, perceptual impairment, fine motor skill development and medical issues.</p> <p>Simple changes in the ordinary classroom setting to support individual differentiation.</p> <p>The school reviews its Accessibility Plan regularly to update the details relating to building access, communication and training needs information.</p> <p>Staff consider appropriate student grouping, seating arrangements.</p> <p>Staff should access published resources such as:</p> <ul style="list-style-type: none"> • Follow strategies outlined on the ICAN website practitioners' section, • Follow strategies outlined on the Talking Point website; • Follow strategies in the IDP for pupils with SLCN in the 'library' section, documents entitled 'Key Strategies for Supporting SLCN in Class' and 'Creating a Communication Supportive Environment for all Pupils' • Incorporate Hanen approaches outlined in the "Learning Language and Loving it" book by Elaine Weitzman and Janice Greenberg. www.hanen.org 	<p>for support to parents.</p> <p>School will access Elklan training and become accredited.</p>

Communication and Interaction – Speech, Language and Communication Needs (SLCN)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
SEN Support in School For recommended resources and programmes, see Appendix 4		
<p>A specialist speech and language therapist should be involved at this stage.</p> <p>The pupil:</p> <ul style="list-style-type: none"> • Demonstrates some delay/difficulties in verbal comprehension and/or spoken language and/or social use and understanding of language, when compared to age equivalent peers. • Has specific difficulties with language, which impede his/her access to learning and the curriculum. • Has poorly developed receptive and expressive language skills that do not follow a normal pattern. • Social interaction is limited and there may be some difficulty in making and maintaining friendships, despite good social intent. • May demonstrate frustration or stress. • May possibly have motor difficulties and may be over physical with other students. • May display signs of lack of engagement in class. • Shows a marked difference between the student's understanding and use of language and his/her cognitive, social, and adaptive skills. • Needs regular encouragement to take 	<p>Teaching methods may include the use of visual aids, signalling and signing to support understanding in lessons.</p> <p>Provision map interventions will be addressed through small group and class work within the curriculum framework.</p> <p>There should be opportunities to facilitate peer awareness and support.</p> <p>There may need to be specific teaching of vocabulary, comprehension and inference, use of language, sentence structures, the speech sound system, sequencing and active listening skills.</p> <p>Staff may need to use prompt and 'scaffold' tasks to promote independent working.</p> <p>Possible fine motor activities will be addressed through differentiated resources, tasks and expected outcomes.</p> <p>Strategies used to facilitate transfer from one school / teacher to another may include a file of coping strategies including important questions and statements.</p> <p>Referral to specialist Speech and Language</p>	<p>The student's strengths and weaknesses in expressive and receptive language are observed and recorded. This may include reference to the student's understanding and use of vocabulary, grammatical structure, conversational skills and speed of language processing.</p> <p>Provision maps will be set using SMART targets that focus on developing understanding and use of language. Class and subject teachers will plan to address aspects of the map in their lessons.</p> <p>The Provision Map should identify:</p> <ul style="list-style-type: none"> • The nature of the student's speech and language difficulties AND strengths • The short term targets set <p>The teaching strategies to be used:</p> <ul style="list-style-type: none"> • The provision to be put in place • The teaching arrangements and resources • When the plan is to be reviewed • Success and exit criteria • Outcomes • Environmental strategies that describe how the student's physical, personal and instructional environments will be changed to support him/her • The reward strategies that will

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

Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>responsibility for own learning and to collaborate with peers in curriculum activities.</p> <ul style="list-style-type: none"> Needs regular support to listen and respond to longer explanations, stories, sequences of information in whole class situation. Needs regular additional explanation in a group to help understanding of whole class instructions and information across the curriculum. Needs regular support to include sufficient relevant detail to make a successful contribution to discussion about imaginary and factual activities. Comments and questions indicate difficulty in understanding the main points of discussions, explanations, information given – Needs small group support. Speech is usually understood by others but has some immaturities and occasional difficulties with multisyllabic words that may interfere with acquisition of literacy and/or create moderate learning difficulties. Needs regular support to use vocabulary precisely and effectively. May take cues from the actions of others and may not readily ask for help or clarification. May have a diagnosis of Specific Language Impairment and need consistent encouragement to take responsibility for own learning. Disordered speech sounds, rendering some, 	<p>therapy service.</p> <p>Teacher/ TA to follow advice and programme from the Speech and Language Therapist.</p> <p>Teacher to plan and deliver differentiated classroom activities based on speaking and listening.</p> <p>TA support informed by differentiated work planned by the teacher.</p> <p>Classroom support and teaching methods will include a variety of visual materials to aid comprehension, support speaking and the use of language and facilitate personal/task organisation.</p> <p>IEP is in place, and targets addressed through small class groups and class work within the curriculum framework.</p> <p>The advice of the SLT will be followed and will inform teaching and learning tasks.</p> <p>The student will benefit from being told the main points of the lesson beforehand so that decoding language does not get in the way of learning – or learning does not get in the way of understanding language structures.</p> <p>Opportunities for pre learning and revision</p>	<p>support and encourage change</p> <ul style="list-style-type: none"> The non-punitive Reactive Strategies that will be used to keep the situation safe for all concerned when problems occur. <p>Some subject areas may have specific targets within the Provision Map.</p> <p>Parents and students will be involved in target setting and review.</p> <p>Students will clearly understand the targets they are working to and success will be celebrated.</p> <p>There should be a cycle of identification, assessment, planning, implementation, monitoring and review.</p> <p>An individual risk assessment may be needed There may need to be further analysis of the student's strengths and weaknesses in receptive and expressive language.</p> <p>A speech and language therapist will be the key professional involved.</p> <p>The Individual Education Plans will be set in consultation with a speech and language therapist, support services, educational psychologists as appropriate.</p>

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

Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>or even most, of the student's speech unintelligible when the context is not known.</p> <ul style="list-style-type: none"> Expressive language ability restricted in grammar, word order and/or vocabulary as to significantly reduce the student's ability to communicate thoughts or information effectively at a level expected of his/her peer group. <p>Comprehension of spoken language so restricted that the student frequently fails to understand requests, instructions and explanations easily understood by the great majority of his/her peer group, although in other respects he/she appears to be of average cognitive ability.</p> <ul style="list-style-type: none"> Difficulties in using language for learning and/or social interaction, although other areas of expressive language appear to be age-appropriate. The student's responses to verbal and non-verbal communication are often inappropriate. Difficulties impact on access to curriculum without school based support. Difficulties in using language for learning and/or social interaction, although other areas of expressive language appear to be age appropriate. The student's responses to verbal and non-verbal communication may be habitually inappropriate. Differentiated classroom provision for the 	<p>The SENCO may consult with an external specialist psychologist for more detailed curriculum based assessment/advice.</p> <p>Students will need to be taught organisational strategies and their understanding of events and change will need support.</p> <p>Schools should address the needs of students with SLCN within their in-service training as appropriate.</p> <p>Strategies could include:</p> <ul style="list-style-type: none"> Increasing adult/ student ratio in class Using supported group work within the classroom Using strategic withdrawal for specific skills work or therapeutic input Strategic use of equipment to sustain learning e.g. I.T. and audio-visual equipment. <p>Peer awareness and sensitivity, and peer support in and out of the classroom will be necessary.</p> <p>Class or subject teachers are responsible for working with the student on a daily basis to address the student's needs.</p> <p>There may be some additional teaching assistant time, provided under the guidance of the</p>	<p>Ongoing assessment will inform planning which will incorporate advice from external professionals.</p> <p>The IEPs will have SMART targets which reflect the student's priority needs.</p> <p>Class subject teachers will plan to implement aspects of the IEP in their lessons.</p> <p>The IEP will specify teaching arrangements and resources. It will include strategies that reflect the student's preferred learning styles.</p> <p>Clear assessment processes will enable the student's progress in speech and language development to be measured within a given timespan and the specific measures of progress to be used should be identified.</p> <p>Assessment may be used to focus on the reason for slow progress; how the student is learning; more in depth analysis of strengths/weaknesses; progress in relation to time; peers starting from the same level; and to age expectations.</p> <p>The student should assess, record and report own progress using a structured format with ongoing adult monitoring.</p>

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

Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>student's education over time has not resulted in progress towards achieving learning targets set to improve his/her speech and language.</p> <ul style="list-style-type: none"> • Evidence that the student's speech and/or language difficulties are not solely attributable to a hearing impairment. • A marked discrepancy between the student's attainment levels in English and/or other core subjects. • Evidence of the student's underachievement in a number of curriculum areas, not predicted by reference to his/her general ability. • Recorded examples of the student's difficult-to-manage behaviour in a variety of learning and/or social settings within the school. • Evidence that the student's speech and language difficulties have given rise to significant associated emotional, behavioural or social difficulties. • There is a significant speech or language difficulty that prevents access to a large part of the National Curriculum. • Provision maps for both education and speech and language development are being used and programmes of work by outside agencies may be in place. 	<p>SENCO, the year head or class teacher as appropriate, to work within the student's curriculum and individual needs framework.</p> <p>The SENCO or Head of Year or class teacher facilitates assessment, planning and monitoring. All interventions should be reported in order to promote future planning.</p> <p>The SENCO will support and advise teachers. Parent /carer involvement in programmes is particularly desirable.</p> <p>All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>There should be specific staff training regarding the characteristics of students with SLCN and the impact on curriculum access, e.g. Elklan.</p> <p>The physical environment should be methodically organised, well defined and labelled and conducive to good listening and attention.</p> <p>Groupings in class should provide opportunities for peer support, the development of social understanding and inference, together with structured opportunities for conversation.</p> <p>The grouping arrangements should be used</p>	<p>Other factors in the child's family or environment may also need to be considered as part of the assessment process.</p> <p>There will be regular advice and input from external agencies including the speech and language therapist.</p> <p>Parent/carers to be consulted on levels of concern and to obtain permission to refer to outside agencies.</p> <p>Parents and students will be involved in target setting and review and students should have an understanding of the targets they are working to achieve.</p> <p>Regular reviews with all professional will be held and parents/carers and students will be involved.</p> <p>The school will ensure the timescale for student feedback is appropriate and that appropriate mechanisms are in place for communication with parents.</p> <p>Speech and language therapy programme and/or specific advice will be implemented together with recommended resources.</p> <p>Educational Psychologist (EP) advice if necessary.</p>

Communication and Interaction – Speech, Language and Communication Needs (SLCN)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>flexibly to promote independent learning.</p> <p>Verbal instructions, explanations require simplification and visual or experiential support.</p> <p>Individual support for specific skill development/ reinforcement.</p> <p>Mainstream class or set with access to individual and small group tuition within the classroom and/or periods of withdrawal.</p> <p>Careful choice of working and leisure partners and groups will facilitate social interaction. These will change according to the activity and also to give a variety of social experiences and learning.</p> <p>There will need to be recognition of the stress and unhappiness the SLCN can cause.</p> <p>Recognise that some behaviour difficulties could be due to SLCN.</p> <p>Rewards and recognition are important as is the provision of a place/activity for difficult times.</p>	<p>Staff have access to higher level training, e.g. Ekkan.</p> <p>If required, referral to Parent and Young People Partnership Service (PYPPS) for support to parents.</p>
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
The student has a range of significant and complex difficulties including SLCN.	As above with more frequent reviews and dedicated support focused on advice from	Speech and language therapy programme and/or specific advice will be implemented together with

Communication and Interaction – Speech, Language and Communication Needs (SLCN)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Wide multidisciplinary team involvement required. Speech and Language Therapist (SLT) should be directly involved.</p> <p>Standardised assessments and/or diagnostic tests from other external professionals including medical are required.</p> <p>Specific Indicators:</p> <ul style="list-style-type: none"> • The student's progress in many areas of the curriculum, notably literacy and numeracy, is significantly and specifically impeded by his/her speech and language difficulties. • These difficulties arise from a significant and enduring speech and/ or language impairment. • There is a significant discrepancy between the student's expressive language and verbal comprehension skills, or between his/her language and cognitive abilities. • The student has previously been subject to relevant teaching programmes at SEN Support but evidence from reviews shows that they have not enabled him/her to make expected progress. • Arrangements previously made for the student are insufficient to meet the long term special educational needs and much more highly individualised and differentiated provision is required. 	<p>agencies, e.g. Speech and Language Therapist (SLT), Educational Psychologist (EP).</p>	<p>recommended resources.</p>

Communication and Interaction – Speech, Language and Communication Needs (SLCN)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.</p>		

Communication and Interaction – Autism Spectrum Disorder (ASD)

The SEND Code of Practice states:

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

Social Communication and Social Interaction

Children with social communication needs find it difficult to communicate with others for a range of reasons. They may have difficulties taking part in a conversation, taking turns in a conversation, staying on topic, taking the listener's needs into account, reading non-verbal cues etc. They may also have difficulty understanding what the speaker is saying to them or have other speech and language difficulties.

Children and young people with Autism Spectrum Disorder (ASD) have difficulties in the areas of social communication and social interaction. They find it difficult to make sense of the world around them, in the way others do. They also have difficulties with social imagination in that they find it difficult to cope with changes in routine and unscheduled events. In addition they may also have difficulty with attention and become easily distracted, have poor motor coordination and Sensory needs.

Provision for children and young people with social communication and ASD should reflect their need to develop social relationships and take into account the increased risk of emotional and or mental health problems. It may also include support to aid progress in related areas of learning such as literacy. Intervention may include adapting the environment, individual support and providing Augmentative and Alternative means of Communication (AAC).

Trafford Council often use the term Autism Spectrum Condition (ASC) instead of ASD. In common with our training partners at MMU, we are aware of considerable current debate on this subject, yet we agree with the reasoning of Simon Baron Cohen et al (2009).

'We favour use of the term 'autism-spectrum condition' rather than 'autism-spectrum disorder' as it is less stigmatising, and it reflects that these individuals have not only disabilities which require a medical diagnosis, but also areas of cognitive strength.'

Reference: Baron Cohen et al (2009) Prevalence of autism-spectrum conditions: UK school-based population study. The British Journal of Psychiatry (2009) 194, 509.

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT) <u>Possible description</u> Able to work on same task as peers with some additional support. Where adjustments are made, children and young people may be able to participate in most aspects of a typical classroom and make progress within the curriculum.		
<u>Social communication difficulties</u> Children and young people demonstrate impaired language development, for example: <ul style="list-style-type: none"> • Delayed language • Unusual language • Odd noises Children and young people have impaired conversation skills, for example: <ul style="list-style-type: none"> • Difficulty initiating, maintaining & closing conversations • Lack of awareness of listener's needs Children and young people demonstrate impaired understanding of language. Children and young people demonstrate impaired non-verbal interaction skills such as using inappropriate body language or facial expression and for some, poor eye contact.	<u>Social communication difficulties</u> Clear signs /symbols / photographs are in evidence in school communal areas and subject bases. Well understood routines and rules of conduct, clear verbal instructions and visual signs are used to allow inclusion in whole school experiences such as assemblies, sports day, school councils and community involvement. Autism friendly communication strategies are used: Staff provide visual clues for the child in the form of timetables, key subject words and language. Visual timetables are placed at the right height for the child. Care is taken in the use of language in trying to avoid metaphor and overly long explanations.	The class teacher regularly discusses learning needs and progress with parents and there is frequent home-school communication about children's experiences. Parents are given the opportunity to meet the class teacher on a regular basis. General whole school training takes place: SENCO raises staff awareness using IDP materials. Records are kept of when, where and with whom, targets are assessed. Visual record keeping systems are kept that help the child with SCDs or an ASD monitor and review their own progress. Support/advice from SENCO. School may consult the SENAS Consultant for
<u>Social interaction difficulties</u>		

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Children and young people have difficulty with 1:1 interaction, for example:</p> <ul style="list-style-type: none"> • Responding inappropriately to praise or criticism. • Lack of joint attention. • Difficulty in engaging in shared activity. <p>Difficulty experienced with group interactions, for example:</p> <ul style="list-style-type: none"> • Participating as a member of a small group. • Sharing an interest or activity with other children. • Showing awareness of others' needs <p>Difficulty with friendships, for example:</p> <ul style="list-style-type: none"> • Sharing activities with others. • Sharing experiences with others. • Showing awareness of others' needs. <p>Pupil has difficulties with interaction involving others.</p> <p><u>Social imagination / flexible thinking difficulties</u></p> <p>Children and young people have difficulty in coping with changes, relating to:</p> <ul style="list-style-type: none"> • Routines or timetable, • Transferring skills across the curriculum, • Planning tasks or events. 	<p>Concepts are reinforced by using language appropriate to the comprehension level of the child.</p> <p>Staff ensure the child's attention before addressing them and key words are used as symbols.</p> <p><u>Social interaction difficulties</u></p> <p>There are clear rules and the child is involved directly.</p> <p>Strategies such as Circle of friends or Buddy systems are in place</p> <p>Peers are sensitively made aware of difficulties with social interaction</p> <p>Appropriate break time activities are offered and taught.</p> <p>Access to small group support. Group work to be planned and tailored to meet identified need and includes good role models.</p> <ul style="list-style-type: none"> • Teaching problem solving skills • Learning tasks differentiated by task and outcome to meet individual needs. • Access to small group support e.g. SILVER SEAL, Circle of Friends, self-esteem group, social speaking. Group work to be planned and tailored to meet 	<p>Social Communication Difficulties and Autism Spectrum Disorders regarding advice relating to Autism.</p> <p>Designated time is allocated to Teaching Assistants for planning and liaison with teachers</p> <p>All staff have received training on SEN and understand how to support with learning difficulties.</p> <p>Whole school CPD has included use of the Inclusion Development programmes for autism.</p> <p>School staff access LA training to keep informed on meeting the needs of children and young people with ASCs</p> <p>Staff make use of a wide range of resources, including those produced within the LA, to inform their inclusive practice. For example:</p> <ul style="list-style-type: none"> • Wave 1 Resource File • Communication tool kit • Behaviour tool kit • Writing a Case Study • Using TAs Effectively • Supporting Autistic Spectrum Condition • Using Symbols to Support learning & Communication • Other relevant materials.

