

LEWISHAM SEND BANDING DESCRIPTORS GUIDANCE

Professional guidance for helping settings respond effectively and supportively to children and young people with SEND.



Lewisham and Greenwich **NHS**
NHS Trust

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Introduction

Lewisham's Special Educational Needs and Disabilities Strategy 2016-2019 sets out our vision and priorities for improving life outcomes for children and young people with SEND and that of their families. The strategy forms an integral part of the Lewisham Children and Young People's Plan for 2015-18.

The strategy builds on the 3'Cs: clarity, collaboration and courage. We will need to have clarity about our roles, responsibilities and plans; collaborate working in partnership to ensure the best use of resources, knowledge, skills and experience; and have courage to do things differently and try out new ways of working.

The Children and Young People's Plan 2015-2018 establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the lives and life-chances of our children and young people.

All agencies across Lewisham who work for our children and young people share a single vision:

Together with families, we will improve the lives and life chances of the children and young people in Lewisham.

The vision is underpinned by three shared values:

- we will put children and young people first every time
- we will have the highest aspirations and ambitions for all our children and young people
- we will make a positive difference to the lives of children and young people.

Children and young people with SEND deserve the best start in life and the best possible opportunities to learn, develop and play. They also should expect the best from all of us who provide services that aim to improve their lives and life chances.

This strategy along with the CYP plan expresses our shared ambition and commitment to work together in partnership for, and with our children and young people and their families and carers, to make Lewisham a place where all children and young people enjoy a stimulating, healthy and safe childhood, exceed expectations, and have the highest aspirations for their future.

Priority areas for change under the strategy are as follows:

- Children and young people (0-25 years) with SEND and their families are informed and empowered to be more resilient and independent within their communities.
- Children and young people with SEND who have been identified as requiring additional support across Health, Social Care and Education receive the right support at the right time in order to enable them to become as independent as possible.
- Children and young people with SEND have the opportunity to be educated within Lewisham's education provision and are provided with the right support to enable them to achieve their full potential.

The SEND strategy also outlines that the new banding matrix needs to be implemented and moderated by the LA. Funding needs to be transparent, consistent and based on needs in line with resources available.

Purpose

This SEND Banding Descriptors Guidance sets out Lewisham Local Authority's expectation for a graduated approach to provision for children and young people with special educational needs and includes criteria for considering whether a child's needs should be met from within the resources for children with additional needs, and/or whether the Local Authority (LA) should undertake a statutory Education, Health and Care (EHC) needs assessment.

This document details criteria which schools must evidence before submitting to panel a request for an Education, Health Care Needs Assessment (EHCNA). It makes clear the steps or graduated approach that a school should go through first.

Furthermore this guidance provides examples of activities, and reasonable adjustments that a school should make in order to provide that evidence, together with appropriate time periods. It also provides details of activities in which the school or education setting may be engaged in responding to the child's special educational needs.

This guidance is based on the Children and Families Act 2014, the Special Educational Needs and Disability Code of Practice: 0-25 years, 2014. It refers to the Code and sets out the procedures that Lewisham LA expect to be followed. It gives information about the process and threshold criteria on which decisions about the level of provision that is needed for individual pupil's progress in response to interventions.

National Legislation

The new framework outlined in the Children and Families Act 2014 for meeting the needs of children and young adults up to the age of 25, has children and families at the centre of a radical programme of change. Schools and local authorities must ensure that parents and carers have access to information about the support available to them through a published Local Offer, making the process more transparent and accessible. There is a stronger focus on the participation of children and young people and parents in decision making at all levels. There is a strong focus on identifying outcomes and co-ordinating support to meet those outcomes; and on supporting young people through the transition to adulthood. Young people over the age of 16 have new rights to make decisions for themselves, subject to their capacity to do so as set out in the Mental Capacity Act 2005.

Local health, education and social care services share the responsibility to meet the requirements of the 2014 Children and Families Act, Code of Practice and regulations. The legislation and statutory guidance set out the duties of LAs and school governing bodies in the context of inclusion and school improvement for all.

The Equality Act 2010 and Children and Families Act reinforce the right for all children to be educated in mainstream schools. The SEN Code of Practice states that "Where a child or young person does not have an EHC plan the child must be educated in a mainstream setting except in specific circumstances... (Code of Practice section 1.26). All schools "...must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at a substantial disadvantage." (Code of Practice section 6.9).

The type of provision and any reasonable adjustments that education settings, schools and colleges will make to enable them to meet the special educational needs of children and young

people with SEN and disabilities, as well as those whose health is a barrier to learning, must be set out and published in their Local Offer. This should be updated at least annually. Lewisham has agreed guidelines for education settings and schools to develop a consistent Local Offer across all maintained provision in the borough. The Local Offer should also set out the arrangements for assessing and identifying pupils as having SEN (Code of Practice section 6.6)

In schools, the provision includes a universal offer of high quality teaching ('Quality First Teaching') which has the following expectations:

- Highly focused with sharp objectives
- High demands of pupil involvement and engagement with learning
- High levels of interaction for all pupils
- Appropriate use of questioning, modelling, explaining
- Emphasis on learning through dialogue (modified as appropriate).

There is an expectation that teaching will be differentiated for pupils, carefully reviewed for all pupils, including those at risk of underachievement (Code of Practice section 6.37).

Schools and settings may involve specialists at any stage and identify the planned outcomes, steps taken to reach those outcomes, review progress (in an 'assess, plan, do, review' cycle). The DfE advice states that where a pupil continues to make less than expected progress, despite evidence-based support and interventions that are matched to the pupil's areas of need, the school should consider involving specialists, including those secured by the school itself or from outside agencies. This could include, for example, speech and language therapists, specialist teachers for the hearing or vision impaired, occupational therapists or physiotherapists. The pupil's parents should always be involved in any decision to involve specialists. The involvement of specialists and what was discussed or agreed should be recorded and shared with the parents and teaching staff supporting the child in the same way as other SEN support.