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Children and young people experience difficulties with social imagination and imaginative thinking, for example:</p> <ul style="list-style-type: none"> Limited interests Ability to play imaginatively when playing alone <p>Difficulties in thinking flexibly, for example, sharing interests. They may find it hard to relate to peers' perspective.</p> <p>Some children and young people have difficulties with play, for example:</p> <ul style="list-style-type: none"> Repetitive play and unusual use of toys and objects <p><u>Sensory sensitivities</u></p> <p>Some children and young people experience over sensitivity for example to noise, touch, smell taste and visual input. Others may experience under sensitivity and may display 'sensory seeking' behaviours.</p> <p><u>Speaking and listening</u></p> <p>Shows willingness to communicate and will persist, despite difficulties.</p> <p>Shows evidence of speech and language difficulties which affect expression and/or comprehension of spoken language.</p>	<p>identified need and includes good role models.</p> <ul style="list-style-type: none"> aspects of structured teaching (TEACCH) may be helpful. Peer mentoring support. Supporting pupil with daily planning. Checking pupils understanding of task and recording of work. Supporting specific areas of difficulty e.g. assembly, RE, PE, outdoor play, etc. Short term small group intervention to develop social skills. <p><u>Social imagination / flexible thinking difficulties</u></p> <p>Strategies in place designed to lessen anxiety levels during:</p> <ul style="list-style-type: none"> transition times, moving between classes or phases of education; group work; outdoor activities; whole school activities; lunch times, school visits; busy times. Preparation for changes to activities/routines/ staffing Home-school communication book. Supporting pupil to recognise and communicate their feelings about the school day (emotion rating scale). <p><u>Sensory sensitivities</u></p> <p>Sensory profile created for CYP and for his/her environment.</p>	<p>Whole school inclusion policies and practice implemented consistently.</p> <p>General advice to school from the specialist teaching team.</p> <p>General training for staff.</p> <p>Use of playground buddies, peer mediators, peer mentors.</p> <p>SENCO and/or teacher seeks information/advice from SLT, if appropriate, to inform programme planning.</p> <p>CYP's views are sought and integrated into programme planning and reviews of interventions.</p>

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>May show delay in language development, but may show some strengths in areas that do not require language.</p> <p>May experience difficulty with expression, due to poor phonology. Sentences may be muddled or disordered, yet they are clear about message they want to communicate.</p> <p>Uses non-verbal communication skills to enable them to interact with others.</p> <p><u>Additional factors</u> School is aware and take account of any family difficulties, cultural or community factors that may affect children and young people. General health concerns are checked out and followed up by school.</p>	<p>Adaptations are made where necessary. Calm zone / corner / sensory base created to help ease anxiety. All staff aware physical pain may be experienced in a different way. All staff aware of individual's sensory sensitivities / needs.</p> <p><u>Curriculum delivery</u> There are visual cues as to the plan, content and aims of the lesson/activity, for example: written cues or symbol instructions, colour coding or highlighting key aspects with a highlighter pen. Lesson plans may be written up in such a way that a child can be helped to check where they are up to.</p> <p>Strategies are developed which deal with the child's non-response, for example, use of visual prompts (picture sequences) or allowing the child more time to respond.</p> <p>Records/evidence from previous work is available to the child and key points/ photos are highlighted depending on what is appropriate for them.</p> <p>Lessons/activities follow a predictable pattern, or where there is no predictable pattern, clear visual and/or verbal markers are laid down which highlight the structure of the lesson or activity.</p>	

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>School refers to Speech and Language Therapy Service.</p> <p>Observe CYP in a range of different activities and subject areas and look for patterns.</p> <p>Consideration of classroom environment to ensure CYP is placed in best situation for effective learning.</p> <p>Concerns discussed with parents, information gathered about child's early language development.</p> <p>Assess and determine CYP's preferred learning style, and use this in planning a range of suitable differentiated approaches.</p> <p>Language difficulties assessed using checklists and P level targets in Speaking and Listening Assessment data used by SENCO / class teacher to plan teaching arrangements and class and group intervention programmes.</p>	
SEN Support in School		
<p><u>Possible description</u></p> <p>Children and young people experience difficulties within the <u>triad of impairments</u> beyond ones addressed through typical classroom differentiated teaching and learning. Differentiated provision over time has not resulted in progress socially, behaviourally or in learning. May have an ASC diagnosis.</p>		

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p><u>Social communication difficulties</u> Demonstrates impaired language development, as confirmed by Speech & Language Therapist (SLT), for example:</p> <ul style="list-style-type: none"> • Taking turns in conversations and interactions • Changing topic or style of conversation to suit the listener (KS2 upwards) <p>Children and young people show an impaired understanding and/or use of language (SLT Report) for example:</p> <ul style="list-style-type: none"> • Understanding implied meanings (older children) • Understanding inferential reasoning (KS2 upwards) • Telling an imaginative story • Difficulties with non-verbal communication as confirmed by SLT, eg • Giving appropriate non-verbal signals as a listener • Impaired pitch, volume or rhythm • Changing volume & tone of voice appropriately • Responding to non-verbal cues, for example, a frown <p><u>Social interaction difficulties</u> Difficulty with co-operative 1:1 and group interaction, for example:</p> <ul style="list-style-type: none"> • Following group rules 	<p><u>Social communication difficulties</u> Clear signs /symbols / photographs are in evidence in school communal areas and subject bases.</p> <p>Well understood routines and rules of conduct, clear verbal instructions and visual signs are used to allow inclusion in whole school experiences such as assemblies, sports day, school councils and community involvement.</p> <p>Autism friendly communication strategies are used: Staff provide visual clues for the child in the form of timetables, key subject words and language.</p> <p>Visual timetables are placed at the right height for the child.</p> <p>Care is taken in the use of language in trying to avoid metaphor and overly long explanations.</p> <p>Concepts are reinforced by using language appropriate to the comprehension level of the child. Staff ensure the child's attention before addressing them and key words are used as symbols.</p> <p><u>Social interaction difficulties</u> There is a named person who knows about ASDs within the school who is available to discuss any</p>	<p><u>Links with others</u> Where used, measurable IEP targets are developed through discussion with all involved, including the child and the parents and are written in clear, comprehensible language.</p> <p>Use an autism-friendly approach of visual record keeping to help children and young people with ASC monitor their own targets.</p> <p>Targets are relevant to the whole school day and are capable of being generalised in different settings.</p> <p>Targets that are relevant to different staff members are discussed with them.</p> <p>Progress towards targets is regularly monitored with the CYP and parents.</p> <p>Progress towards the targets is monitored with the CYP and with staff at least half-termly.</p> <p>Links are made with appropriate agencies. There is regular contact made between all involved parties</p> <p>SARF referral into SEN Advisory Service for advice on support strategies</p> <p>There is a home-school diary or alternatively</p>

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<ul style="list-style-type: none"> Compromising or negotiating with others <p>Difficulty with friendships and play, with evidence, for example:</p> <ul style="list-style-type: none"> Sharing an activity with others Sharing an activity with an adult Showing awareness of listener's needs – empathy Showing different responses to different people in different situations Awareness of unwritten rules of play <p><u>Social imagination / flexible thinking difficulties</u></p> <p>Difficulty with social imagination and flexible thinking, shown by children and young people, for example:</p> <ul style="list-style-type: none"> Limited interests Sharing interests Changing behaviour according to the situation Accepting changes in rules, routines or procedures Playing imaginatively with others Accepting others' points of view (KS2 and upwards) Generalising learning Transferring skills across the curriculum (school age pupils) Planning an event or task (school age pupils) 	<p>concerns the child may have.</p> <p>Strategies to support understanding of social situations such as Social Stories and Comic Strip Conversations by Carol Gray are used.</p> <p>Examples are evident of buddy or mentoring schemes, 'Circle of friends' or peer tutoring, lunchtime clubs and group support systems both in classroom settings and at break and lunch times.</p> <p>The school recognises and understands that some children with an ASD are very vulnerable to bullying, and has support and monitoring in place. For example, the child has a 'mentor/key person' to discuss areas of personal concern.</p> <p><u>Social imagination / flexible thinking difficulties</u></p> <p>Account has been taken of the need to create:</p> <ul style="list-style-type: none"> a low distraction work place within the classroom setting (for example, the creation of a work station style area) a clearly defined space for personal equipment and belongings. <p>The school makes a quiet room available at any time in the school day</p> <p>The school uses elements of the NAS SPELL</p>	<p>there is use of video diaries or photographs.</p> <p>Pre-entry information, planning and co-ordinating interventions and monitoring progress is co-ordinated by a named person. This person may be the SENCO or a key professional within the school with expertise and knowledge of ASDs.</p> <p>In a secondary school there is a system that enables a representative from each subject department to:</p> <ul style="list-style-type: none"> know about the child's needs work with the named coordinator to address them. <p>The school has information for their own staff and parents and outside professionals about how they have worked to meet needs</p> <p>Information and advice received from Education Psychologist if required</p> <p>If needed referral made to Parent and Young People Partnership Service (PYPPS)</p> <p>Connexions and/or school pastoral support systems provide guidance informed by an understanding of ASDs.</p> <p>Support is available from the locally based NHS Child and Adolescent Mental Health Service</p>

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Some children and young people may exhibit rigidity of behaviour or repeated patterns of behaviour, with evidence, for example:</p> <ul style="list-style-type: none"> • Food preferences • Maintaining own routines/patterns • Sticking to rituals • Lining up items • Walking round the perimeter of the room/playground <p><u>Sensory sensitivities</u> Sensitivities may vary throughout the day and be exacerbated by stress. These may impact on behaviour, concentration and physical comfort.</p> <p><u>Speaking and listening</u> Continuing difficulties in the development of expressive and receptive communication skills</p> <ul style="list-style-type: none"> • Significant difficulties: • Understanding age appropriate stories. • Understanding everyday conversation, inference and more complex ideas • Significant receptive language difficulty • Significant expressive language difficulty • Severe and complex speech sound difficulty <p><u>Additional factors</u> Difficulties with gross and / or fine motor skills are</p>	<p>frame work in the classroom (Structure; Positive; Empathy; Low arousal; Links)</p> <p>The school has undertaken a risk assessment which takes account of the lack of awareness of hazards of some children with ASDs.</p> <p>Strategies in place designed to lessen anxiety levels during: transition times, moving between classes or phases of education; group work; outdoor activities; whole school activities; lunch times, school visits; busy times.</p> <p>Visual timetables, clear rules, plus facilities for the child to withdraw from class ('chill out') when they are, or are likely to be, sensorily overloaded.</p> <p>Special interests are incorporated into general class and subject specific work as a motivator</p> <p>Staff are aware of behaviour difficulties caused by information overload (for example, a child rocking the desk).</p> <p>School trips are assessed through autism lens and consulted with parents. Child/young person supported in advance where appropriate.</p> <p>Staff are aware of the principles of behaviour management and are using them to help limit the intrusive behaviours.</p>	<p>working in partnership with Community Nurses and Speech and Language Therapists.</p> <p>There is effective communication between home and school about individuals' behaviour plans.</p> <p>Parents are always consulted when there is a significant change to the behaviour plan</p> <p>Behaviour plans include programmes to develop increased tolerance of noise, smells, touch, proximity and so on as appropriate.</p> <p><u>Training links</u> Whole-school awareness training is planned for Staff understand the implications of the triad of impairments for learning and behaviour, including associated difficulties such as sleep disturbance, sensory motor and perceptual difficulties or dietary needs.</p> <p>Online interactive training materials: All schools are expected to use the free Inclusion Development Programme: 'Supporting pupils on the autism spectrum' and 'Supporting Children with Speech Language and Communication Needs (SLCN)' http://www.idponline.org.uk/guidance: coupled with information and resources from The Autism Education Trust: http://www.autismeducationtrust.org.uk/</p>

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>shown. Children and young people show distress related to their difficulties.</p>	<p>Unacceptable behaviours are managed to reduce the behaviour and maintain the child's self-esteem.</p> <p>Staffs discuss the implications of an individual's behaviour for planning and intervention.</p> <p><u>Sensory sensitivities</u> The school has taken account of the vulnerability of some children with ASD to environmental distraction in terms of acoustics, smells and lighting (for example, use of daylight florescent lighting tubes in classrooms).</p> <p><u>Curriculum delivery</u> Teaching is informed by assessment of the child's progress towards IEP targets</p> <p>A named member of staff has responsibility for ensuring the child knows when and where they have to be and what equipment they need to have with them in the course of the day</p> <p>Regular breaks are built into the lesson plan for the child or there is agreement for the child to request time alone, within class or managed beyond.</p>	<p>and the Communication Trust: www.thecommunicationtrust.org.uk</p> <p>At least one member of staff, with the support of the Headteacher has received specific additional training in ASDs:</p> <p>Trafford SLT training Spotlight on Autism Trafford /MMU CPS1 in Autism Spectrum Conditions Parent support Peers within the school and their parents have attended an ASD awareness raising session.</p> <p>Time for formal meetings with parents on a regular basis. Time for meetings with the SENAS Consultant for Social Communication Difficulties and Autism Spectrum Disorders</p> <p>Speech and Language Therapy Language Outreach Team Barton Clough LC</p>

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
<u>Possible description</u> Difficulties experienced within the triad if impairments along with, for some, sensory sensitivities, consistently impede learning and are the foundation for significant difficulties in functioning.		
<u>Social communication difficulties</u> Children and young people show severe delay in or lack of development of spoken language with evidence from SLT where speech is present, there is a marked impairment in the ability to initiate or sustain a conversation with others. Stereotyped or repetitive use of language or idiosyncratic language is used. Abnormalities in language development including odd or inappropriate intonation pattern, using incorrect pronouns, unusual vocabulary for pupil's age/social group. Children and young people have limited use of language for communication and/ or talks excessively about specific topics only. A marked impairment in understanding and use of non-verbal communication such as eye contact, facial expression, body language and intonation to regulate communication/interaction.	<u>Social communication difficulties</u> Clear signs /symbols / photographs are in evidence in school communal areas and subject bases. Autism friendly communication strategies are used: Staff provide visual clues for the child in the form of timetables, key subject words and language. Care is taken in the use of language in trying to avoid metaphor and overly long explanations. Concepts are reinforced by using language appropriate to the comprehension level of the child. <u>Social interaction difficulties</u> There is a named person who knows about ASDs within the school who is available to discuss any concerns the child may have. Strategies to support understanding of social situations such as Social Stories and Comic Strip	Assessment and advice from appropriate specialists sought and implemented e.g. SENAS. Specialists involved in planning and regularly reviewing programmes with school staff, pupils and parents. There will be a number of cycles of 'assess, plan, do, review'.

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>A marked impairment in the use of multiple non-verbal behaviours:</p> <ul style="list-style-type: none"> • Eye-to-eye gaze • Facial expression • Body postures and gestures to regulate social interaction <p><u>Social interaction difficulties</u> Children and young people fail to develop peer relationships appropriate to their developmental level e.g. shows inability in joining in with the play of other children or inappropriate attempts to join in (this may be exhibited in disruptive behaviours).</p> <p>Does not spontaneously seek to share enjoyment, interests and achievements with other people, for example:</p> <ul style="list-style-type: none"> • Lack of showing, bringing or pointing out objects of interest • Lack of social and emotional reciprocity, i.e. 'give and take' is demonstrated. <p>Unable to understand classroom 'rules' (e.g. criticising teachers, unwilling to cooperate in classroom activities).</p> <p>Easily overwhelmed by social demands.</p> <p>Shows difficulty in relating appropriately to adults (e.g. too friendly and intense/no relationship).</p>	<p>Conversations by Carol Gray are used.</p> <p>Examples are evident of buddy or mentoring schemes, 'Circle of friends' or peer tutoring, lunchtime clubs and group support systems both in classroom settings and at break and lunch times.</p> <p>The school recognises and understands that some children with an ASD are very vulnerable to bullying, and has support and monitoring in place. For example, the child has a 'mentor/key person' to discuss areas of personal concern.</p> <p><u>Social imagination / flexible thinking difficulties</u> Account has been taken of the need to create:</p> <ul style="list-style-type: none"> • a low distraction work place within the classroom setting (for example, the creation of a work station style area) • a clearly defined space for personal equipment and belongings. <p>The school makes a quiet room/area available at any time in the school day</p> <p>The school uses elements of the NAS SPELL frame work in the classroom (Structure; Positive; Empathy; Low arousal; Links)</p>	

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Shows extreme reaction to invasion of personal space and has little awareness of other people's personal space.</p> <p><u>Social imagination / flexible thinking difficulties</u></p> <p>Shows a pre-occupation with one or more stereotyped and restricted patterns of interests that are abnormal, whether in intensity or focus.</p> <p>Demonstrates apparently inflexible adherence to specific non-functional routines or rituals.</p> <p>Children and young people show difficulty in organizing self in relation to unstructured time.</p> <p>Children and young people show difficulty in coping with changes to situations (e.g. school trips, change of teachers etc).</p> <p>Shows lack of flexibility, creativity, cooperative imaginative play, although some imaginary scenarios (e.g. copied from T.V. etc) may be frequently enacted.</p> <p>Children and young people show stereotyped or repetitive motor mannerisms, for example:</p> <ul style="list-style-type: none"> • Hand or finger flapping • Twisting • Complex whole body movements 	<p>The school has undertaken a risk assessment which takes account of the lack of awareness of hazards of some children with ASDs.</p> <p>Strategies in place designed to lessen anxiety levels during: transition times, moving between classes or phases of education; group work; outdoor activities; whole school activities; lunch times, school visits; busy times.</p> <p>Visual timetables, clear rules, plus facilities for the child to withdraw from class ('chill out') when they are, or are likely to be, sensorily overloaded.</p> <p>Special interests are incorporated into general class and subject specific work as a motivator</p> <p>Staff are aware of behaviour difficulties caused by information overload (for example, a child rocking the desk).</p> <p>School trips are assessed through autism lens and consulted with parents. Child/young person supported in advance where appropriate.</p> <p>Staff are aware of the principles of behaviour management and are using them to help limit the intrusive behaviours.</p> <p>Unacceptable behaviours are managed to reduce the behaviour and maintain the child's self-</p>	

Communication and Interaction – Autism Spectrum Disorder (ASD)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Children and young people show a persistent pre-occupation with parts of an object.</p> <p>Children and young people show a lack of varied spontaneous make-believe play or social imitative play appropriate to their developmental level.</p> <p><u>Sensory sensitivities</u> Sensitivities may vary throughout the day and be exacerbated by stress.</p> <p>May impact on behaviour – or actions taken by child or young person, concentration and physical comfort.</p> <p>May also have an unusual reaction to sensory stimuli.</p>	<p>esteem.</p> <p>Staff discuss the implications of an individual's behaviour for planning and intervention.</p> <p><u>Sensory sensitivities</u> The school has taken account of the vulnerability of some children with ASD to environmental distraction in terms of acoustics, smells and lighting Advice has been taken and acted upon.</p>	
<p>SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.</p>		

Social, Emotional and Mental Health (SEMH) Difficulties

The SEND Code of Practice states:

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

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

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
Disruptive behaviour may occur due to: <ul style="list-style-type: none"> • The quality of teaching • Undiagnosed learning difficulties/neurological condition • Social care and Safeguarding issues • Mental Health • Emotional needs • Social isolation Students may: Occasionally be withdrawn and isolated on the	Responsibility of Headteacher/SLT: Access to high quality teaching of a broad and differentiated curriculum. Access to a curriculum which teaches emotional health and wellbeing e.g. through SEAL resources When appropriate access is provided to small groups/Wave 2 provision to develop Social Emotional Aspects of Learning.	The Identified Coordinator: Engage with parents/carers through normal school policy arrangements. Provide general whole school training or bring in a specialist on behaviour Work with the school, staff and parents in a true and effective partnership in line with the school policy.

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>fringe. Be unpredictable, destructive, involved in low level distractions which hinder their own concentration and that of others.</p> <p>Have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.</p>	<p>Identify named person to coordinate the support with the setting. (Refer to Trafford Threshold Guidance/Early Help</p> <p>All schools are expected to support young people as part of the routine of the classroom and it is incumbent on the school to ensure that all staff are skilled and trained to do so. Dissemination and development of nurturing principles for all key stages.</p> <p>The school will have a clear Behaviour Policy which is underpinned by clear ethos and values. It should be relevant to the school's specific context, practical to implement and subject to regular review</p> <p>Ensure that support plans are in place which:</p> <ul style="list-style-type: none"> • are linked to the school's behaviour policy • consistent across the school • identifies support to be put in place • has achievable realistic targets • promotes positive behaviour and emotional wellbeing • working documents to be reviewed and updated on a regular basis <p>The school reviews its Accessibility plan regularly to update the details relating to building access,</p>	<p>If required arrange referrals to Parent Partnership Services to provide support to parents/carers.</p> <p>Encourage and develop self-evaluation.</p> <p>Ensure students have regular opportunities to evaluate their performance in learning activities.</p> <p>Support students' self-assessment in identifying areas used to set individual learning targets.</p> <p>Ensure full inclusion in all school assessments, statutory assessments and tasks.</p> <p>Play an active role in the CAF process and if appropriate act as lead professional. Provide guidance on support to assist the school in delivering early intervention strategies.</p> <p>Ensure that support plans are shared with parents/carers and lead professionals</p> <p>Keep parents well informed about the progress of their child's behaviour.</p> <p>Make sure that assessment tools are being used to identify gaps (e.g. Southampton Emotional Literacy Assessment) and that outcomes are shared with parents and pupil.</p> <p>These gaps should be used to plan interventions.</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>communication and training needs and information.</p> <p>Put a structure in place that enables staff to carry out informal/formal behaviour focussed peer observations.</p> <p>Consideration as to what behaviour may be communicating about wider care needs/ safeguarding issues</p> <p>Across the staff team identify and support professional development needs.</p> <p>Consider the provision during social time – activities available, safe places to play, no places to hide away.</p> <p>Responsibility of the class teacher:</p> <p>To recognise difficulties being experienced by the pupil which the class teacher then records, monitors and reflects upon.</p> <p>Put clear boundaries in place.</p> <p>To have in place a system of meaningful rules, incentives and sanctions with consistent and fair application.</p> <p>Differentiate tasks by level/outcome/pitch/pace</p>	<p>Provide pupils with opportunities to express views and contribute to decision making opportunities for making friends and other relationships.</p> <p>Consult in other professionals e.g. school EP for advice on what behaviour may be communicating/ideas for intervention.</p> <p>Use managed choice</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>and group to match learning needs, concentration level, interest and motivation.</p> <p>Make simple changes to the ordinary classroom setting to support individual differentiation. Use behaviour diaries as a reflection tool to identify triggers.</p> <p>Maintain clear lines of communication between members of staff working with a child.</p> <p>Positive feedback focussed on effort and encourage self-praise in pupil.</p> <p>Provide more focused opportunities to build self-esteem, develop friendships and social skills.</p> <p>Take a personal interest in the pupil and ensure each lesson starts with some positive interaction.</p> <p>Have an understanding and awareness of learning styles.</p> <p>Set up small group or individual intervention targeted at emotional wellbeing.</p> <p>Provide pupils with access to:</p> <ul style="list-style-type: none"> Facilitate friendships e.g. circle of friends/paired working/differentiated lunch time arrangements seating 	

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> • Opportunities to develop personal strengths • Positive role models • Give the pupil special jobs/ responsibilities • Opportunities to reflect on their rights and responsibilities. <p>Monitor for signs for wider issues of social care/ safeguarding</p>	
SEN Support in School See also DfE advice: <u>Mental Health and Behaviour in Schools</u>		
<p>The student experiences a wide range of difficulties which are still prevalent despite following recommended universal provision, quality first teaching and differentiated learning activities/outcomes.</p> <p>Indicators of such behaviour may include:</p> <ul style="list-style-type: none"> • High levels of anxiety • Low mood • Poor levels of concentration • Poor personal organisational skills • Withdrawn and becoming isolated. • Requires frequent prompting • Limited or selective communication 	<p>Additional interventions for behavioural and social skills should be provided that are additional to / different from the behaviour management techniques used throughout the school.</p> <p>Class or subject teachers are responsible for ensuring that the individualised or group behavioural programme is delivered on a daily basis.</p> <p>Appropriate behaviour and expectations are taught alongside the academic curriculum. Student and parent involvement in the behavioural programmes will be clearly defined.</p> <p>Access to National Curriculum with suitable differentiation of the methods of delivery to</p>	<p>Further assessment by SENCO/class teacher of student's strengths and weaknesses</p> <p>The student's strengths and weaknesses in emotional and behavioural development may be analysed using behavioural checklists.</p> <p>Share results of assessments and details of interventions with parents and pupils.</p> <p>Parent /carer involvement in programmes is particularly desirable.</p> <p>A behaviour specialist or EP could deliver inset training, supporting staff in identifying the characteristics of students with SEMH general or</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<ul style="list-style-type: none"> • Displays attention seeking behaviour • Limited/selective communication towards adults and peers particularly when trying to express feelings. • Little engagement with learning or apparent motivation. • Reluctant to share. • Reluctant to participate in social groups • Distracts other students • Careless with learning materials • May be a victim of bullying • May bully others • Poor attendance • Little/no academic progress • May pre-empt failure in tasks. • Highly reactive to criticism or implied threat. • Overly self-critical 	<p>accord with the presenting behavioural problems.</p> <p>Teachers should be encouraged to assess the teaching and learning strategies used and the delivery style in order to ensure maximum engagement.</p> <p>Clearly identified outcomes will be agreed with all parties for both appropriate and inappropriate behaviours.</p> <p>Students will be encouraged to develop appropriate role models within schools.</p> <p>There should be strategies to focus on emotional needs. These may include strategies such as Circle Time.</p> <p>Provision map targets will be addressed through small group and class work within the curriculum.</p> <p>Schools should consider the use of peer resources in the support of students experiencing behavioural and emotional difficulties.</p> <p>Key personnel for each student should be clearly identified to the student.</p> <p>The teaching of appropriate behaviour and expectations should be organised in group sizes where numbers are managed to allow the</p>	<p>specific aspects of SEMH and strategies to address and the impact on curriculum access.</p> <p>Consultation, assessment and/or intervention from external agencies e.g. behaviour support specialists, educational psychologists.</p> <p>Consultation with external professionals should inform the setting of SMART targets within Individual Behaviour Plan and/or PSPs (Pastoral Support Plans) as staff from specialist settings, Behaviour Support staff, educational psychologists, and professionals from the Children and Adolescent Mental Health Service (CAMHS).</p> <p>Connexions Service involvement if concerns re NEET.</p> <p>All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>Baseline recording of particularly difficult or significant behaviours should be made in order to carry out an 'ABC analysis' to inform interventions and evaluations (Antecedents, Behaviour and Consequences).</p> <p>If required, referral to Parent Partnership to</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>development of social interaction skills.</p> <p>Occasional access to alternative settings for specific aspects of curriculum delivery.</p> <p>In school support facility e.g. Nurture Group or Learning Support Unit (LSU).</p> <p>Teachers should be encouraged to assess the appropriateness of the environment.</p> <p>Students will require a structured behavioural management programme in conjunction with other agencies. All agencies involved should understand the fundamental principle behind the programme and be committed to it. Ensure that parental involvement is achieved wherever possible.</p> <p>Identified Key worker or external Counsellor.</p> <p>Children and Adolescent Mental Health Service (CAMHS) support as required effectiveness of the interventions used.</p> <p>Consideration should be given to an identification assessment, planning monitoring and reviewing cycle for students whose difficulties emanate from emotional problems.</p> <p>Parents and students will be involved in target</p>	<p>support parents.</p> <p>Identified Key worker or external counsellor CAMHS support as required.</p> <p>All interventions should be reported to promote future planning.</p> <p>There will be systematic monitoring of progress in terms of the effectiveness of the interventions used.</p> <p>Consideration should be given to an identification assessment, planning monitoring and reviewing cycle for students whose difficulties emanate from emotional problems.</p> <p>The SENCO, Head of Year or class tutor will facilitate assessment, planning, implementation and monitoring. The SENCO will also advise subject teachers.</p> <p>Parents and students will be involved in target setting and review and students should have an understanding of the targets they are working to achieve. The review will focus on behavioural progress and the setting of new targets.</p> <p>Success will be celebrated.</p> <p>The student may need an individual risk</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>setting and review and students should have an understanding of the targets they are working to achieve. The review will focus on behavioural progress and the setting of new targets.</p> <p>The student may need an individual risk assessment.</p> <p>There should be clear assessment processes enabling the student's behaviour and responses to intervention to be measured within a given time-span and the specific measures of progress to be used should be identified.</p> <p>Staff are able to monitor students during break times and lunchtimes and have strategies in place during unstructured times.</p> <p>Staff are able to monitor and assess for access to special exam arrangements.</p> <p>IT, audio visual support, 'timeout' should be utilised to support a differentiated curriculum for a student who has difficulties in engaging in traditional methods of curriculum delivery.</p> <p>CPD gaps should be addressed in relation to the requirements for an individual pupil e.g. ADHD/Attachment</p> <p>There may need to be a restructured individual timetable within the context of an inclusive</p>	<p>assessment.</p> <p>There should be clear assessment processes enabling the student's behaviour and responses to intervention to be measured within a given time-span and the specific measures of progress to be used should be identified.</p> <p>In assessing, planning and reviewing it is expected that schools will have regard to advice given by specialist agencies and used accordingly.</p> <p>Ongoing recording of particularly difficult or significant behaviours for new baseline(s). The recording strategies used should enable clear analysis of presenting behaviours, causation and outcomes involved.</p> <p>Individual targets may be set following consultation with external professionals such as staff from specialist settings, Behaviour Support staff, educational psychologists, and professionals from the CAMHS.</p> <p>Parents and students will be involved in target setting and review and students should have an understanding of the targets they are working to achieve.</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>curriculum.</p> <p>Key staff may</p> <ul style="list-style-type: none"> • carry out functional analysis of behaviour. • attend therapeutic Training. • be trained to use assessment tools that take account of developmental issues (e.g. age and stage) for example BOXALL profile. <p>An on-going record of behaviour should be kept, analysed and reviewed with the appropriate partners/professionals.</p> <p>IEPs and/or PSPs may be set following consultation with external professionals such as staff from specialist settings, Behaviour Support staff, educational psychologists, and professionals from the CAMHS.</p> <p>Parents and students will be involved in target setting and review and students should have an understanding of the targets they are working to achieve.</p> <p>Regular reviews with all professional will be held and parents/carers and students will be involved. The school will ensure the timescale for student feedback is appropriate and that appropriate mechanisms are in place for communication with parents.</p>	<p>Regular reviews with all professional will be held and parents/ carers and students will be involved. The school will ensure the timescale for student feedback is appropriate and that appropriate mechanisms are in place for communication with parents.</p> <p>Liaison between pastoral staff and Learning support staff.</p> <p>Where required, clear systems will be in place to ensure role definition and liaison between pastoral staff and Learning support staff.</p> <p>Use assessments to determine an individualised/differentiated learning plan.</p> <p>Record and analyse examples of the student's 'difficult to manage' behaviour in a variety of learning and/or social settings within the school. Ensure that during transition to the next year group/provider accurate and up to date information is shared.</p> <p>School will use specialist support and agencies</p>

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>Where required, clear systems will be in place to ensure role definition</p> <p>Mainstream class or set with access to individual and small group tuition within the classroom and/or periods of withdrawal. There are opportunities for periods of 'respite' via withdrawal to smaller, safer groups.</p> <p>Small group and within class support will support learning and the understanding of boundaries, rules, incentives and sanctions.</p> <p>In some cases the facility to attend in-school behaviour centres may be appropriate.</p> <p>Individual counselling from external agencies may be appropriate.</p> <p>Additional levels of support are likely to include:</p> <ul style="list-style-type: none"> • Social support groups weekly; Individual support through daily mentoring by a skilled adult; • Peer support strategies at key times and peer support in and out of the classroom will be necessary. • Clear communication throughout the school management system with weekly updates; • Nurture groups; • Positive support; inc SEAL emotional 	

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>resilience.</p> <ul style="list-style-type: none"> • Increasing adult/ student ratio in class; • Using supported group work within the classroom; • Using strategic withdrawal for specific skills work or therapeutic input; • Consideration should be given to the use of support strategies for students whose needs are emotional rather than behavioural. These may include circle of friends, discussion groups, mentoring/buddying. <p>Grouping arrangements or additional support in the classroom are used flexibly to promote behavioural progress.</p> <p>Mentoring opportunities for individual discussion and support should be available.</p> <p>Pastoral support given to a student because they have behaviour needs should supplement usual pastoral care arrangements. It should be available daily from the head of year, SENCO or Schools should consider the use of peer resources in the support of students experiencing behavioural and emotional difficulties.</p> <p>Key personnel for the student should be clearly identified to them.</p>	

Social, Emotional and Mental Health (SEMH) Difficulties		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
<p>Persistently disruptive behaviour that significantly affects the pupil's access to learning and that of others.</p> <p>Or</p> <p>Persistently withdrawn behaviour that is impacting on the pupil's access to learning and attainments.</p>	<p>At least 11 hours of targeted support is required to keep the pupil on task and/or prevent disruption to others in the class.</p> <p>Strategies may include:</p> <ul style="list-style-type: none"> • In school support facility e.g. Nurture Group • Individual counselling from external agencies • Increasing adult-student ratio in a significant number of lessons • Circle of friends • A restructured individual timetable within the context of an inclusive curriculum 	<p>Strategies from relevant external agencies such as EPS/PRU put in place and it is agreed with these agencies that despite these, further intervention may be required. It may be appropriate to engage external agencies to support the family e.g. MST.</p>
SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.		