The SENCO and class teacher or key person, together with the specialists, and involving the pupil's parents, should consider a range of evidence-based and effective teaching approaches, appropriate equipment, strategies and interventions in order to support the child's progress. They should agree the outcomes to be achieved through the support, including a date by which progress will be reviewed.

The majority of children and young peoples' needs should be able to be met without the LA needing to make a statutory assessment. Many programmes and external services are available within the setting's Local Offer without the need for a statutory assessment or plan, at a targeted level of support or accessing specialist advice and support.

Colleges and training providers are funded by the Education Funding Agency, including for those who declare a learning difficulty or disability, and must use their best endeavours to secure the necessary special educational provision the young person's needs (see Code of Practice section 8.51 – 8.55).

A relatively small proportion of children and young people, whose needs are severe, long term and complex will require an EHC plan for the right provision to be in place. (see Code of Practice chapter 9).

When deciding if an EHC plan is appropriate SENDCOP (section 9.14 & 9.54) requires the local authority to take in to account evidence of:

- Progress and rate of progress over time
- The nature and extent of SEN
- The relevant and purposeful action already taken to identify and meet SEN, with “much additional intervention and support over and above that which is usually provided” over time, and consider whether this is well matched to the SEN. Support includes that from relevant agencies, clinicians and other professionals, to meet planned outcomes
- What additional time is required to complete education or training in comparison to the majority of others

Section 9.55 also states that:

“Where, despite appropriate assessment and provision, the child or young person is not progressing, or not progressing sufficiently well, the local authority should consider what further provision may be needed. The local authority should take into account:

- whether the special educational provision required to meet the child or young person’s needs can reasonably be provided from within the resources normally available to mainstream early years providers, schools and post-16 institutions, or
- whether it may be necessary for the local authority to make special educational provision in accordance with an EHC plan”

This places a responsibility on the Local Authority to undertake a rigorous process in each case when considering a request for a statutory EHC needs assessment. The statutory assessment criteria need to consider, therefore, a combination of factors: the severity and complexity of the individual child’s need (threshold criteria), the relevant and purposeful action taken to address the needs (process criteria), and the resources already deployed to support the child, and the progress made by the child. The Local Authority will also consider the available provision that is already funded through the Local Offer.

A statutory assessment will not always lead to an EHC plan. In some cases, the evidence collected during the process will lead to the judgement that the child does not meet the criteria for a plan and identifying what resources are available set out in the Local Offer.

Lewisham Local Framework

The aim of banding descriptors is to provide consistent, equitable and transparent funding to schools. In addition it supports a move away from providing a set number of hours of support and instead focuses on the individual needs of the child or young person. The revised banding is a ‘pupil need led’ model which means that funding is based on the level of need.

When a child or young Person’s EHCP is agreed there will not be a commitment to providing a number of hours of support but a commitment to a banding and an appropriate school setting.

By having banding descriptors all partners engaged with a child/young person can agree on their Special Educational Needs. This approach should be more transparent as all partners can agree on the needs and appropriate responses. It is also intended to give schools/academies/educational settings more freedom to meet the child/young person’s need in a range of ways, rather than only providing hours of TA support. The funding provided may enable a range of interventions, training, specialist support, group activities and/or some additional individualised support. The effectiveness of the EHCP or SEN

Support plan will therefore not be judged by the provision of a set number of hours, but by the achievement of objectives.

The banding descriptors have been informed by a number of sources, including the former banding systems used by special schools, from descriptors used by the Local Authority previously, significant consultation with and written text from Primary Sub Group on Banding Review and Implementation, Multi-Disciplinary Teams including Health, SENCo's, SEND Lead workers, Specialist Advisory teachers and Education Officers from Lewisham's schools. The bandings were developed with reference to the SENDCOP: 0 to 25 years: Statutory guidance for organisations who work with and support children and young people with special educational needs and disabilities (2015).

When using these bandings it is intended that the potential of band B is thoroughly explored before looking at bands C or D. This approach enables the SEN panel to develop equitable, consistent and transparent decision making.

Special educational provision should be matched to the child's identified SEN. Children's SEN are generally thought of in the following four broad areas of need and support:

- Communication and interaction
- Cognition and learning
- Social, emotional and mental health
- Sensory and/or physical needs

Understanding and using Banding Descriptors

Following appropriate assessment, all pupils will be placed on a band according to their assessed needs. The banding decision must be based on the actual needs of the pupil as the assessment is about the child or young person and not the school provision.

Schools should assess each pupil's current skills and levels of attainment on entry, building on information from previous settings and key stages where appropriate. At the same time, schools should consider evidence that a pupil may have a disability under the Equality Act 2010 and, if so, what reasonable adjustments may need to be made for them.

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. (6.17 SENDCOP) This can be characterised by progress which:

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

It can include progress in areas other than attainment – for instance where a pupil needs to make additional progress with wider development or social needs in order to make a successful transition to adult life. (6.18 SENDCOP)

Allocation of Bands

For a pupil with identified and assessed special educational needs there are two clear points where consideration needs to be given to allocating banding to the pupil, at the end of the statutory assessment process and at the annual review(s). Additionally this process will need to be applied to pupils with an EHCP who move in to Lewisham from other LA's.

It is important to note that this document should be used as a guide by all professionals and to assist schools to demonstrate level of increasing need and not as a tool to determine the level of banding for each child or young person. Banding levels are determined by the SEND Panel and the decision is based on evidence provided from a range of professional agencies/services as part of an assessment process.

Assess, Plan, Do, Review

The SENDCOP sets out quite clearly the action schools should take to remove barriers to learning and put effective special educational provision in place. This should take the form of a four-part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEN of children and young people. (Please refer to paragraphs 6.45 to 6.56 of the SENDCOP for more information about Assess, Plan, Do, Review.)

Annual Review Process

The Annual Review process is statutory and as such is governed by the SEND Code of Practice (2014) guidance.