Physical Needs, Medical Needs and Personal Care

The SEND Code of Practice states:

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

Physical Needs

Many students with a physical disability or reduced mobility will be able to participate in most aspects of everyday school life such as function within the classroom, make progress and access the curriculum. However, they may need some support through effective quality first teaching and waves of intervention that may be particular to them. The Code of Practice requires schools to identify and assess pupils' needs and for increasing specialist expertise to be deployed within the school. In some cases staff in school will require training to a level of competence to support these children and keep them safe and well. This would be through effective co-ordination and joint working between parents, education, health and social care services to secure appropriate provision and deliver the best outcomes for the child/young person.

Physical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
Pupil may have occasional absence from school to attend appointments e.g. Physiotherapy Occupational Therapy. Progress within the curriculum may be unaffected or mildly affected. The pupil is able to participate in most/all	Views of the parent, pupils and involved practitioners are sought to ensure safe participation at school. Care plan (Moving and Handling Plan) completed if necessary. The pupils are included and safe with some modification to the classroom/ school environment.	Involved practitioners advice should be included in planning and implemented in the class/school e.g. Physiotherapists, Occupational Therapists and SENAS. Any concerns should be raised with parents and involved agencies.

Physical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>classroom activities.</p> <p>The pupil has some physical needs but can be independent with some tasks.</p> <p>The pupil may require some minor adaptations to the environment.</p> <p>The condition may cause fatigue and effect concentration levels.</p> <p>The teacher may have some concerns based on observation of some minor physical difficulties e.g. motor control, hand eye coordination, difficulties in PE.</p> <p>Pupil may require access to small items of equipment e.g. sloped writing board, foot block, Dycem mat, adapted scissors, alternative writing tools (just to name a few).</p>	<p>Regular review by the school will be necessary. Class organisation may need to be considered taking into account the pupils needs e.g. pupil's position in the classroom.</p> <p>Tasks may require some differentiation to ensure full and meaningful participation.</p> <p>Differentiation of some activities may be necessary e.g. may tire more easily so pace of activities may need some consideration. A well-structured curriculum plan in PE to ensure safe participation.</p> <p>Modification of teaching and learning styles to allow for individual pace of task completion.</p> <p>An Assessment Battery for Children completed to Resources are available for pupils to promote independence.</p> <p>An Assessment Battery for Children (ABC) screening tool could be used to identify specific motor challenges in school. This would be done in conjunction with the school nurse.</p> <p>School curriculum promotes personal care and safety.</p>	

Physical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
SEN Support in School		
<p>Pupil may have regular absence from school which may impact on learning. Pupil may need support to catch up work missed.</p> <p>The pupil's physical needs require additional regular support from a dedicated staff member to facilitate access to the curriculum, manage their condition, or move safely around the class and school site both indoors and outdoors.</p> <p>The pupil's condition requires regular liaison with parents and health practitioners.</p> <p>The pupil's Physical needs are a significant barrier to accessing all subject areas.</p> <p>The pupil requires additional targeted support to access the curriculum and continue to make progress.</p> <p>There may be significant difficulties learning independently e.g. if left without targeted adult supervision due to fatigue/impact of physical disability on the pupil and their concentration to task.</p> <p>Difficulties caused by the physical disability may impact on social and emotional development e.g. low self-esteem, confidence maintaining</p>	<p>Personalised approach to accessing the curriculum taking the impact of physical disability into account.</p> <p>Seeking advice from specialist involved practitioners in relation to curriculum adaptation. A care plan may be necessary if the pupil needs regular therapy in school and this should be reviewed regularly and advice sought from involved practitioners and parents.</p> <p>The pupil's physical disability should be monitored by trained staff supported by health practitioners and parents.</p> <p>A provision map is in place which includes evidence- based interventions; progress in learning is carefully assessed, tracked, monitored and evaluated.</p> <p>Targeted appropriate support in identified area(s) of learning.</p> <p>A CAF may be in place to coordinate support. Pupils needs have been discussed with specialists involved such as Paediatricians, Trafford Therapy Service, Children's Community Nursing Team, Specialist Health Care Teams, SENAS and advice implemented.</p>	<p>School has engaged with specialist support and sought advice from all agencies involved.</p> <p>Staff has received regular training and updates and have the opportunity to liaise with involved services/specialists.</p> <p>Opportunities to update all staff through whole school training are sought regularly.</p>

Physical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>friendships.</p> <p>Pupil may require dedicated pieces of equipment to access the curriculum.</p> <p>Adaptations to the environment may be necessary to ensure the students physical access to school e.g. accessible toilet and modifications.</p> <p>Pupil is dependent on adult support to deal with matters involving self-help, therapy as demonstrated by a therapist, to access aids or equipment necessary to access the curriculum effectively (Including IT equipment).</p> <p>The school will need to consider safe access to school visit and extra-curricular activities.</p>	<p>Staff providing care/support have access to appropriate training and specialist advice e.g. Manual Handling.</p> <p>Systems policies and procedures are in place to assess risk both in school and outside school (including trips) to ensure pupil and staff are safe.</p>	
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
<p>The pupil has a significant physical disability and requires intensive 1-1 support.</p> <p>The pupil's physical disability requires regular monitoring throughout the school day.</p> <p>Key staff need training in the management of complex physical needs to support the pupil and carry out programmes of support. These could</p>	<p>A highly personalised curriculum and support. Teaching and learning matched to individual needs, taking into consideration the physical disability of the pupil.</p> <p>Progress is carefully assessed tracked, monitored and evaluated, using P scales where appropriate, with individualised targets.</p>	<p>EP and specialist advice has been sought and implemented.</p> <p>Advice protocols and procedures are reviewed and updated regularly with input from involved practitioners.</p> <p>Training updates are requested regularly particularly when there is a change or</p>

Physical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>include a physiotherapy programmes, moving and handling tasks to facilitate changes in position; motor skills group etc. (just to name a few).</p> <p>Pupil has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to stay on task, access small group work or take a rest break due to physical needs.</p> <p>Pupil needs regular changes in position and help with transfers e.g. wheelchair to chair/bed.</p> <p>Pupil has severe and persistent difficulties learning independently, remembering and retaining information and organising his/her work.</p> <p>Pupil needs 1.1 physical support to access the curriculum due to physical needs.</p> <p>Adaptations to the environment to ensure the students physical access to school e.g. accessible toilet adaptations and equipment that may include changing bed, hoist etc. Specialist bespoke equipment may be required to ensure safe participation as assessed by an involved health practitioner.</p> <p>Pupil may require access to IT, specialist aids and adaptations may be necessary to facilitate</p>	<p>Individual learning programme in place planned with involved practitioners who specialise in the pupils specific needs; regularly reviewed with parents/carers and other relevant professionals.</p> <p>A CAF will be in place to coordinate specialist multi-disciplinary advice and support.</p> <p>High levels of support in class from an adult with specialist skills who has had access to regular training to meet the specific needs of the pupil and keep them safe and well in school.</p> <p>Key staff to report any concerns regarding the pupil's physical needs in a timely way to ensure that the pupil is safe and receiving the right care. This is crucial to ensure effective communication.</p> <p>All staff that the pupil is in contact with understands his/her needs. They have access to regular updates and opportunities for liaison to ensure continuity of care.</p> <p>Frequent contact between home and school either face to face, home school diary or via telephone to ensure that the pupils needs are being met effectively and consistently.</p> <p>Protocols and procedures are in place in the event of an emergency and all staff are aware of what to do in an emergency.</p>	<p>deterioration of pupil's condition observed/noted.</p> <p>A lead professional coordinates the support.</p>

Physical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
access to the curriculum.	Care plan/ therapy plan and moving and handling plans are updated regularly and particularly following any incident/emergency.	
SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.		

Medical Needs

Many students with a medical condition will be able to participate in most aspects of everyday school life such as function within the classroom, make progress and access the curriculum. However, they may need some support through effective quality first teaching and waves of intervention that may be particular to them. The Code of Practice requires schools to identify and assess pupils' needs and for increasing specialist expertise to be deployed within the school. In some cases staff in school will require training to a level of competence to support these children and keep them safe and well. This would be through effective co-ordination and joint working between parents, education, health and social care services to secure appropriate provision and deliver the best outcomes for the child/young person.

Medical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		

Medical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>Pupil may have occasional absence from school Progress within the curriculum may be unaffected or mildly affected.</p> <p>The pupil is able to participate in most/all classroom activities.</p> <p>The condition is usually effectively controlled by medications etc.</p> <p>The condition may cause fatigue and effect concentration levels.</p> <p>Pupil may require access to small items of equipment e.g. if the medical condition have resulted in mild motor impairments.</p>	<p>Views of the parent, pupils and involved practitioners are sought to ensure safe participation at school. Care plan completed if necessary.</p> <p>The pupils are included in class with some supervision/ monitoring and support for medication/ dietary needs. Regular review by the school will be necessary.</p> <p>Class organisation may need to be considered taking into account the pupils needs e.g. pupil's position in the classroom.</p> <p>Differentiation of some activities may be necessary e.g. may tire more easily so pace of activities may need some consideration.</p> <p>Resources are available for pupils to promote independence.</p> <p>School curriculum promotes personal care and safety</p>	<p>Medical advice and information from health care professionals with a role in relation to the child's or young person's health should be included in planning and implemented in the class/school.</p> <p>Specialist training should be sought for dedicated staff and general whole school training provided. Any concerns should be raised with parents and involved agencies.</p>
SEN Support in School See also DfE statutory guidance: Supporting Pupils at School with Medical Conditions		
<p>Pupil may have regular absence from school which may impact on learning. Pupil may need support to catch up work missed.</p>	<p>Personalised approach to accessing the curriculum taking the impact of medical needs into account.</p>	<p>School has engaged with specialist support and sought advice from all agencies involved.</p>

Medical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>The pupil's medical needs require additional regular support from a dedicated staff member trained to a level of competence to administer medication or carry out medical procedures.</p> <p>The pupil's condition requires regular liaison with parents and health practitioners.</p> <p>The pupil's medical needs are a significant barrier to accessing all subject areas.</p> <p>The pupil requires additional targeted support to access the curriculum and continue to make progress.</p> <p>There may be significant difficulties learning independently e.g. if left without targeted adult supervision due to fatigue/impact of medical condition the pupil may lose focus.</p> <p>Difficulties caused by the medical condition may impact on social and emotional development e.g. low self-esteem, confidence maintaining friendships due to extended absence.</p> <p>Pupil may require dedicated pieces of equipment to access the curriculum.</p>	<p>A care plan in place to meet the pupil's individual medical needs that is reviewed regularly and advice sought from involved practitioners and parents.</p> <p>The pupils health needs should be monitored by trained staff supported by health practitioners and parents.</p> <p>A provision map is in place which includes evidence- based interventions; progress in learning is carefully assessed, tracked, monitored and evaluated.</p> <p>Targeted appropriate support in identified area(s) of learning.</p> <p>A CAF may be in place to coordinate support. Pupils needs have been discussed with specialists involved such as Children's Community Nursing Team, Paediatricians, Trafford Therapy Service, Specialist Health Care Teams, SENAS and advice implemented. Staff providing care/support have access to appropriate training and specialist advice.</p> <p>Systems policies and procedures are in place to assess risk both in school and outside school (including trips) to ensure pupil and staff are safe.</p>	<p>Staff has received regular training and updates and have the opportunity to liaise with involved services/specialists.</p> <p>Opportunities to update all staff through whole school training are sought regularly.</p>

Medical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
<p>The pupil has significant medical needs and requires intensive 1-1 support.</p> <p>The pupils medical needs require regular monitoring throughout the school day.</p> <p>Key staff need training in the management of complex medical needs to support the pupil and carry out medical procedures. These could include specialist feeds, catheterising, and rescue medication (just to name a few).</p> <p>Pupil has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to stay on task, access small group work or take a rest break due to medical needs.</p> <p>Pupil has severe and persistent difficulties learning independently, remembering and retaining information and organising his/her work.</p> <p>Pupil needs 1:1 physical support to access the curriculum due to medical needs.</p> <p>Specialist bespoke equipment may be required to ensure safe participation as assessed by an involved health practitioner.</p>	<p>A highly personalised curriculum and support.</p> <p>Teaching and learning matched to individual needs, taking into consideration medical needs. Progress is carefully assessed tracked, monitored and evaluated, using P scales where appropriate, with individualised targets.</p> <p>Individual learning programme in place planned with involved practitioners who specialise in the pupils specific needs; regularly reviewed with parents/carers and other relevant professionals.</p> <p>A CAF will be in place to coordinate specialist multi-disciplinary advice and support.</p> <p>High levels of support in class from an adult with specialist skills who has had access to regular training to meet the specific needs of the pupil and keep them safe and well in school.</p> <p>Key staff to report any concerns regarding the pupil's medical needs in a timely way to ensure that the pupil is safe and receiving the right care. This is crucial to ensure effective communication.</p> <p>All staff that the pupil is in contact with understands his/her needs. They have access to regular updates and opportunities for liaison to</p>	<p>EP and specialist advice has been sought and implemented.</p> <p>Advice protocols and procedures are reviewed and updated regularly with input from involved practitioners.</p> <p>Training updates are requested regularly particularly when there is a change or deterioration of pupil's condition observed/noted.</p> <p>A lead professional coordinates the support.</p>

Medical Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>ensure continuity of care.</p> <p>Frequent contact between home and school either face to face, home school diary or via telephone to ensure that the pupils needs are being met effectively and consistently.</p> <p>Protocols and procedures are in place in the event of an emergency and all staff are aware of what to do in an emergency.</p> <p>Care plan is updated regularly and particularly following any incident/emergency.</p>	
<p>SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.</p>		

Personal / Intimate Care Needs

This graduated response document aims to cover two areas of need:

Personal care: classification will be determined by the degree of independence the child /young person has along with the need for supervision or assistance. Age appropriate tasks must be considered and these would include washing, dressing toileting and personal hygiene (including menstruation).It is important to note that independence with personal care could be affected by poor hand function due to a physical disability. However, this should still be considered within this section.

Intimate Care / Incontinence: classification will be determined by the degree of control, or the need for supervision with procedures or care and any prompting and assistance. Continence in this section is defined as the ability to control bladder and bowel functions and not just the ability to get to and on and off the toilet. Mobility difficulties should be considered alongside the physical /mobility graduated response document. Continence under the age of four years should not be classified unless there is a diagnosis clearly indicating this and there is a care plan in place with specific procedures for the individual child/young person identified.

Many children and young people, who require supervision or assistance with personal and or intimate care will be able to participate in most aspects of everyday school life such as function within the classroom, make progress and access the curriculum. However, they may need some dedicated support from staff that have had training to a level of competence to carry individual procedures to keep them safe and well in school and also through effective waves of intervention that may be particular to them. The Code of Practice requires schools to identify and assess pupils' needs and for increasing specialist expertise to be deployed within the school. In some cases staff in school will require individual training and this would be provided through effective co-ordination and joint working between parents, education, health and social care services to secure appropriate provision and deliver the best outcomes for the child/young person.