“EHC plans should be used to actively monitor children and young people's progress towards their outcomes and longer term aspirations. They must be reviewed by the Local Authority as a minimum every 12 months. Review must focus on the child or young person's progress toward achieving the outcomes specified in the EHC plan. The review must also consider whether these outcomes and supporting targets remain appropriate.” SENDCOP 9.166

The annual review process should ensure that outcomes are carefully monitored and reviewed, provision may change in light of this and may have an impact on the banding level. In some instances there may be little or no significant changes to the arrangements a pupil needs since either the statement or EHC Plan was issued or since the previous annual review but it is important that the EHC plan is kept up to date as the needs of children change and develop over time. However for some pupils the review papers will note a change in need or a lack of progress and a request for additional funding or a change of placement will be made. It is important to note that a child may go up through the bands but may also go down if they are making sufficient progress and do not require the higher level of intervention.

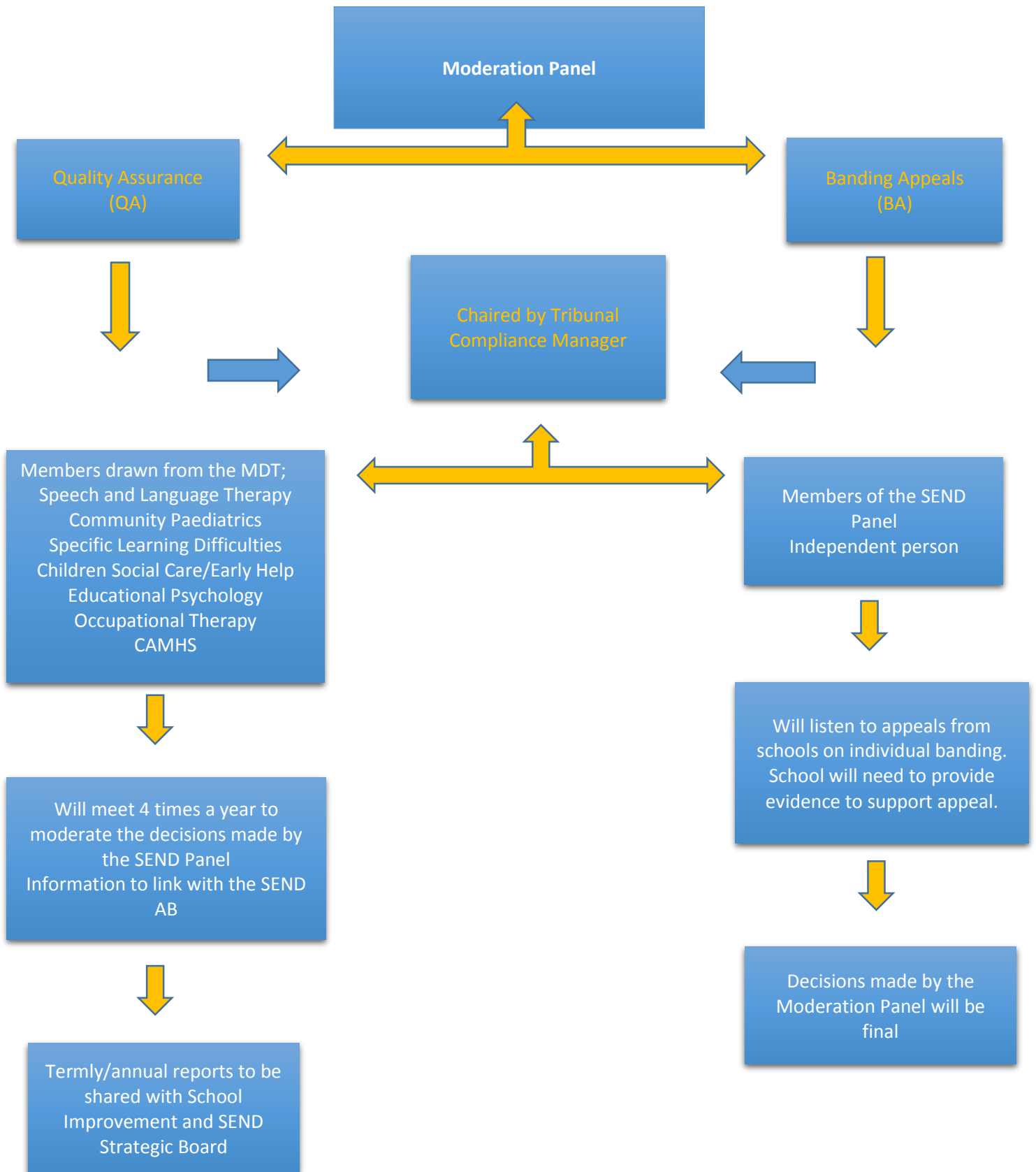
The Local Authority is responsible for monitoring the outcomes from annual reviews. If there has been a change in the primary need of a child or young person this needs to be reflected in the annual review which will need to be considered by the SEND Panel. The SEN Panel is responsible for making decisions on request for change of placement or increase in funding following an annual review.

This document sets out the banding descriptors for all children and young people with SEND irrespective of their education setting. In order to ensure that the children or young people receive the appropriate level of funding to meet their needs it is important that there are regular reviews of the progress and/or barriers to learning in line with the statutory annual review process.

Moderation Panel

In order to ensure that the revised banding system is effective the Local Authority will set up a Moderation Panel to ensure consistency, transparency and fairness in respect of the decisions made about banding levels. The two main functions of the Moderation Panel will be quality assurance of the overall decisions made by the SEND Panel and dealing with appeals from schools in respect of individual banding. It is expected that all Lewisham schools should adopt such a system that can be used to support staff and schools in this process and provide moderated evidence for parents and the local authority when individual cases are being discussed.

LEWISHAM SEND BANDING DESCRIPTORS



Exceptional Circumstances

There may be exceptional circumstances where an agreement prior to the issue of an EHCP is necessary. In such cases schools are required to provide sufficient evidence that the needs of the child cannot be met at the initial stages of the EHCNA process.

The SEN Code of Practice stresses the importance of early identification, assessment and intervention; close interagency cooperation is essential. There will be some children who have a deteriorating condition, or who become disabled through illness or injury.

A wide range of difficulties is covered by the term “physical disability”. It can be difficult for non-specialists to understand the diagnostic labels and information provided, and their relevance to the teaching situation. It is therefore essential that specialists ensure that their reports are both able to be understood by non-specialists, and written from the perspective of the implications for the child's teaching and learning in school.

Provision

The level of physical disability described for a child does not necessarily indicate that s/he requires statutory assessment. A careful assessment of the child's functioning in relation to the educational context is needed and full regard given to the Disability Discrimination Act (DDA) Equality Act 2010, Inclusive Schooling (Statutory Guidance, 2001) and the DDS Code of Practice.

Children with medical conditions

The SEN Code of Practice (7:64) states “A medical diagnosis or a disability does not necessarily imply SEN. It may not be necessary for a child or young person with any particular diagnosis or medical condition to have an Education, Health and Social Care Plan (EHCP) or to need any form of additional educational provision at any phase of education. It is the child's educational needs rather than a medical diagnosis that must be considered. Some children and young people may not require EHCP's or school-based SEN provision but they have medical conditions that, if not properly managed, could hinder their access to education.

Educational provision is always for educational purposes - to meet special educational needs arising from or associated with the condition. Statutory assessment is not required for specific educational arrangements to be made for children and young people in hospital, or ill at home. Supporting Children and young people with Medical Needs: a good practice guide” provides advice for schools on drawing up medication policies and putting in place effective management systems to support children and young people with medical needs. DfEE/DH Circular 14/96 sets out the legal framework. Access to Education for Children & Young People with Medical Needs, DFES/0025/2002 provides statutory guidance.

Specialist Resource Base Provision (SRP)

Of those who have been assessed with complex SEND, a small number of these children and young people have the potential to access mainstream educational teaching, if provided with additional specialist educational support, through SRP's.

The key objectives of Lewisham's SRP is to provide children and young people with complex SEND;

- The opportunity to maximise their educational potential and integrate into mainstream teaching;

- The opportunity to work with specialist teachers who can apply and develop strategies to meet their additional needs and support their transition into mainstream settings;
- The opportunity to have access to local mainstream education provision.

Children with mental health and emotional wellbeing

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their parents/carers and the agencies that support them, the challenges are greater. A number of disorders are persistent and will continue into adult life unless properly treated. It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18.

Most children and young people with mental health problems will be seen at a universal and targeted level, within schools and community outreach programmes, however children will be seen by CAMHS, where significant mental health services have been identified.

Comprehensive support for children and young people with emotional and psychological problems or disorders is provided through a network of services, which include:

- Universal services such as early years services and primary care
- Targeted services such as youth offending teams, primary mental health workers, educational psychologists and school and voluntary/third sector providers counselling (including social care and education)
- Specialist community multidisciplinary CAMHS teams
- Highly specialist services such as inpatient services and much specialised outpatient services (Tier 4 CAMHS).

Lewisham has a well-established CAMHS service operating in the community, which is commissioned jointly between Lewisham Local Authority and NHS Lewisham CCG. Inpatient services are commissioned directly by NHSE specialised commissioning.

A considerable amount of work has been undertaken over recent years, to improve the mental health and wellbeing of Lewisham children and young people. Stakeholders, including children, young people and their parents have worked together to develop a shared vision and common language, to be understood by all. This has been articulated through the 'Lewisham Children and Young People's - Mental Health and Emotional Wellbeing Strategy' fully supports the national agenda (Future in Mind and the Five Year Forward View for Mental Health) by focusing on the following key areas:

- early intervention; resilience and prevention
- improving access to services
- supporting vulnerable groups (such as young offenders, children looked after and children with disabilities)
- workforce development

Through this strategy the Children and Young People's Partnership is committed to promoting equality of access to assessment and intervention and that any new or existing services are accessible to all children and young people 0 – 18 (up to 25 for children with disabilities), adequately meeting the needs of our population. Alongside Lewisham CAMHS, a number of targeted interventions have been developed locally, such as the Young People's Health

and Wellbeing Service, Kooth online counselling service, Children's Wellbeing Practitioner Programme and PSLA support for children and parents coping with conduct concerns.

Early Years

All early years providers are required to have arrangements in place to identify and support children with SEN or disabilities to promote equality of opportunity for children in their care. These requirements are set out in the EYFS Framework.

Parental preference

It is important to note that parents have the right to express a preference of school. The Children and Families Act 2014 Section 33(2) states that the Local Authority must have regard to the views, wishes and feelings of the child and his or her parent, or the young person. Lewisham Local Authority will wherever possible try to offer in line with parental preference. This means that whilst the Banding Descriptors are used as a guide to the type of provision for the different banding levels, a parent can express the wish for mainstream education and this would have to be considered.

Summary of Needs

Band A	<p>Children or young people at this level make slower than expected progress for that individual or who give some other cause for concern. Needs can be met by targeted differentiation and highly focussed lesson design, looking at patterns of achievement and modifying programmes of work. This includes adapting the work of a child or young person working above chronological age (Gifted and Talented). These strategies are part of the local offer. Typically, a child or young person requiring this level of support will experience difficulties for which a mainstream school can address with support from within the graduated approach. Outside agencies will be involved if school based interventions are not leading to desired outcomes, and further specialist expertise is needed e.g. Occupational Therapy, CAMHS, SLT, EP, and Specialist Teacher.</p>
Band B	<p>Children and young people at this level can have their needs met in mainstream classes, predominantly working on modified curriculum tasks. This should include drawing on the specialist advice of services, or direct support by LA services and other agencies, as appropriate. The graduated approach has been exhausted and will have included interventions recommended by outside agencies. In order to achieve the desired outcomes for the CYP the school needs to access resources beyond that of the school through an Educational Health Care Plan. The EHCP resource will support the school to provide frequent opportunities for small group work based on identified need with opportunities for one-to-one support.</p>
Band C	<p>Children or young people in this band will have an EHCP. Children or young people requiring this level of support will continue to make slower progress than expected and experience a moderate level of difficulties or a combination of moderate difficulties. Pupils at this level will have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. They have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under developed social skills. Pupils within this band may be described as having moderate learning needs (MLD) or global, general or generalised learning difficulties. Schools will make provision by still applying the local offer, supported by specific advice from LA services and other agencies.</p>