Personal / Intimate Care Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
<p>Pupil may have occasional absence from school Progress within the curriculum may be unaffected or mildly affected.</p> <p>The pupil is able to participate in most/all classroom activities.</p> <p>The condition is usually effectively controlled by medications etc.</p> <p>The condition may cause fatigue and effect concentration levels.</p>	<p>Views of the parent, pupils and involved practitioners are sought to ensure safe participation at school. Care/toileting plan completed if necessary.</p> <p>The pupils are included in class with some supervision/ monitoring and support for medication/ dietary needs. Regular review by the school will be necessary.</p> <p>Class organisation may need to be considered taking into account the pupils needs e.g. pupil's position in the classroom (near to the toilets).</p>	<p>Involved practitioners advice should be included in planning and implemented in the class/school.</p> <p>Specialist training should be sought for dedicated staff and general whole school training provided. Any concerns should be raised with parents and involved agencies.</p>

Personal / Intimate Care Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>The pupil is able to manage their own personal care needs with age appropriate help.</p> <p>Facilities in school are available for the pupil to carry out their own personal care needs such as clean safe areas to go to the toilet, change or carry out their own procedures.</p>	<p>Differentiation of some activities may be necessary e.g. may tire more easily so pace of activities may need some consideration.</p> <p>Including repeating of instructions work missed whilst the child is attending to their personal care needs.</p> <p>Resources are available for pupils to promote independence.</p> <p>School curriculum promotes personal care and safety</p>	
SEN Support in School See also <u>Trafford Intimate Care Policy</u>.		
<p>Pupil may have regular absence from school which may impact on learning. Pupil may need support to catch up work missed.</p> <p>The pupil's medical needs require additional regular support from a dedicated staff member trained to a level of competence to administer medication or carry out medical procedures.</p> <p>The pupil's condition requires regular liaison with parents and health practitioners.</p> <p>The pupil's medical needs are a significant barrier to accessing all subject areas.</p>	<p>Personalised approach to accessing the curriculum taking the impact of medical needs into account.</p> <p>A care plan in place to meet the pupil's individual medical needs that is reviewed regularly and advice sought from involved practitioners and parents.</p> <p>The pupils health, toileting needs should be monitored by trained staff supported by health practitioners and parents.</p> <p>A provision map is in place which includes</p>	<p>School has engaged with specialist support and sought advice from all agencies involved.</p> <p>Staff have received regular training and updates and have the opportunity to liaise with involved services/specialists.</p> <p>Opportunities to update all staff through whole school training are sought regularly.</p>

Personal / Intimate Care Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>The pupil requires additional targeted support to access the curriculum and continue to make progress.</p> <p>There may be significant difficulties learning independently e.g. if left without targeted adult supervision due to fatigue/impact of medical condition the pupil may lose focus.</p> <p>Difficulties caused by the medical condition may impact on social and emotional development e.g. low self-esteem, confidence maintaining friendships due to extended absence, bullying.</p> <p>Pupil may require dedicated pieces of equipment to access toilet/ changing area such as locking cupboard for clothes and medical supplies. Equipment to safely access toilets.</p>	<p>evidence- based interventions; progress in learning is carefully assessed, tracked, monitored and evaluated.</p> <p>Targeted appropriate support in identified area(s) of learning.</p> <p>A CAF may be in place to coordinate support. Pupils needs have been discussed with specialists involved such as Children's Community Nursing Team, Continence Nurse, Paediatricians, Trafford Therapy Service, Specialist Health Care Teams, SENAS and advice implemented.</p> <p>Staff providing care/support have access to appropriate training and specialist advice which is updated regularly.</p> <p>Systems policies and procedures are in place to assess risk both in school and outside school (including trips) to ensure pupil and staff are safe.</p> <p>Trips outside of school may need to consider suitable spaces at trips site for changing and carrying out procedures.</p>	
SEN Support in School – High Level of Need The following needs to be tried before considering a referral for EHC Needs Assessment		
The pupil has significant toileting/ intimate care I	A highly personalised curriculum and support.	Paediatricians / Specialist Consultant,

Personal / Intimate Care Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>needs and requires intensive 1-1 support.</p> <p>The pupil's medical needs toileting/intimate care needs require regular monitoring throughout the school day.</p> <p>Key staff need training in the management of complex medical needs to support the pupil and carry out medical procedures. These could include catheterising, colostomy and ileostomy bags and medication (just to name a few).</p> <p>Pupil has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to change and take care of presenting toileting/intimate care needs or take a rest break due to medical needs.</p> <p>Pupil needs 1.1 physical support to access the curriculum due to medical needs.</p> <p>Specialist bespoke equipment may be required to ensure safe moving and handling assessed by an involved health practitioner. This could include a hoist with a sling, transfer boards and other adaptations.</p>	<p>Teaching and learning matched to individual needs, taking into consideration toileting and intimate care needs.</p> <p>Progress is carefully assessed tracked, monitored and evaluated.</p> <p>Individual learning programme in place planned with involved practitioners who specialise in the pupils specific needs; regularly reviewed with parents/carers and other relevant professionals. A CAF will be in place to coordinate specialist multi-disciplinary advice and support.</p> <p>High levels of support in class from an adult with specialist skills who has had access to regular training to meet the specific needs of the pupil and keep them safe and well in school.</p> <p>Key staff to report any concerns regarding the pupil's toileting /intimate care needs in a timely way to ensure that the pupil is safe and receiving the right care. This is crucial to ensure effective communication.</p> <p>All staff that the pupil is in contact with understands his/her needs. They have access to regular updates and opportunities for liaison to ensure continuity of care. Due to the intimate level of support that the child requires information should only be shared on a need to know basis.</p>	<p>Continence Nurse, Stoma Nurse, EP and specialist advice has been sought and implemented.</p> <p>Advice protocols and procedures are reviewed and updated regularly with input from involved practitioners.</p> <p>Training updates are requested regularly particularly when there is a change or deterioration of pupil's condition observed/noted.</p> <p>A lead professional coordinates the support.</p>

Personal / Intimate Care Needs		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>Frequent contact between home and school either face to face, home school diary or via telephone to ensure that the pupils needs are being met effectively and consistently. This will include requests for supplies including pads, creams, and catheters just to name a few.</p> <p>Protocols and procedures are in place in the event of an emergency and all staff are aware of what to do in an emergency.</p> <p>Toileting / Care plan is updated regularly and particularly following any incident/emergency.</p>	
<p>SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person, the child or young person has not made expected progress, the school or parents should consider requesting an Education, Health and Care Needs Assessment.</p>		

Sensory Impairment – Hearing Impairment (HI) and Visual Impairment (VI)

The SEND Code of Practice states:

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

Hearing Impairment - Description of Need

Hearing impairment can have a significant impact on a child's educational development in some cases resulting in learning delay and reduced curricular access. This will require careful monitoring by schools and the Hearing Impairment Team.

Hearing Impairment spans a range from mild/moderate to severe/profound. It can be temporary or permanent. Most students with hearing impairment will have been diagnosed at the pre-school stage and will have accessed some level of support from the Hearing Impairment Team and Health colleagues.

It is possible for some students to acquire hearing loss late in life through accident or illness or a genetic condition.

A significant proportion of students have some degree of hearing difficulty at some time. Temporary hearing loss in the early years is usually caused by the condition known as 'glue ear'. Such hearing losses fluctuate and may be mild to moderate in degree. They can compound other learning difficulties. Occasionally a significant hearing loss may be caused by a long-term conductive loss in both ears. Significant permanent hearing losses are usually bilateral and sensori-neural in origin. They will usually be severe or profound and may give rise to severe and complex communication difficulties. A permanent loss in one ear and a temporary loss in the other may also cause significant hearing impairment.

Listening to language through hearing aids and cochlear implants and the visual concentration required to follow lip reading and sign language is very tiring. Studies have shown that deaf students are also at higher risk of developing social and emotional difficulties compared to hearing peers.

Many of the students with hearing impairment may require some of the following:

- Flexible teaching arrangements;
- Appropriate seating, acoustic conditioning and lighting;
- Adaptations to the physical environment of the school;
- Adaptations to school policies and procedures;
- Access to alternative or augmented forms of communication;
- Access to different amplification systems;
- Access in all areas of the curriculum through specialist aids, equipment or furniture;
- Regular and frequent access to specialist support.

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
<u>Description of student</u> Frequent ear infections that may cause school absence. Apparent fluctuations in responses to sound, spoken language and attention skills.	<u>Learning Environment</u> Providing best listening conditions <ul style="list-style-type: none"> • When rooming try to allocate pupil to most acoustically friendly room available. • The room needs to be well lit. • The teacher should ensure that they face the child when speaking to provide maximum speech information. • Do not stand in front of the window as the 	<u>Partnership with parents, carers and other agencies</u> <ul style="list-style-type: none"> • Parent/carer involvement through normal school policy arrangements with regard to individual special needs. • General school training, advice and support from external specialist on referral. • If required referral to Parent & Young People Partnership Services for support to parents.

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>teacher's face may only be seen in silhouette.</p> <ul style="list-style-type: none"> • Background noise should be kept to a minimum. • The child should be seated towards the front and to one side to enable them to turn and see pupil speakers. • Cue the pupil into the next speaker to give time for them to locate the speaker within the classroom. • Use clear speech. • Gain the pupil's attention before speaking. • Avoid taking whilst writing on the board or bending down to operate a laptop. • Clearly organised learning environment. • Summarise at intervals. <p><u>Intervention and Support</u> Including the pupil in the lesson</p> <ul style="list-style-type: none"> • Provide clear objectives at the start of the lesson to cue in the child. • Provide as much visual support as possible in terms of concrete materials, scaffolds, pictures and notes on the board and practical demonstrations. • Summarise ideas at regular intervals. • Signal a change of subject and cue the pupil in to new words and ideas. • Reinforce key words and ideas. • Ask questions to establish levels of understanding. 	<p><u>Monitoring, Assessment and Review</u></p> <ul style="list-style-type: none"> • Clinical diagnosis of mild monaural or fluctuating hearing impairment may have been made and is monitored at local Audiology clinic. • Any school concerns re hearing should be checked with parents and discussed with the school nurse. This discussion should be noted in school records. • Where student's progress is not adequate, it will be necessary to review the strategies being used. • General guidance is available on the NDCS SEN web pages. • Monitoring by class / subject teachers / SENCO.

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> • Allow the pupil time to answer questions. • Differentiate tasks if necessary. • Ensure that the pupil can follow discussions involving other pupils. • Ensure that instructions have been understood. • Ensure that homework has been recorded. • May require access arrangements e.g. mental maths, MFL. • Differentiation in MFL. 	

SEN Support in School

Expected level of support alongside Trafford Sensory Impairment Support Service (TSISS)

<u>Possible Description of Student</u>	<u>Learning Environment</u>	<u>Partnership with parents, carers and other agencies</u>
<p>Mild fluctuating loss: The student has a loss which comes and goes and is usually related to having catarrh linked to a cold. Fluctuating loss is very common amongst Key Stage One students in particular and usually clears up by the time they move to Key Stage Two. Fluctuating hearing loss is less common in the Secondary School. Some students will have continued problems and perhaps glue ear that is always of greater concern.</p> <p>Monaural hearing loss: The student has a hearing loss in one ear only. The loss can be of varying degrees, from mild to profound. The student may have a hearing aid but this is not</p>	<p>(All of the above within Learning Environment plus)</p> <p>All staff should be aware of the student's hearing loss and its implications in school.</p> <p>Adults need to remain aware of student's better ear and recognise that for a small number of students it can seem to have an impact on development of language and social interaction.</p> <p>Where the student wears a hearing aid they should be encouraged to wear it as instructed by the audiologist or ENT consultant. Any concerns or observations about the use of the prescribed aid should be followed up with the parent and</p>	<p>The school can make a referral to the HI Team.</p> <p>Advice and guidance will be given from the Hearing Impairment Team. A TOD will visit school if requested and talk to staff about the implications of this type of hearing loss and the best ways to help the student.</p> <p>Medical intervention and monitoring is carried out by the Audiology Clinic.</p> <p>Parents / carers views must be sought with their permission to gain advice from other agencies. Parents should be involved in planning and carrying out interventions.</p>

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>normally the case. A student with monaural hearing loss will have difficulties with sound location and communicating in background noise.</p> <p>Mild permanent hearing loss: The student has a hearing loss that is permanent. This may be conductive (middle ear) or could have sensory neural (inner ear) element. The student sometimes has a hearing aid which could be worn all the time but sometimes only when needed most, or at identified times. Students with mild loss should function well in a school environment providing all staff are aware of their needs. However all students are individuals and effects of a mild loss on one student may be greater than another.</p> <p>Moderate Hearing loss: The loss is permanent or long term and can be conductive but is likely to also have a sensori-neural element. The student usually wears two hearing aids all the time.</p> <p>Students with a moderate hearing loss may vary in the effects this has upon their communication and language development. Most students will be able to participate in all aspects of school life with minimal additional support and with only periodic advice from a TOD to school staff.</p> <p>Where the effects of the loss are more marked and severe, and where their functioning in school</p>	<p>advice from the HI support service sought if difficulties cannot be resolved.</p> <p>The person who is speaking should identify themselves in some way so that the student can locate them before they begin to talk. This is particularly important in group discussion.</p> <p>The speaker should speak clearly but without exaggerating lip movements or shouting.</p> <p>The student should be made aware of the safety measures in technology rooms, science labs etc and staff should ensure they have heard and understood all instructions.</p> <p>Some students may need the following additional support:</p> <ul style="list-style-type: none"> • Check understanding of instructions as they may say they have understood when they have not. • Give as much visual representation to what you say as possible. The use of pictures, key vocabulary lists, diagrams etc are useful. • Cue the student in to when someone else is speaking in a group discussion and where possible repeat what the other student has said. • Ensure the lighting in the classroom is good and that the student can see clearly at all times. 	<p>School based support may be needed to work on student's language development and perhaps social skills, behaviour and preparation of resources.</p> <p>The level of ongoing support from the specialist teaching service will be based on NATSIP guidance and agreed in consultation with parents, schools.</p> <p>The TOD will liaise closely with the SENCO and class/subject teacher any additional classroom support to ensure that they are aware of the needs of the student and how best to create a classroom environment that will enable optimum listening and learning conditions for the student.</p> <p>Staff demonstrate awareness of the impact of hearing impairment to fully include the student in all aspects of the curriculum and implement agreed strategies.</p> <p>Staff able to implement and manage changes and adaptations to the learning environment for a student with hearing impairment.</p> <p>Staff are able to monitor a student with mild hearing impairment, conductive, sensori-neural, moderate or high frequency hearing impairment and liaise through termly reviews with parents</p>

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>is at a lower level than would be expected, there may be a greater need for supported provision, with higher levels of in-class support and greater involvement of a TOD.</p> <p>The hearing loss may affect the student's social interaction; he / she may have difficulty with new vocabulary and concepts and specific listening activities may give problems e.g. video / audio tape work, spelling tests.</p> <p>A student with hearing impairment share one or more of the following:</p> <ul style="list-style-type: none"> • A hearing significant enough to impact on learning; • Hearing impairment confirmed as either permanent sensori-neural or long-term fluctuating conductive; • Requirement for hearing aids and an FM system; • Despite receiving individualised help under SEN Support have sensory needs which require additional specialist equipment and/or regular advice, visits and possibly direct teaching by specialists. • An appropriate professional has advised the school that the student's hearing loss is impeding his/ her learning and is educationally significant. • Assessments over time by the class / subject 	<ul style="list-style-type: none"> • Tell the student what the session will be about so that they are cued into the topic before you start. <p>Discuss with the student where they find it easiest to hear and when it is difficult for them, make changes accordingly.</p> <p>The classroom environment should provide good acoustics and good lighting. There should be an awareness of how hearing aids perform in a mainstream environment.</p> <p>Teachers should try to stay in one place whilst talking to allow the student to be able to have a good view of the face at all times.</p> <p>Interventions could include the use of more specialist strategies, teaching materials or equipment.</p> <p>Regular input from specialist teacher working to specific targets relating to communication and the curriculum.</p> <p>Where a radio aid is used the TOD will give advice and support in its best use. All staff should be aware of how to use the radio aid and in which situations it is most beneficial to the student.</p>	<p>and informally if necessary.</p> <p>Staff are skilled and knowledgeable to develop peer awareness of hearing impairment. Materials available to develop peer awareness e.g. NDCS website, posters and books.</p> <p>Staff are trained to complete appropriate daily functional tests of radio aids, personal hearing aids and sound field systems and to support a programme of developing the student's audiological independence skills.</p> <p>If required referral to Parent and Young People Partnership Service for support.</p> <p><u>Monitoring, Assessment and Review</u></p> <p>The student's progress, strengths and weaknesses will have been monitored using a range of activities – baseline assessments, observations, checklists, dialogue with staff and external agencies, non-standardised tests and/or diagnostic tests and standardised tests.</p> <p>SMART targets will be set using a provision map, taking into account the student's full needs. The drafting of this may require advice from external agencies e.g. specialist teacher.</p> <p>Class and subject teachers will plan to implement aspects of the targets in their lessons. The</p>

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>teacher and/or the LA specialist teacher of the hearing impaired, together with discussion at SEN Support reviews, indicate that external advice and/or support is necessary to devise a more highly individualised and differentiated educational programme.</p> <ul style="list-style-type: none"> • A requirement for: <ul style="list-style-type: none"> ○ Hearing aid management; ○ Language/literacy development for hearing impaired students; ○ Parental support on issues related to hearing loss; ○ Advising teachers on educational issues and classroom management concerning students with significant hearing loss; ○ Undertaking regular monitoring and evaluation of hearing equipment and speech discrimination skills. • Evidence that the student shows signs of increasing fatigue e.g. towards the end of the school day. • Evidence that the students is slower or finds it difficult to process and understand verbal instructions. 	<p>In class support to reinforce and support access to classroom discussions e.g. through note-taking</p> <p>Use of classroom display, pictures, word banks, visual dictionaries and specific software (e.g. Clicker) to introduce and reinforce new language and verbal concepts.</p> <p><u>Intervention and Support</u> (All of above under Intervention and Support plus)</p> <ul style="list-style-type: none"> • Advice from TOD. • Visit from TOD on referral. • TOD may give information, advice and guidance. • Deaf awareness. • Staff to check before task the understanding of content and instructions, including homework. • Pre-tutoring of subject specific vocabulary and/or concepts. • Possibly 1.1 / small group support for differentiated curriculum access as necessary for key subjects. • Materials and resources are differentiated, available and used as agreed and necessary. • Possible use of home / school diary. <p>The TOD will:</p>	<p>provision map will specify teaching arrangements and resources. It will include strategies that reflect the student's preferred learning style e.g. the use of visual cues, routines and consistency of language use. Targets will be reviewed regularly and will include success criteria.</p> <p>Regular reviews should be held to which parents/carers and the student are invited. The review should focus on student progress, effectiveness of strategies, new information or factors and the setting of new targets.</p> <p>IEPs may be set with SMART targets taking into account the student's full needs. The drafting of this will require consultation and advice from outside agencies e.g. Hearing Impairment team, Speech and Language specialist.</p> <p>There will be regular, detailed monitoring of the student's progress in terms of the effectiveness of the interventions arising from the IEP.</p> <p>The TOD will employ weighting criteria to determine level of specialist input.</p> <p><u>Monitoring</u></p> <ul style="list-style-type: none"> • Collect feedback from staff at regular intervals in order to establish that adequate progress is being made. • Ensure staff understand that they can contact

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> • Provide advice and guidance to school staff about the use and maintenance of hearing and radio aids where appropriate. • Be responsible for on-going provision and maintenance of radio aids, and sound field systems and they will liaise with the health authority with regard to the hearing aids. • Talk to staff about deaf awareness and how best to help the student. • Talk to groups of students about deaf awareness and how they can best help their hearing impaired classmate. • Observe and assess the student and report to staff about their needs in connection to their hearing impairment and its implications in school. • Assess, where necessary, the language levels of the student for both receptive and expressive language development and will advise staff about how best to communicate with the student and support their language development in school. • Advise on presentation of learning materials and modification and differentiation according to their needs. • Advise on exam concessions where appropriate and provide written information to aid application. • Follow DVD / video guidelines to promote understanding. • Provide DVD transcripts if necessary when 	<p>TSISS and discuss concerns at any time.</p> <ul style="list-style-type: none"> • Have email addresses of all subject staff. • Meet the pupil to discuss any concerns. • Liaise with SENCO when necessary via email and telephone and meet if the need arises.