Band D	<p>Children or young people in this band will have an EHCP. Children or young people will have substantial and/or significant difficulty in accessing curriculum because of identified needs. Some CYP at this band will present with co-morbid conditions that are interrelated and can have a cumulative impact therefore increase the complexity of their needs.</p> <p>Children or young people at this level may have attainments well below expected levels in some or all areas of the curriculum, despite appropriate interventions. They may have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and will have greater difficulties than their peers in understanding concepts. They may also have associated speech and language delay disorder, low self-esteem, low levels of concentration and under developed social skills. Pupils within this band may be described as having moderate learning needs (MLD) or global, general or generalised learning difficulties. Some children or young people may not remain in a mainstream setting through their school life. These considerations should be made at annual review with the support of up to date advice and ongoing reviews.</p>
Band E	<p>Children or young people in this band will have an EHCP. It is expected that children or young people requiring this level of support will experience a combination of substantial or severe difficulty in the areas of communication, cognitive development, behaviour, emotional well-being, physical difficulty and/or sensory impairment. They are likely to have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility and acquisition of self-help skills. Their attainments may be within the upper P-scale range for much of their school careers. All children requiring this level of support will require specialist provision. Children and young people within this band are sometimes described as pupils with severe learning difficulties (SLD).</p>
Band F	<p>Children or young people in this band will have an EHCP. Children or young people requiring support at this level will have a combination of substantial and severe difficulties in areas of communication, cognitive development, behaviour, emotional well-being, physical difficulty or sensory impairment which significantly impacts on all areas of functioning both within and outside school. They are likely to have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility and acquisition of self-help skills. Their attainments may be within the upper P-scale range for much of their school careers. All children requiring this level of support will require specialist provision. Children and young people within this band are sometimes described as pupils with severe learning difficulties (SLD). Most of these children will be educated within a specialist provision.</p>

<h2 style="writing-mode: vertical-rl; transform: rotate(180deg);">Band G</h2>	<p>Children or young people in this band will have an EHCP. Band G level of support is for those children or young people with special educational needs likely to be met by a highly specialist setting able to deal with profound and complex permanent needs. These are likely to arise from a combination of medical, primary care, learning, and communication, behavioural, physical and sensory needs (including multi-sensory impairment).</p> <p>All children and young people requiring support at this level will meet the requirements for specialist provision. Pupils will also have exceptional needs in the areas of behaviour, physical, medical or communication needs. For children and young people requiring Band G level of support when behaviour is a concern this will be extremely challenging for experienced and suitably trained staff.</p> <p>Where medical or physical needs are a particular concern, constant or a high-level of monitoring and medical intervention will be required throughout the day. They are also likely to require full time adult support to access all learning. Positive behaviour plans will require targeted and planned support from more than one adult for most of the day. Where communication is a concern the pupil will rely on a trained adult to access a communication tool to communicate basic needs.</p> <p>Children and young people who require Band G level of support may be described as having profound and multiple learning difficulties (PMLD). They are at a very early stage of development and need people around them who can help them to explore and interpret the world. Their attainments are likely to remain in the early P-scale range.</p>
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Banding Descriptors

To ensure transparency and consistency across all providers the Local Authority has developed a banding matrix which describes the arrangements that might be required by a pupil in order to address their identified needs.

Band A (SEN Support)

Children or young people at this level make slower than expected progress for that individual or who give some other cause for concern. Needs can be met by targeted differentiation and highly focussed lesson design, looking at patterns of achievement and modifying programmes of work. This includes adapting the work of a child or young person working above chronological age (Gifted and Talented). These strategies are part of the local offer. Typically, a child or young person requiring this level of support will experience difficulties for which a mainstream school can address with support from within the graduated approach. Outside agencies will be involved if school based interventions are not leading to desired outcomes, and further specialist expertise is needed e.g. Occupational Therapy, CAMHS, SLT, EP, and Specialist Teacher.

Curriculum and Support Requirements

- The first response to such progress should be Quality First Teaching (QFT) with an inclusive curriculum targeted at their areas of weakness with emphasis on concrete, experiential and visual supports. Where progress continues to be less than expected the class or subject teacher, working with the SENCO, should assess whether the child has SEN. While informally gathering evidence (including the views of the pupil and their parents) schools should not delay in putting in place additional support or other rigorous interventions designed to secure better progress, where required. The pupil's response to such support can help identify their particular needs. (CoP 6.19)
- Developmental levels and early years skills making slow progress (or, if potentially gifted and talented, well above). Although this does not represent a significant level of difficulty, there will be a need for some differentiation of the curriculum, materials, tasks and recording.
- Focused teaching through the curriculum and some additional help from the teacher and/or another adult in the classroom.
- There will be a need for some differentiation of the curriculum; by presentation, activity, pace and/or outcome changes to schemes of work, materials and recording multi-sensory learning opportunities.
- Strategies employed to encourage cognitive engagement, transferring and generalising learning e.g. Thinking Skills and problem solving
- Interventions to consist of small achievable steps with links established between new and prior learning with pre teaching, over learning and multisensory approaches as well as the generalisation of skills.
- Alternative ways of recording as appropriate.
- Focused teaching through the curriculum with access to regular small group based on identified need and 121 support focused on specific target, with outcomes closely monitored.
- For the child with additional special educational needs a specific and evidenced approach to supporting the child/young person's area of need will be in place, this may include a targeted support package/programme/training model.
- Support will be planned and implemented to ensure the child/young person is able to self-regulate in order for them to maintain focus or self soothe
- The child/young person will be helped to understand how they can use others to help them to make choices or needs known in order to foster their mutual regulation.

- Schools/settings will ensure that all activities are purposefully planned and meaningful to the child/young person by embedding motivating materials and topics of interest for them throughout the curriculum
- Services will ensure day to day activities and routines are predictable, a beginning and end to activities will be clearly defined and each step within a given activity will be clearly broken down.
- Teaching and support staff will foster the child's learning by ensuring language modelling is appropriately adjusted to their developmental level, this may include gesture with single words and early words as a focus of language modelling.
- Teaching and support staff will foster the child/young person's emotional regulation by recognising their emotional needs and adapting the environment and their interactions as appropriate
- For the child or young person with behavioural difficulties, curriculum experiences that give opportunity for success and development of self-esteem.
- For the child or young person with developmental motor difficulties (such as large movements such as balance, fine motor such as hand dexterity) and difficulties managing age appropriate functional skills (for example fastening on clothing, tool use such as manipulating scissors), there should be curriculum experiences that give opportunity for success and development of skills.
- For the child or young person with sensory motor needs which are supportive of emotional regulation, maintenance of attention and concentration, there should be curriculum experiences that give opportunity for building resilience and wellbeing
- For the child or young person who has a diagnosed permanent sensory impairment (IH), MSI or VI), there may be some resource implications for the school. If the sensory impairment is known to be progressive, the pupil may need to be placed in the next band. The child or young person may or may not wear glasses and/or hearing aids. They may also require generic or specialist access equipment and/or adapted learning materials in order to access the curriculum.
- Specialist access equipment will be provided by the Sensory Teachers Team who will train staff and the child or young person to use this effectively in the classroom. Mainstream technology such as laptops, tablets/iPads will be provided by the school for the child or young person's individual use.
- Good practice to have 'My World' or short profile of pupil.
- Assessment and advice accessed through referral to specialist services e.g. Speech and Language Therapy (SLT)
- Interventions to support outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum
- Outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- School to use communication friendly teaching strategies. Access to additional specialist advice should be considered at times of perceived challenge e.g. transition. Or when outcomes have been achieved and clinical needs still require specialist advice/and or strategies.

Cognition and learning

- Assessment and consultation advice accessed through referral to external specialist services e.g. STEPS – Specialist Teachers and Educational Psychology Service.
- Recommended strategies to be implemented by the teaching staff and integrated within the delivery of the curriculum.

- CYP may require access to assisted technology or other learning aids e.g. use of a laptop or Ipad in class and for exams for secondary aged students.
- Differentiation of the curriculum should take account of identified cognitive strengths and weaknesses. The curriculum should be differentiated by presentation, activity, pace and/or outcome changes to schemes of work, materials and alternative ways of recording.
- Interventions to consist of small achievable steps with links established between new and prior learning with pre teaching, over learning and multisensory approaches as well as the generalisation of skills.
- At secondary age visual timetables and checklist so that CYP can check independently what equipment is needed and where to go next and when. Provision of visual supports and structures such as written prompts, checklists and writing frames to support planning, organisation, memory and ability to focus on the desired task when working independently
- Younger children may need help with developing self-help skills, e.g. dressing, toileting, social skills, language skills, early concepts.
- Flexible grouping and seating arrangements within the classroom to support the needs of the CYP.

Social, emotional and mental health

Difficulties with socialising, the ability to maintain self-esteem and/or a sense of wellbeing, emotional and mental health difficulties at this level are likely to be having an impact on the child's access to the curriculum, but could also be related to underlying identified needs or unidentified needs. They can be managed through the curriculum, home-school liaison and input from other professionals. It is important to recognise that some children may present difficulties at home and not at school.

Accessing other professionals through referral to specialist services provides assessment and advice on the presenting difficulty with maintaining self-esteem and/or a sense of wellbeing. In addition referral, assessment and advice could focus on the associated other identified needs, impacting on social, emotion and mental health, such as a specific learning difficulty, a social communication difficulty, a sensory motor modulation/regulation difficulty, fine motor difficulty, or difficulty with mastering age appropriate self-care and independence. Following this assessment and advice there could also be:

- Setting of outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum.
 - Modifications of the learning environment (for example Coordination friendly, communication friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile).
 - Teaching/support staff to access training opportunities in order to implement outcomes.
 - School to access additional professional advice e.g. from SLT, Occupational Therapy, Physiotherapy or Specialist Teachers at times of perceived challenge (e.g. transition) or when outcomes have been achieved and clinical needs still require further advice/support.
- As most emotional or behavioural difficulties at this level are likely to be associated with other identified or unidentified needs, the reasons for any concerns, including withdrawn and isolated as well as behaviour that challenges settings, should be investigated by the school. Advice should be sought from specialist teams/services for example a referral to CAMHS. Needs should be managed through modifying the curriculum, home-school liaison, flexible approach to the application of the consistent application of the school's behaviour policy and other well-being and positive

behaviour strategies employed by the class teacher and other staff to ensure good mental health and wellbeing of CYP.

- 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 and social interaction, sensory processing or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.
- For some children or young people there will be a need for an individualised programme of personal/social development and/or positive behaviour plan based on closer assessment, which many involve enhanced adult contact/supervision, teaching, small group counselling or a small group targeted programme (probably on a short term basis).