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>subtitles are not available.</p> <p>Where other professionals are working with the student the Hearing Impairment Team will liaise and plan jointly with them, the school and family.</p>	
SEN Support in School for children and young people with a Statement/EHC Plan Expected level of support alongside Trafford Sensory Impairment Support Service (TSISS)		
<p><u>Description of Student</u></p> <p>The student:</p> <ul style="list-style-type: none"> Will mainly have a severe to profound hearing loss / Auditory Neuropathy Spectrum disorder and use personal hearing aids, and/or cochlear implants, radio aids and possibly a sound field system. Will require the language demands of the curriculum to be targeted and differentiated with advice and support from external specialists. Will require a Total Communication approach, British Sign Language or Auditory Oral approaches. May or may not have progressed at nationally expected levels linked to prior attainment. The curriculum will need extensive modification or they will require intensive support in order to access it. Regular audiological reviews and monitoring 	<p><u>Intervention and Support</u> (All of the above within Intervention and Support plus)</p> <p><u>In-class support in one specific subject</u></p> <ul style="list-style-type: none"> Work alongside the pupil in class. Clarify ideas, explain new language and ideas. Differentiate input and tasks. Provide reinforcement for new ideas and language. Provide scaffolds for learning. Record interventions. Encourage the development of independence in learning and develop relevant strategies. <p><u>Direct Teaching</u></p> <ul style="list-style-type: none"> With a Teacher of the Deaf according to eligibility criteria. Sessions to address the development of receptive and expressive language. Baseline scores have been obtained. 	<p>(All of the above within Monitoring, Assessment and Review plus)</p> <p><u>Annual Reviews (Statemented pupil)</u></p> <ul style="list-style-type: none"> Liaise with TSISS and parents to arrange a suitable time and date. Invite outside agencies if relevant. Collect and collate information to be discussed at the review and circulate within set time limits. Complete the LEA Annual Review Form. Headteacher should request written views from all relevant parties including the child and parents. Headteacher should circulate views and information 2 weeks prior to review. <p><u>Contact with parents</u></p> <ul style="list-style-type: none"> All staff that the pupil is in contact with understands his/her needs. They have access to regular updates and opportunities for liaison to ensure continuity of care.

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
will be undertaken by the Health Authority.	<ul style="list-style-type: none"> Develop literacy skills: reading and use of higher order reading skills, vocabulary and comprehension. Develop writing skills: writing in a variety of genre, supporting the appropriate writing development strategies. Support learning in other subjects if areas of concern are brought to the attention of TSISS by the school with time for preparation. <p><u>Audiology</u></p> <ul style="list-style-type: none"> Maintaining cochlear implant equipment and radio systems. Liaising with CI team if necessary. <p><u>Risk Assessment</u></p> <ul style="list-style-type: none"> Subject staff to alert SENCO if taking pupil on a trip so that a risk assessment can be carried out if necessary. NOTICE REQUIRED. <p><u>PHSE</u></p> <ul style="list-style-type: none"> Specialist support to develop PHSE and citizenship skills and abilities. Support Healthy Minds ethos: problem solving and resilience development. 	<ul style="list-style-type: none"> Frequent contact between home and school either face to face, home school diary or via telephone to ensure that the pupils needs are being met effectively and consistently. Protocols and procedures are in place in event of an emergency and all staff are aware of what to do in an emergency. <p><u>Advising, Planning and Recording</u></p> <ul style="list-style-type: none"> Produce recommendations to IEP. Provide session notes for chosen subject and individual sessions to record pupil involvement and progress.. Provide a working file for the school to hold all service documentation including session notes. Provide advice on external and internal examinations and assessments. Liaise with school SENCO to agree a time and date for INSET. Provide written INSET documentation for the school. Provide input that facilitates effective inclusion in the mainstream school. Provide advice on how the school can make reasonable adjustments at SEN support level in order to comply with the Special Educational Needs and Disability Code of Practice. Collect feedback at intervals from subject teachers and SENCO.

Sensory Impairment – Hearing Impairment (HI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
		<ul style="list-style-type: none"> • Be available to the pupil if they have concerns they wish to discuss relating to deafness. • Provide relevant input into school Risk Assessments. • Provide written reports for parents on at least x2 occasions during the year.

Visual Impairment - Description of Need

Visual impairment can have a significant impact on a student's educational development in some cases resulting in learning delay and reduced curricular access. This will require careful monitoring by schools and the Visual Impairment Team.

It is possible for some students to acquire visual loss later in life through accident or illness.

The Code of Practice is clear and schools can consult outside agencies for advice in preventing the development of more significant needs. Schools should feel free to contact TSISS for advice at any time.

Visual difficulties take many forms, with widely differing implications for a student's education. They range from relatively minor and remediable conditions to total blindness. Some students are born blind: others lose their sight, partially or completely, as a result of accident or illness. In some cases visual impairment is one aspect of a multiple disability.

Whatever the nature and cause of the student's visual impairment, the major issue in identifying and assessing his/her special needs will relate to the degree and nature of the functional vision and the student's ability to adapt socially and psychologically, as well as to progress in an educational context.

A defect of a student's colour vision alone may not necessarily result in any special educational needs.

Definitions for Students and Young People with Visual Impairment

Cerebral Visual Impairment (CVI): A condition where some of the special 'vision' parts of the brain and its connections are damaged and the child or young person with this are unable to make sense of what they see. However, it can improve as they get older.

Mild Sensory Loss: Visual acuity better than 6/18 with visual field loss.

Moderate: Visual acuity between 6/18 and 6/36.

Severe: Visual acuity between 6/36 and 6/60.

Profound: Visual acuity 6/60 or less.

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
Universal Provision / Quality First Teaching (QFT)		
<u>Description of student</u> The CYP experiences needs which are managed well in a mainstream class with appropriate differentiation of task and teaching style. A CYP who should wear glasses, without which their vision is affected.	<u>Learning Environment</u> Providing best visual conditions <ul style="list-style-type: none"> • The teacher is held to account for the learning and progress of the CYP in the mainstream class. • Quality First Teaching meets the needs of all pupils and includes: 	<ul style="list-style-type: none"> • Parent/carer involvement through normal school policy arrangements with regard to individual special needs. • General school training, advice and support from QTVI (may include environmental audit) offer good practice guidelines on referral. • If required referral to Parent & Young People Partnership Services for support

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> ○ Flexible grouping arrangements ○ Some differentiation of activities and materials ○ Differentiated questioning ○ Use of visual, auditory and kinaesthetic approaches ○ Awareness that a CYP may need more time to complete tasks and that equality of access may mean that they need to do some things differently. ○ Resources and displays that support independence. <ul style="list-style-type: none"> • Routine feedback to pupils. • Providing the best visual conditions. Optimum seating position. • Environmental consideration are made to meet the needs of all CYPs' needs. • Environment is planned taking into consideration the physical and sensory needs of all CYP e.g. playground and classroom layout, display, signage and lighting, use of blinds. • IWB/ displays should be clear for all CYP, a dark pen should be used when writing on the board. • A range of alternative equipment may be used. • Well organised classrooms with clear route ways. • Consideration of CYP learning style. • Awareness that a CYP may need more time 	<p>to parents.</p> <ul style="list-style-type: none"> • Monitoring of CYP to check they are wearing their glasses, if prescribed and that glasses are clear, positioned correctly and in a good state of repair. • Any school concerns re vision should be checked with parents and discussed with the school nurse. This discussion should be noted in school records. • Clinical diagnosis of mild visual loss may have been made and is monitored at local clinic. • Where student's progress is not adequate, it will be necessary to review the strategies being used. • Monitoring by class / subject teachers / SENCO.

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<p>to complete tasks and that equality of access may mean that they need to do some things differently.</p> <ul style="list-style-type: none"> • Teachers verbalise work written on the board. • The wider curriculum promotes positive examples of diversity. • Provision of inclusive curriculum including arrangements for Sports Day, Design and Technology and PE where appropriate. • The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all pupils. • An understanding that a VI may have a wider impact on a CYP's social and emotional wellbeing – despite the apparent lack of obvious impairment. <p>Other school pastoral interventions could include:</p> <ul style="list-style-type: none"> • Circle time. • Peer mentoring. • Buddy systems. • Lunch clubs. 	
SEN Support in School Expected level of support alongside Trafford Sensory Impairment Support Service (TSISS)		
<u>Mild permanent visual impairment</u> CYP has identified visual needs which are	All of the above within Learning Environment plus	The school can make a referral to the VI Team. (SARF)

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>highlighted to all staff with advice on support strategies provided and monitored by the SENCO.</p> <p>A CYP with a diagnosis of a visual impairment who can learn through whole class teaching and generally copes well within the school environment but can find it difficult or stressful at times.</p> <p>A CYP with reduced vision who requires short periods of adult intervention targeted at specific curriculum areas or specific social times.</p> <p>A CYP whose vision means that they require changes to classroom seating arrangements, slightly enlarged text and/or white/interactive board access.</p>	<p>All staff should be aware of the CYP visual impairment and its implications in school and have access to specific visual advice provided by TSISS.</p> <p>The quality of printed material should be appropriate for all CYP as regards clarity, layout, font size and colour contrast.</p> <p>Awareness raising for staff about the educational implications of specific visual conditions can be offered.</p> <p>Discuss with the CYP preference for seating position for optimum visual access and appropriate strategies to manage own needs.</p> <p>Advice for provision of modified equipment to meet visual needs e.g.</p> <ul style="list-style-type: none"> ○ dark lined books ○ clear protractor ○ fine lined pens ○ digital thermometer ○ iPad/Kindle ○ bar magnifier. <p>Accessible access to the school ICT network.</p> <p>Supervision at breaks and lunch time as required.</p> <p>Preparation of some modified print materials as</p>	<p>Advice and guidance will be given from the VI Team. A QTVI will visit school if requested and talk to staff about the implications of this type of visual loss and the best ways to help the CYP.</p> <p>QTVI provide assessments of CYPs functional vision and updated written reports, regarding appropriate access to curriculum and recommendations towards IEPs.</p> <p>Parents / carers views must be sought with their permission to gain advice from other agencies. Parents should be involved in planning and carrying out interventions.</p> <p>The level of on-going support from the specialist teaching service will be based on Trafford guidance Eligibility Criteria and agreed in consultation with parents, schools.</p> <p>The QTVI will liaise closely with the SENCO and class/subject teacher any additional classroom support to ensure that they are aware of the needs of the student and how best to create a classroom environment that will enable optimum visual and learning conditions for the CYP.</p> <p>VI staff promote adaptations for a student with visual impairment as required.</p> <p>VI staff promote awareness of the impact of</p>

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	directed by QTVI.	<p>visual impairment to fully include the CYP in all aspects of the curriculum and implement agreed strategies.</p> <p>Can offer:</p> <ul style="list-style-type: none"> • Talk to groups of students about visual impairment and how they can best help their visually impaired classmate. • Advice on exam concessions where appropriate and provide written information to aid application. • Where other professionals are working with the student the VI Team will liaise and plan jointly with them, the school and family. <p>QTVI to monitor CYP with mild visual impairment and liaise regularly with parents/ school as necessary.</p> <p>Collect feedback from staff at regular intervals in order to establish that adequate progress is being made and VI needs are being met.</p> <p>Ensure staff understand that they can contact TSISS and discuss concerns at any time.</p> <p>Meet the pupil to discuss any concerns.</p> <p>Liaise with SENCO when necessary via email and telephone and meet if the need arises.</p>

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
		Attendance at review meetings.
SEN Support in School – High Level of Need Expected level of support alongside Trafford Sensory Impairment Support Service (TSISS)		
<p>The CYP has identified needs which require additional specific provision or specialist advice e.g. a detailed time limited programme, intervention personalised timetable and/or resource.</p> <p>A CYP who has a significant visual impairment which impacts on his/her ability to access the curriculum independently.</p> <p>A CYP who may require targeted intervention in all practical subjects.</p> <p>The CYPs visual impairment could co-exist with other secondary needs.</p>	<p>All of the above plus ...</p> <ul style="list-style-type: none"> • Environmental audit School Access acknowledged. • Consideration to CAF/Family Plan if appropriate. • Risk assessments to inform adaptations including educational visits. • Liaise with Specialist Teachers, Educational Psychologist, SALT, OT. • There is a commitment to developing independence with steps planned and agreed. • Careful reviewing of needs before transition at key stages e.g. starting pre-school, primary, secondary, post 16, adult life. • TAs are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective. • Individual Education Plan to share advice on successful strategies, written in 	<p>Provision of environmental audit for school by QTVI/O + M officer.</p> <p>Additional risk assessments for specific CYP visual needs. QTVI to liaise with other agencies involved with CYP</p> <p>Transfer recommendations provided at Key Stages.</p> <p>Provision of recommendations towards IEP with regard to VI needs.</p> <p>Monitoring of progress through termly reports.</p> <p>Written recommendations for internal/ external exams and assessments.</p> <p>Advice provided regarding modification of curriculum access including PE / Technology and specialist equipment may be loaned alongside direct targeted support. QTVI /</p>

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
	<ul style="list-style-type: none"> consultation with parents including <ul style="list-style-type: none"> ○ risk assessment ○ health care ○ emergency evacuation (PEP) ○ mobility. • Manage access arrangements for internal and external examinations and assessments. • Awareness of social and emotional aspects of disability. • Modified and adapted PE lessons as required. • School trips which are planned well in advance and take into consideration the needs of CYP with reduced vision. • Access to a differentiated curriculum. • Use of equipment to access the curriculum as needed. 	<p>Specialist TA to provide intervention at specific curriculum areas / times.</p> <p>Provision of some modified curriculum materials e.g. assessments through consultation with QTVI.</p> <p>Provision / maintenance of service file outlining advice, direct intervention and outcomes.</p>
SEN Support in School for children and young people with a Statement/EHC Plan Expected level of support alongside Trafford Sensory Impairment Support Service (TSISS)		
<p>A CYP who has a visual impairment which greatly impacts on his/her ability to access the curriculum without additional resources.</p> <p>The CYP has significant VI needs which impact on progress requiring long term</p>	<p>All of the above plus</p> <p>Teaching style and tasks are adapted to suit CYPs learning style.</p> <p>School and TSISS plan together on an on-</p>	<p>All of the above plus</p> <p>Specialised modification of all curriculum resources.</p> <p>Provision and use of specialist/adapted</p>

Sensory Impairment – Visual Impairment (VI)		
Assessed level of need	Support and intervention	Monitoring, assessment and review involving parents, children and young people and specialists
<p>involvement of educational and non-educational professionals as part of statutory assessment/EHC plan.</p> <p>Possibly some complexity of other needs.</p> <p>A CYP may be a large print/moon or Braille user.</p> <p>The CYP needs a high level of support in class and for preparation of resources.</p>	<p>going basis.</p> <p>Staff supervision of break and lunch times as required.</p> <p>Reasonable adjustments for movement between lessons.</p> <p>Provision of suitable space/equipment for 1:1 work/resourcing taking into account safeguarding issues.</p>	<p>equipment/software in all lessons to access the curriculum.</p> <p>Opportunities for 1:1 teaching outside the classroom (pre and post tutor).</p> <p>Specialist support to access individualised curriculum.</p> <p>Attendance and contributions to Annual Reviews/ EHC plan.</p> <p>Skilled support staff who have an understanding of the implications of VI and in-depth knowledge of specialist equipment.</p> <p>Provision of regular inset regarding CYP VI needs.</p> <p>Specific instruction in the development of mobility and orientation skills and independence due to VI provided by trained staff.</p>

Continuing Professional Development (CPD)

Trafford education services offer a range of CPD for schools relating to SEN through the SEN Advisory Service (SENAS) and the Educational Psychology Service usually purchased through service level agreements. SENAS organises training involving health staff commissioned with education funding such as some specialist speech and language therapy. The Sensory Impairment Service will train schools as part of their involvement with a child or young person.