Physical needs , sensory motor and/or sensory (HI/MSI/VI)

- Minor health issues or sensory (HI/MSI/VI) impairment may limit access to the curriculum or communication skills.
- Some of these children may have health issues identified by the school nurse and/or may require daily medication.
- Advice may be required about medication or other health care needs e.g. toileting. An agreed Care Plan may need to be drawn up in conjunction with parents and/or the school nurse.
- Occasional help will be required e.g. to assist the child in managing health and hygiene needs.
- Sensory impairment (HI/MSI/VI) affects access to the curriculum and may impact on social interaction, confidence in moving around and/or language development.
- Children and young people with a diagnosed sensory impairment may use hearing aids/glasses and will need some support in managing and maintaining these.
- Assessment and advice accessed through referral to specialist services e.g. Physiotherapy, Occupational Therapy (OT)
- Outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment and it's use and governance for example the Safe Seating Plans, maintaining a "move and sit" cushion) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- School to access additional professional advice at times of perceived challenge (e.g. transition) or when outcomes have been achieved and clinical needs still require further professional advice/support.
- For the child or young person with motor delay or difficulties, physiotherapy advice on access, mobility and helpful activities for school staff to integrate within PE sessions, and outdoor play opportunities.
- Independent use of a mobility aid to overcome their physical difficulties e.g. walking frame, power chair. May need to use a low-tech communication aid occasionally to support verbal communication.
- The medical condition may necessitate supervision/support for needs at specific times; e.g medication, diet, toileting.

- The medical condition will generally be stable and under control, but may require monitoring at school.
- The student may require a care plan.
- The student may show signs of fatigue during the school day.
- The medical condition may impact on the student's emotional wellbeing and social relationships.
- Some modification of resources and materials to access the curriculum may be required.
- Conditions at a level that require minimum support from suitably trained staff, aimed towards independence and self-management.

Specialist Advice and Support

- Teacher identifies, assesses and makes provision for the child's needs in the classroom. Additional adults routinely used to support flexible groupings and differentiation. A teaching assistant may offer in class support and deliver some programmes under the teacher's guidance.
- If desired outcomes are not reached then more individualised and targeted support may also be appropriate.
- Time limited programmes of small group work based on identified need.
- Assessment and advice from Sensory Teachers Team will be required for children and young people with a diagnosed sensory Impairment (HI/MSI/VI).
- An environmental audit and assessment by the Habilitation Specialist (Sensory Teachers Team) may be required to ensure safe access to the learning environment for a child or young person with visual impairment.
- The child or young person with sensory impairment (HI/MSI/VI) may need support to develop use of residual vision/hearing, listening and attention skills.
- The child or young person may need support to enhance social development, promotion of confidence and understanding of their sensory impairment (HI/MSI/VI).
- Staff will need training by the Sensory Teachers Team (ToD/QTMSI/QTVI) in the implications of Sensory Impairment (HI/MSI/VI), managing aids and strategies/equipment available to reduce the barriers to learning it entails.
- Children or young people with a diagnosed sensory impairment (HI/MSI/VI) may be the only pupil with HI/MSI/VI in their school and may need the opportunity to meet with peers with sensory impairment. These opportunities are regularly organised by the Sensory Teachers Team.
- Assess/Plan/Do/Review should be used.
- A specialist is likely to be seeing a child or young person with this level of difficulty schools should refer to an EP, SpLD Specialist Teacher or Sensory Specialist Teacher STEPS (Specialist Teachers & EP Service), ASD Outreach Service. A programme may be devised and be implemented by school staff and should be carefully monitored.
- A child or young person with a medical condition may require a Care Plan, the school may require liaison with the School Nursing Team or other health care professionals.
- Provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified therapist.
- Provision to meet outcomes on evidence of effectiveness or where there is professional consensus around best practice. Intervention will be in accordance with the professional guidance, local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding of provision the impact of previous interventions, anticipated challenge and rate of progress will also be taken into account where relevant.

Assessment and Review

- Detailed regular assessment of needs and progress by class teacher, as part of Quality First Teaching, overseen by the SENCO.
- This may then need to be followed by more specific assessment and observations by the SENCO using screening tools as appropriate.
- Monitoring of an agreed Care Plan in conjunction with parents and school nurse as required.
- Assessment and monitoring of access to the curriculum for children or young people with diagnosed sensory impairment (HI/MSI/VI) by Sensory Teachers Team (ToD/QTMSI/QTVI) according to NatSIP Eligibility Framework.

Band B (EHCP)

Children and young people at this level can have their needs met in mainstream classes, predominantly working on modified curriculum tasks. This should include drawing on the specialist advice of services, or direct support by LA services and other agencies, as appropriate. The graduated approach has been exhausted and will have included interventions recommended by outside agencies. In order to achieve the desired outcomes for the CYP the school needs to access resources beyond that of the school through an Educational Health Care Plan. The EHCP resource will support the school to provide frequent opportunities for small group work based on identified need with opportunities for one-to-one support.

Curriculum and Support Requirements

Quality First Teaching (QFT), clearly demonstrating an inclusive ethos that supports learning and wellbeing of all pupils, flexibly adapting the core offer to meet the needs of all pupils.

A child or young person with an EHCP will have clearly defined requirements outlined in their plan in respect of expected outcomes and provision this should be supported by the individual learning plan.

Communication and interaction

- Assessment and advice accessed through referral to specialist services e.g. Speech and Language Therapy (SLT)
- Interventions to support the outcomes to be implemented by teaching staff and integrated within the delivery of all areas of the curriculum.
- Modifications of the learning environment (e.g. visual support and teacher talk) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to support outcomes.
- School to access additional specialist advice at times of perceived challenge (e.g. transition). Or when outcomes have been achieved and clinical needs still require additional specialist advice/and or strategies.
- For some children or young people individualised programme to be implemented by teaching/support staff after modelling by SLT.

Cognition and learning

- Assessment and consultation advice accessed through referral to external specialist services e.g. STEPS – Specialist Teachers and Educational Psychology Service.
- Recommended strategies to be implemented by the teaching staff and integrated within the delivery of the curriculum.
- CYP may require access to assisted technology or other learning aids
- For CYP with specific learning difficulties, teach using an integrated multi-sensory approach throughout the lesson.
- Differentiation of the curriculum should take account of identified cognitive strengths and weaknesses. The curriculum should be differentiated by presentation, activity, pace and/or outcome changes to schemes of work, materials and alternative ways of recording.
- Interventions to consist of small achievable steps with links established between new and prior learning with pre teaching, over learning and multisensory approaches as well as the generalisation of skills.
- Younger children may need help with developing self-help skills, e.g. dressing, toileting, social skills, language skills, early concepts.
- More time to be given for consolidation and practice of skills being taught.
- Individual or very small group intervention will be with a trained TA working with the young person under the guidance of the class teacher and SENCo.