Early years settings can purchase CPD through the Early Years commissioned training at an awareness level for all staff or at an enhanced level for SENCOs.

Trafford have a number of Signalong trainers and made a decision to adopt it across special schools and services in 2009. The Trafford Signs and Symbols Guidance document details its use and that of common symbol systems.

High quality free training materials are always promoted such as the Inclusion Development Programme www.IDPonline.org as a starting point for all settings aimed at improving teachers' knowledge of the SEN most frequently encountered. These can provide an awareness for anyone coming into contact with a child but also provide more detail for staff adapting teaching and learning for a child or young person. The Advanced SEN materials and the Complex needs materials published by DfE take professionals into greater depth and are also free and available online.

Trafford provide a range of accredited courses in partnership with Manchester Metropolitan University (MMU) including those for Teaching Assistants working with pupils with Autism or Dyslexia and the National Award in SEN Coordination for School SENCOs or aspiring SENCOs.

Appendix 1

Assessment guide – measuring the impact of interventions

Attainment	English as an additional language
<ul style="list-style-type: none"> • P Scales https://www.gov.uk/government/publications/p-scales-attainment-targets-for-pupils-with-sen • Teacher-assessed NC sub-levels/Average Point score (APS) 	<ul style="list-style-type: none"> • NASSEA booklet http://www.nassea.org.uk/school-level-support/next-step-assessment-system.html • <i>A Language in Common</i> (QCA)
Communication and interaction	Social, emotional and mental health
<ul style="list-style-type: none"> • Progress Checker (www.talkingpoint.org.uk/teachers) • <i>Renfrew Language Scales</i> (Winslow) • ECAT National Strategies monitoring sheet in Early Years • <i>The AFASIC Language Checklists</i> (LDA) • <i>The Pragmatics Profile</i> (Dewart & Summers) • <i>Universally Speaking – ages and stages of children’s communication development</i> (Communication Trust) • <i>Language for Learning Across the Curriculum</i> (Kidderminster Worcestershire) • Inclusion Development Programme-SLCN • Sensory profile on a pupil-Checklist Autism IDP http://www.idponline.org.uk/psautism/launch.html • Skills and behaviour checklist-Autism IDP 	<ul style="list-style-type: none"> • <i>The Boxall Profile</i> (AWCEBD) • <i>Emotional literacy assessment and intervention</i> (Southampton assessment tool) • <i>Goodman’s strengths and difficulties questionnaire</i> http://www.sdqinfo.com/ • <i>BESD -Inclusion Development Programme</i> http://www.idponline.org.uk/
Cognition and learning	
Literacy	Mathematics
<ul style="list-style-type: none"> • Placement and progress check tools for NLS Wave 2 interventions: Early Literacy Support, Additional Literacy Support, Further Literacy Support • Criterion-referenced assessments: phonic checklist, high-frequency words, phonic awareness, reading running record (e.g. Fischer Family Trust Wave 3 materials if in school) • Letters & Sounds Phases and Read Write Inc. 	<ul style="list-style-type: none"> • Tracking Charts for NNS Wave 3 Mathematics intervention • Materials from NNS Using assess and review lessons: probing questions linked to key objectives R to Y6, sample assessment and review lessons • Basic Number Diagnostic Test: 5-9 years (Hoddertests) • Staffordshire Mathematics Test: 7-8 years (Macmillan Education)
Reading	Spelling
<ul style="list-style-type: none"> • York Assessment of Reading for Comprehension: Early Reading and Passage Reading – Primary and Secondary versions (GL Assessment) • Neale Analysis of Reading Ability: 6-13 years (GL Assessment) • Diagnostic Test of Word Reading Processes (GL Assessment) 	<ul style="list-style-type: none"> • Single Word Spelling Test: 6-14 years (GL Assessment) • British Spelling Test Series: 6-13 years (GL Assessment) <p>Progression Guidance can be found at http://webarchive.nationalarchives.gov.uk/20101007220550/http://nationalstrategies.standards.dcsf.gov.uk/node/437685</p>

Appendix 2

Early Years Development Journal Stages

The Early Years Developmental Journal helps families and practitioners to celebrate record and support early development, and to identify areas where extra help may be needed. Its age ranges are narrower than those within the EY Outcomes Document e.g. Steps 1 – 4 link into the 0 to 11 months EYFS Stage. The EY Developmental Journal can therefore help to paint a more precise picture of a child's strengths and difficulties, and of where support needs to be targeted. It is closely linked to both "Development Matters" and to the "Personal Child Health Record"

The 14 Steps within the Early Years Developmental Journal are related to both the 'EYFS Ages and Stages', and to an approximate age range in typical development, as detailed below –

EY Developmental Journal Step	Typical development age range	EYFS stage
Step 1	0-3 months	0-11 months
Step 2	2-5 months	0-11 months
Step 3	4-7 months	0-11 months
Step 4	6-10 months	0-11 and 8-20 months
Step 5	9-13 months	8-20 months
Step 6	12-16 months	8-20 months
Step 7	15-19 months	8-20 and 16-26 months
Step 8	18-22 months	16-26 months
Step 9	21-25 months	16-26 and 22-36 months
Step 10	24-31 months	22-36 months
Step 11	30-36 months	22-36 and 30-50 months
Step 12	35-41 months	30-50 months
Step 13	40-51 months	30-50 and 40-60 months
Step 14	50-60+ months	40-60 months

Appendix 3 – Cognition and Learning Recommended Resources and Programmes

Intervention	Age Group / Need	Delivered by	Description
Literacy and Numeracy Programmes			
Direct Phonics (formerly IAT) University of Manchester	Years 2 and 3	Teacher	Direct Phonics enables children to reach Step 6 within the NLS Progression in Phonics framework. The content is cumulative and repetitive. Checks of progress make sure that children have consolidated their learning. The teaching method follows a routine of 'model-lead-check'. Clear instructions can be followed by both teachers and teaching assistants.
Catch Up Literacy	Years 2-6	Teacher or Teaching Assistant (TA)	10 minute individual session, once or twice a week, involving reading a text and a linked writing or spelling activity over a period of 1-3 terms.
FFT Wave 3 (Fischer Family Trust)	Year 1/2	Experienced TA 1:1 with child 20 mins day for 10 weeks	The programme was developed in response to teachers' concerns regarding those children in Years 1 and 2 who either made insufficient progress in ELS or did not have the literacy skills to access ELS in the first place. It addresses both reading and writing over 10-week delivery – (it is not suggested that 10 weeks is enough for these children who are the hardest to reach but it is enough for a school to assess the value and potential impact of the programme).
FFT HiFive	Year 5 and above	Teacher and trained TA	A Wave 3 intervention which aims to develop independent reading and writing strategies linked to specific text types. Aimed at pupils working at Level 2c. Pupils taught in groups of 3 or 4.
Cued Spelling Professor Keith Topping: University of Dundee	Reception-Year 6	Parent, volunteer or another pupil	Cued Spelling: Paired work in spelling based on choosing cues to remember words - 3 x 15 minutes a week for six weeks.
Boosting Reading Potential (Education Bradford)	Years 1-8	Trained volunteer adult or TA	The adult reads 1-1 with the child 2 or 3 times a week for approx. 15 minutes, over a 10-17 week period. The aim is for the child to develop independent reading strategies. The intervention also emphasises parental involvement.
Phono-Grafix	Key Stages 1-4	Teacher plus TA or parent	The teacher works with the child 1-1 for 1 hour per week, supplemented with TA or parent, over a period of 12-26 weeks. Phonics-based plus practice in reading texts of own choice.

Intervention	Age Group / Need	Delivered by	Description
Toe by Toe Keda Cowling and Harry Cowling	KS1 – Adult	Teacher, TA and parent/ carer	A highly structured, multi-sensory Reading Manual for teachers and parents. The pupil works 1:1 for 20 minutes per day, up to 7 days a week. Cumulative, pupil proceeds at own pace. Clear instructions on each page.
Beat Dyslexia Elizabeth Franks, Myra Nicholson, Celia Stone, LDA	KS 1/ 2	Teacher, TA	Structured, multi-sensory programme for dyslexic pupils. Small, attainable goals. Uses a variety of imaginative approaches. Six levels each with photocopiable programme and audio CD. Can be used with a group.
Units of Sound Dyslexia Action	KS2 – Adult	Teacher oversees programme	A structured, cumulative and multi-sensory programme on CD Rom for reading and spelling that involves a high level of independent work by the learner. Programme has three stages. Pupil works on computer with guidance from teacher.
Nessy Learning Programme Nessy, 10 Upper Belgrave Road, Clifton, Bristol, BS8 2XH	Designed for age 5 – adult, but may be particularly suitable for KS1 and 2	Teacher, TA	An interactive programme for reading and spelling. Structured phonic course with worksheets and games downloadable from CD Rom. Games also available on computer. Includes Resource bank and suggestions for strategies.
Acceleratead Acelewrite Talking Computer Project	Years 3 – 6	TA supervises computer work	Talking computer project. Provides colour-coded flash cards, full instructions, photocopiable record sheets. A multi-sensory structure and graded programme with regular revision. Delivered daily for 20 minutes a day for four weeks. Improves memory skills. Pupil uses a talking word processor to type sentences following phonic patterns.
Alpha to Omega Bev Hornsby, F Shear, J Pool	Age 6 – adult	Teacher	Structured, multi-sensory teaching programme for dyslexic learners. Teaching Handbook. Additional photocopiable materials available.
Hickey Multi-sensory Language Course Kathleen Hickey	Any age 1:1	Trained Specialist SpLD teacher	Structured, cumulative, multi-sensory programme teaching reading and spelling.
DILP Dyslexia Institute Literacy Programme	Any age 1:1	Trained Specialist SpLD teacher	Structured, cumulative, multi-sensory programme teaching reading and spelling.
Read Write Inc.	Reception	Teacher or TA	Designed for whole class teaching but adapts very well for Wave 3 intervention.

Intervention	Age Group / Need	Delivered by	Description
Ruth Miskin Oxford University Press	& Y1 Or Small SEN groups KS1 & 2	supervised by Teacher	Systematic synthetic phonics reading programme using visual, kinaesthetic and auditory activities Comprehension element Writing activities linked to texts Fresh Start modules available for years 5, 6 and 7 working below NC Level 3, using age-appropriate texts
Primary Strategy Wave 3 Mathematics materials	Key stage 1 and 2	Teacher and TA	Ideally the person who works with the child will be a teacher, particularly for the fifteen to twenty minute first teaching session, and for the final 'spotlight' which assesses whether the child's errors and misconceptions have been tackled successfully. The materials can be used within the daily mathematics lesson or outside of it. The format, (a fifteen to twenty minute teaching session followed on subsequent days by five minute 'spotlight' follow-up activities) lends itself to work within the lesson. It can equally take place at another time if it is important that the child works with the rest of the class for the whole of a particular lesson, or if additional adult support is only available at another time.
Closing the Gap with Numicon	KS1 & KS2 and SEN	Teacher / TA and parent	The Numicon Maths Approach is suitable for children of all abilities and has huge potential for children with special needs and has been used particularly successfully with children with Down's syndrome. The games and activities are colourful and easy to use. The Numicon system teaches children number through structured visual imagery using three strands, pattern, counting and arithmetic and provides tactile introductions to important concepts in arithmetic. In particular it helps with counting, pattern, odd/even, numbers, place value, estimation, addition and subtraction.
NZ Maths Maths Recovery	KS1-KS3	Teacher-led	The NZ Maths materials are available online and suitable for all abilities. Mathematics Recovery is an international intervention programme which was developed in response to the problem of children's failure in early numeracy and primary mathematics. In the UK and Ireland it is directed by the Mathematics Recovery Council UK and Ireland which is a not for profit charity that aims to support those in education wishing to use the Mathematics Recovery Programme. The Maths Recovery Council provides training for teachers and teaching assistants supporting low attaining children.
Clicker and WriteOnLine (particularly suitable for older pupils)	Any age		Computer support for writing in the classroom. Simple and easy to use. Grids on screen which can be downloaded or custom-made. Word, Page and Book-making resources. Word predictive text. Ready-made on-line resources.
Blitz!	KS1 or early KS2 Small group or 1:1	Teacher or TA	A highly structured early literacy programme for children experiencing difficulties in acquiring the fundamentals of literacy. Photocopiable lesson plans & activities. Alphabet activities, games and core reading books.

Intervention	Age Group / Need	Delivered by	Description
The Word Wasp Harry Cowling	Any age 1:1 Could be adapted for small group	Teacher or TA or parent/carer	A comprehensive, structured and diagnostic manual for the teaching of spelling; suitable for dyslexic pupils. Impacts on both spelling & reading. Coaching pages for adult.
RAPID & RAPID Plus Heinemann	KS2 &3 1:1	Teacher or TA	Aims to move children from reading age 5.6 to 9.6 There are 12 RAPID reading levels which comprise 6 stages and correspond to NC reading levels. Additional resources for KS3. Resources include: reading books, a software package and assessment texts. Especially designed to appeal to boys/reluctant readers.
The Five Minute Box www.fiveminutebox.com	Reception, Y1 & 2 1:1 for 5 minutes each day	TA monitored by Teacher	Multisensory teaching system to establish early literacy skills for all children who fail to keep up with the pace of classroom learning. Includes: assessment, scripted activities, progress charts. Teaches the basic skills for reading and writing, early phonics, keywords and personal and sequential information.
The Number Box www.fiveminutebox.com	Reception, Y1 & 2 1:1	TA monitored by Teacher	Multisensory teaching system to establish early number skills for all children who fail to keep up with the pace of classroom learning. Includes: resources, record of achievement booklets and illustrated, easy to follow instructions. Designed to provide a progression of skills and a full record of work, showing successes and areas of difficulty.
Corrective Reading SRA McGraw-Hill	KS3/4 1:1 or small group	Teacher or TA	Intensive intervention for students reading one or more years below chronological age. There are 3 strands: Decoding, Comprehension and Workbooks with 4 levels in each strand.
Speed Up!	KS1-3	TA monitored by Teacher	A handwriting intervention delivered in eight weekly sessions, Speed Up! provides a multi-sensory course of help for any child aged 5 upwards, including KS3 whose handwriting is illegible, slow or lacking in fluency. Developed by a leading paediatric occupational therapist.
See and Learn Most are free downloads. Go to www.dseinternational.org	Down Syndrome	At home or in school, in 1:1 or in classroom	Structured activities using visual learning techniques for learning. Targets Language and Reading, Memory, Speech and Numbers.
POPS – a special needs	Children	Teachers, TAs	Teaches the language needed for everyday life. The story topics are understandable and relevant

Intervention	Age Group / Need	Delivered by	Description
literacy programme	with Down Syndrome, speech impairment and autism.	and parents	to the child's experiences. Develops both word recognition and language comprehension.
A Reading and Language Intervention for children with Down Syndrome developed by the University of York	Children with Down Syndrome	Parents and professionals	Combines reading and language instruction in daily 40-minute teaching sessions. The Handbook includes two DVDs illustrating teaching techniques and a CD of printable resources.
Recommended Apps for Children with Down Syndrome			
Special Words	Children with Down Syndrome	Home, school, nursery settings	Teaches children to recognize early vocabulary written words and encourages their speech development. On Apple iPad, iPhone and iPod touch and on android tablets and phones.
Special Stories	Children with Down Syndrome	Home or school	Enables children to create their own stories, containing text, pictures and sound. On Apple iPad, iPhone and iPod touch and on android tablets and phones.
Special Numbers	Children with Down Syndrome	Home, school, nursery settings	A set of activities to help develop early number skills, including counting, matching, ordering, comparing and selecting. On Apple iPad, iPhone and iPod touch.
Match and Find	Children with Down Syndrome	Home, school and settings	Develops children's memory, matching, searching and sequencing skills. On Apple iPad.
Touch Apps – Words, Animals, Numbers, Colours and Emotions	Children with Down Syndrome	Home and settings	A collection of 6 apps offering a visual-based approach to help children who are at the first stage of learning about words, numbers, colours, shapes and emotions. Uses cause and effect: touch the picture to see and hear the word or number. On Apple iPad, iPhone and iPod touch and on android tablets and phones.

Appendix 4 Speech Language and Communication Needs

Recommended Resources and Programmes

Age Group	Description
Listening skills	
Foundation & KS1	<ul style="list-style-type: none"> • Social skills posters – good listening, good talking, good waiting, good sitting, good thinking, good asking, what's on your mind, good friends (from Taskmaster) • Outdoor sounds/Indoor sounds - Listening CDs with pictures (from Winslow) • Listening skills – worksheets for early years and KS1 (from Winslow)
KS2	<ul style="list-style-type: none"> • Listening skills – worksheets for KS2 (from Winslow) • Listening and Thinking – taped stories with written comprehension questions (from Learning Materials)
KS3/4	<ul style="list-style-type: none"> • Target Listening and Understanding in Secondary Schools – photocopiable worksheets – listening skills, following instructions (from Barrington Stoke)
Understanding and telling stories	
Foundation & KS1	<ul style="list-style-type: none"> • Speaking and listening through narrative – a pack of activities to develop narrative skills (from Black Sheep Press) • Fold a book – 100 sequenced stories, 3,4,5 and 6 panels (from Winslow) • Any picture sequencing cards available in school
KS2	<ul style="list-style-type: none"> • Speaking and listening through narrative – a pack of activities to develop narrative skills (from Black Sheep Press) • Fold a book – 100 sequenced stories, 3,4,5 and 6 panels (from Winslow) • Any picture sequencing cards available in school
KS3/4	<ul style="list-style-type: none"> • Target Thinking and Speaking in Secondary Schools – photocopiable worksheets – generating ideas, giving information, narrative (from Barrington Stoke) • Narrative Intervention Programme – improve the understanding and telling of stories in secondary school students (from Speechmark)
Vocabulary	
Foundation & KS1	<ul style="list-style-type: none"> • Speaking and listening through narrative – a pack of activities to develop narrative skills (from Black Sheep Press) • Semantic Links (from Stass Publications) • Curriculum Based Information Carrying Word Pack (from Elklan) • Clip work sheets (from Harcourt Assessment)
KS2	<ul style="list-style-type: none"> • Rhodes to Language – a programme for developing vocabulary of different word groups i.e. nouns, verbs and adjectives (from

Age Group	Description
	Stass Publications) <ul style="list-style-type: none"> • Semantic Links (from Stass Publications) • Defining and Describing – Marilyn Toomey (from Winslow) • Clip work sheets (from Harcourt Assessment)
KS3/4	<ul style="list-style-type: none"> • Semantic Links (from Stass Publications) • Defining and Describing (from Harcourt Assessment) • Target Listening and Understanding in Secondary Schools (from Barrington Stoke) • Target Thinking and Speaking in Secondary Schools (from Barrington Stoke) • Vocabulary Enrichment Programme – to enhance the understanding and use of vocabulary in secondary school students – Victoria Joffe (from Speechmark)
Creative thinking skills	
Foundation & KS1	<ul style="list-style-type: none"> • Emotions – 48 laminated cards (from Winslow)
KS2	<ul style="list-style-type: none"> • Emotions – 48 laminated cards (from Winslow) • What are they thinking? – 60 cards with thought bubbles (from Taskmaster) • Think it – say it; set of 75 pictures with guided questions to improve verbal reasoning (from Taskmaster) • Reading for meaning – contains worksheets for listening, narrative and inferential thinking (from Learning Materials) • Picture questions – develops narrative skills (from Learning Materials) • New reading and thinking – develops text inferential thinking (from Learning Materials) • Looking and thinking - develops picture inferential thinking (from Learning Materials)
KS3/4	<ul style="list-style-type: none"> • Think it Say it (as above, from Taskmaster) • Target Thinking and Speaking in Secondary Schools (from Barrington Stoke)
Social skills / pragmatics	
Foundation & KS1	<ul style="list-style-type: none"> • Social skills posters – good listening, good talking, good waiting, good sitting, good thinking, good asking, what's on your mind, good friends (as above, from Taskmaster)
KS2/3/4	<ul style="list-style-type: none"> • Talkabout, Talkabout Activities and Talkabout for Teenagers (Speechmark) – a social skills package • Quality Circle Time in The Secondary School – to promote personal and social development (David Fulton) • BT, Betterworld, Learning Skills (free resources)

Appendix 5 - SNICTA Recommended Provision

Considering assistive technology to support children and young people's learning and curriculum access

Reasonable Adjustments

Schools and education authorities have had a duty to provide reasonable adjustments for disabled pupils since 2002 (Originally under the Disability Discrimination Act 1995 (the DDA) and, from October 2010, under the Equality Act 2010). *Taken from Reasonable adjustments for disabled pupils Equality and Human RIGHTS Commission Guidance (Sept 2012) which should be read alongside this guidance.*

From September 2012 the reasonable adjustments duty for schools and education authorities includes a duty to provide auxiliary aids and services for disabled pupils. The duty to provide auxiliary aids is not a new one and already applies in other contexts such as employment, service provision, and further and higher education.

The focus of this guidance is on the practical implementation of the reasonable adjustments duty in schools in relation to assistive technology.

Many of the reasonable adjustments that schools are already making for disabled pupils undoubtedly include the use of some auxiliary aids, such as coloured layovers for dyslexic pupils, pen grips, adapted PE equipment, and adapted assistive technology such as alternative keyboard or mouse.

The duty to make reasonable adjustments requires a school to take positive steps to ensure that disabled pupils can fully participate in the education provided by school, and that they can enjoy the other benefits, facilities and services which the school provides for pupils. To support schools and settings this guide aims to give examples of assistive technology that supports children and young people to develop their knowledge, understanding, skills and demonstrate their learning through the introduction of low tech and high tech aids where appropriate.

Many reasonable adjustments are inexpensive and could involve a change of practice rather than the provision of equipment.

A Graduated Approach to Assistive Technology

To access the curriculum some children and young people need adjustments to be made to enable them to interact with information and material provided. Motivation and ability to interact can depend on a number of factors. Some children and young people with cognitive, sensory or physical disabilities face barriers to interaction and engagement with the curriculum and may require reasonable

adjustments to be made. The effective use of assistive technology can be the key to overcoming barriers that are beyond the child or young person's control. When assistive technology is functionally integrated into the classroom, a child or young person's motivation can be fully realised and they can contribute and be challenged by the curriculum in a positive way. *"Technology doesn't replace teaching. It enables children and young people take a step forward through engagement....to want to learn more in ways that are fresh and relevant"* Comment from a teacher.

Schools should adopt a graduated approach to using assistive technology and before seeking further assessment be able to demonstrate how they have worked through the cycle of plan, do and review showing what has worked or not worked for the individual.

There will be some instances where children and young people may meet the criteria for **SNICTA (Special Needs Information Communication Technology Assessments)**. Where schools have evidence that they have:

- worked through the recommended provision document
- have made/trialled evidence of reasonable adjustments
- have evidence of how the school have tried to embed a wide range of different technologies within the classroom
- have evidence of what technology has been trialled with the individual
- the child or young person experiences persistent and/or additional problems with the acquisition of skills in line with assessed ability
- records and observations of the impact of these in relation to whole class teaching and on the child and young person
- CYP continues to experience difficulties in accessing the curriculum despite appropriate differentiation and introduction of the resources

Where the child/young person experiences significant, complex, persistent and enduring difficulties for which more specialist provision is appropriate a referral can be made to SNICTA through a request at Annual review or direct to gill.wilson@trafford.gov.uk.

Where a child/young person meets the criteria for SNICTA, equipment may be provided by the LA for trial over the short or long term for some pupils by the local authority or other agencies. Many disabled children who also have SEN have statements of SEN or Education Health and Care Plans (EHC from September 2014) and where auxiliary aids are essential as part of their SEN provision these can be provided through the EHCP or Statement. However, the great majority of children with SEN do not have a Statement or EHC Plan and will include disabled children who require auxiliary aids or services to prevent them being at a substantial disadvantage.

To help schools to identify some of the equipment and resources that may be seen as ‘reasonable’ for schools and settings to provide we have provided the following table of examples:

Recommended Provision- using ICT to improve access To be used alongside Graduated Approach for any area of need (see also Apps list for specific resources)	
SEN Support	Statement / Education Health Care Plan
Wave 1 Inclusive Quality first teaching for all	
Classroom ergonomics Good seating guide (see link) Posture – use of foot blocks Sloped writing boards, Dycem mats Alternative pens, pencils, pencil grips Use of writing frames (see link- Dyslexia friendly strategies) Use of word processor or laptop with software such as Co-Writer tutorials on line www.donjohnston.com Access to printer USB for transferring /saving work Software Introducing Clicker 6 to support whole class teaching and offer individual access to Clicker 6 on class computer/laptop Write on Line (link - Clicker website www.cricksoft.com Clicker Grids for learning) Inspiration / Kidspiration – mind mapping. Word Shark/number shark Access devices e.g. Alternative Keyboard Mouse (See examples below) Control panel accessibility options Sticky keys Snap to Mouse speed/pointer size Background colour, font size, style and spacing Digital recorders Resources to record speech such as talking postcards, easi speak sound recorder, sound	As SEN Support plus individual TA support in class

Recommended Provision- using ICT to improve access To be used alongside Graduated Approach for any area of need (see also Apps list for specific resources)	
SEN Support	Statement / Education Health Care Plan
talking buttons recorders, tell a story card Resources to video such as flip cams , tuff cams Lunchtime clubs: to develop skills in relation to keyboard and mouse and develop fine motor skills. Develop fine motor skills with the use of iPads on apps like Dexteria aimed at improving hand function. Incorporate advice from Educational Psychologist and/or SEN consultants into IEPs	
Wave 2 Group intervention for children likely to catch up	
Keyboard skills packages Keyboard skills small groups Apps used in small groups with specific aims such as listening skills, concentration, hand function, turn taking. See SENAS favourite apps list.	N/A
Wave 3 Individual intervention or very small group for children with special / additional needs	
Word prediction packages e.g. Write Out Loud/Co-Writer which can help to overcome slow typing or writing and spelling Software to support reading e.g. Claro Read, Read/Write Out Loud enables student to see and hear written text on screen. Inspiration software a visual learning tool that inspires students to develop and organize their ideas. It also supports visual thinking techniques, ... Clicker 6 and Write on line: Both programs offer vocabulary and spelling support Through powerful prediction tools to extend vocabulary and help with spelling and word banks to provide subject specific support. Whether you are working with a whole class small groups or with individuals Clicker is the perfect tool for helping CYP to have reading and writing success. The new Clicker 6 apps including Clicker docs, Clicker Sentences and Clicker Books are now available. Each app focuses on one aspect of Clicker 6 and has a child friendly interface.	As SEN Support Alpha Smart /Neo with word prediction package Dedicated Laptop Dedicated software Access devices Switches Augmentative Alternative Communication Devices

ICT Resources for Children with Downs Syndrome

Children with Downs Syndrome need a differentiated curriculum to address their Unique Learning Profile. They generally have a relatively strong Visual Memory, but limited Auditory Discrimination and Memory skills. In addition to this, in the Early Years, they can often suffer from hearing loss and glue ear, which again needs to be addressed via differentiation in all areas of the curriculum.

Therefore appropriate ICT Resources to support Access to the Curriculum is crucial from a very early age. The Visual Nature of Computer Programs is ideal to address their developmental strengths. In order to develop oral language and speech articulation, it is also recommended that children with Downs Syndrome learn to read earlier than other children via a visual approach. Again, the use of computer programs is ideal for developing early visual memory e.g. shape and word matching, shape and word recall.

A further plus of modern ICT Programs is the ability to provide oral models for speech in combination with the written word. Research has shown that exposure to this can help develop the Oro Motor skills of children with Downs Syndrome which in turn improves articulation and development of Speech Sounds. Children with Downs Syndrome have lax oral and facial muscles which means that their expressive language and ability to be understood is delayed in relation to their comprehension, therefore the use of ICT programs within this area is once again invaluable.

The ability of computers to provide a visual written model of language combined with a vocal presentation also helps to model and develop the language structures required for speech. This can help to decrease the gap between the higher comprehension levels in relation to speech within children with Downs Syndrome, and lessen the frustration experienced when they are unable to express themselves on a par with their cognitive levels.







Use of ICT programs in general can be extremely motivating for children with Downs Syndrome, and can therefore help to promote appropriate behaviour and following of the routine within the early years. On any given day, such children are more likely than others to be affected by respiratory problems, hearing difficulties, and fatigue due to possible heart problems. This can leave them feeling upset and frustrated at their inability to perhaps hear or understand what is going in a noisy classroom, or irritable and liable to disrupt or withdraw. Access to computers and possibly headphones in such situations can ensure that they are able to access their differentiated curriculum and feel comfortable within the setting.

SNICTA Resources

To support schools and settings to trial various assistive technology a loan of resources may be available from SNICTA subject to availability. It is also possible to contact SNICTA to request advice and discuss ideas to make the best use of assistive technology available within the school or ideas in relation to loans of equipment that may be available. Children/Young People views should

always be considered in trialling and reviewing new technologies and giving them opportunities to feedback and make considered evaluations about what is helping or not.

The examples below are aimed to give some ideas about alternative access and what assistive technology may help to support Children / Young People in your school or setting.

Alternative keyboard products to consider	
BigKeys Keyboards - suppliers offer an extensive selection of solutions including BigKeys Product Range.	
	BigKeys LX large key keyboard has a simplified layout with 1" square keys. There are 10 different versions of the BigKeys LX keyboard, suitable for early learners, users with visual impairment, and those with limited mobility, as each variation comes with a different large print keyboard layout.
	BigKeys Clear Flexible Gloves: Protect your large key keyboard from dust and spills and students that may have a dribble. BigKeys clear plastic gloves are the ideal solution for situations where the keyboard maybe exposed to dust and liquids.
	BigKeys Letter sets: Spare letter sets for your BigKeys Keyboard.
	BigKeys LX Keyguard: Snap on keyguard that correctly guides fingers to keys. Specially designed for computer users with disabilities, wishing to use the BigKeys Keyboard.
	BigKeys Plus Keyguard: For BigKeys users with limited motor skills. Specially designed for computer users with disabilities, wishing to use the BigKeys Keyboard.
	BigKeys Plus Large Key Keyboard: Simplified keyboard layout with 2.5cm square keys. BigKeys Plus keyboards support nursery and Keystage 1 children as well as those with motor disability, hand tremor, dyslexia and other related difficulties.

Alternative mouse products to consider



SMALLtrack
The SMALLtrack is a simple rollerball ideal for small hands.

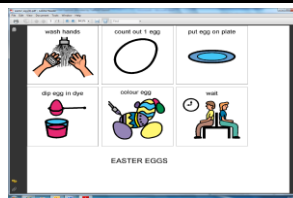


Bigtrack Trackball: Large trackball mouse suitable for users needing support for fine motor skills. The BIGtrack is an easy and effective way to move the mouse cursor across the screen. **New!** Drag lock feature - no need to hold the mouse button to drag objects, making it even easier to use!

Communication technology



4pic4
Visual sequence cards



A3 Talking Photo Album and Chatter-Box

The talking photo albums are a fantastic resource to support children with social communication difficulties, children going through a change such as moving class or school or going into hospital. On each page you can put your own picture in and record a message.



A4 Recordable Speech Bubble, Small Size Talk Time Card and A4 Recordable Story Board

Ideal for creating recordable stories, reminders or sequences



Talking Postcard

Record your own 10 second message. Display your own pictures or write on the dry wipe surface.

Communication technology



Easi-Speak Sound Recorder and the MicroSpeak Sound Recorder



Various switches as an alternative to a mouse



Talking Button

Can be given to individuals to record simple messages or placed on displays.



Flip Video Camcorder Accessories

Flip cameras to use for assessments or to work with families to record video evidence both in school and at home to influence target setting.

iPads and Apps



Protect your iPad with the iAdapter™ This innovative housing is complete with rubberised corners and handle to help protect your iPad from damage.

iPads and Apps



Otterbox Defender Case for iPad and iPad Mini

Uses multi-layer technology to provide a high-impact rugged silicone case wrapped in a polycarbonate cover with a foam interior, offering three layer protection for your iPad 2/3/4 or iPad Mini. The rugged silicone absorbs impact from drops, bumps and shocks whilst the textured exterior provides enhanced grip.



GoNow Case for iPad and iPad Mini

For the iPad 2/3/4 and the iPad mini – carry, protect and enhance the sound of your iPad.



All available from Crick Software



App designed to improve hand function

Useful links:

www.cricksoft.com

www.inclusive.co.uk