- May require access to specialist teacher.

Social, emotional and mental health

Difficulties with socialising, the ability to maintain self-esteem and/or a sense of wellbeing, emotional and mental health difficulties at this level are likely to be having an impact on the child's access to the curriculum, but could also be related to underlying identified and unidentified needs. They can be managed through the curriculum, home-school liaison and input from other professionals.

- Setting of outcomes to be implemented by teaching staff and integrated within the delivery of all areas of the curriculum across the school day.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile) and school to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- School to access additional professional advice e.g. from SLT, Occupational Therapy, Physiotherapy or SPLD at times of perceived challenge (e.g. transition) or at when outcomes have been achieved and clinical needs still require further advice/support
- For some children or young people OT led intervention with modelling to teaching/support staff for implementation at other specified times
- For some children or young people there is the need to provide an individualised programme (written advice plan) which is implemented within their educational context and as part of their daily routine, by teaching/support staff after modelling by a specialist services.
- For some child or young person there will be a need for a planned programme of personal and social development and/or a positive behaviour support plan with opportunities to access enhanced adult support to encourage positive behaviour choices. This should be developed in consultation with support services and involve enhanced adult contact/supervision, teaching or counselling.
- For some children and young people there will be a need for specific interventions and explicit teaching around social understanding.
- In addition some children and young people may require specialist intervention to support their communication differences and emotional regulation needs to enhance good mental health and well-being.
- Opportunities to access an area of the school, staffed by appropriate staff, at unstructured times. This should offer opportunities for peer interaction or for individual reflection and quiet time.

Physical needs, sensory motor and/or sensory (HI/MSI/VI)

- Extra adult assistance may be required e.g. to help the child/young person in managing health and hygiene needs or in adapting materials and approaches.
- Specific impairments, such as language, sensory (HI/MSI/VI) or motor impairment may require programmes recommended by therapists/specialist teachers
- Regular support may be needed for the manipulation of tools/equipment, to ensure safety and access in P.E., or for catheterisation, etc.
- An agreed Care Plan/ may need to be drawn up in conjunction with parents and/or the school nurse.
- The child or young person may:

- Require some support in moving, positioning, personal care;
- Have some independent mobility e.g. independent transfers.
- Have some communication difficulties associated with their physical difficulties
- Support to reinforce health professional programmes and health care plans.
- The medical condition may necessitate supervision/support for needs at specific times, e.g medication, diet, toileting.
- The medical condition will generally be stable and under control, but may require monitoring at school.
- The student may show signs of fatigue during the school day.
- The medical condition may impact on the student's emotional wellbeing and social relationships.
- Strategies to promote self-help / independence skills.
- Opportunities to access an area of the school, staffed by appropriate staff, at unstructured times. This should offer opportunities for peer interaction or for individual reflection and quiet time.
- Setting of outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment and it's use and governance for example the Safe Seating Plans, maintaining a "move and sit" cushion) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people OT led intervention with modelling to teaching/support staff for implementation at other specified times
- For some children or young people there is the need to provide an individualised programme (written advice plan) which is implemented within their educational context and as part of their daily routine, by teaching/support staff after modelling by a specialist service such as Occupational Therapy.
- Have a diagnosis of severe to profound sensory impairment (HI/MSI/VI) which significantly impacts on access to the curriculum and has significant resource implications for the school.
- They will require generic and specialist access equipment and/or adapted learning materials in order to access the curriculum.
- The child with vision impairment will require adult support to source, organise and access electronic texts and visual learning materials.
- For the child or young person with motor delay or difficulties individual physiotherapy advice on maximising gross motor skills and ensuring positioning is optimum for learning may need to be incorporated by school staff into the child's day.

Specialist Advice and Support

- SENCO involved in developing support plan in consultation with class teacher, parent and other professionals as required.
- General advice on appropriate use of additional adult support may be required from services and other agencies.
- Frequent communication and consultation with parents.
- Involvement by a therapist if a programme is provided for implementation at school and home.
- Specific approaches, strategies and interventions to support reaching outcomes outlined in EHCP.

- Occupational Therapy provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified Occupational Therapist.
- Provision to meet outcomes is based on evidence of effectiveness or where there is a professional consensus around best practice. Intervention will be in accordance with professional guidance, local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding of provision the impact of previous interventions, anticipated challenge and rate of progress will also be taken into account where relevant.
- If required advice on following the medical needs care plan.
- Continued assessment and advice from Sensory Teachers Team (according to NatSIP Eligibility Framework) will be required for children and young people with a diagnosed sensory Impairment (HI/MSI/VI).
- An environmental audit and assessment by the Habilitation Specialist (Sensory Teachers Team) will be required to ensure safe access to the learning environment for a child or young person with visual impairment.
- The child or young person with hearing impairment will require a visual approach to support language development (written clues, symbols, diagrams, pictorial representation) as advised by Teacher of the Deaf (Sensory Teachers Team).
- The child or young person with sensory impairment (HI/MSI/VI) will need support to develop use of residual vision/hearing, listening and attention skills. They are likely to require direct teaching/modelling of strategies as advised by the Sensory Teachers Team.
- The child or young person is likely to need support to enhance social development, promotion of confidence and understanding of their sensory impairment (HI/MSI/VI).
- Staff will need training by the Sensory Teachers Team (ToD/QTMSI/QTVI) in the implications of Sensory Impairment (HI/MSI/VI) and strategies/equipment available to reduce the barriers to learning it entails. Support staff may need to follow specific online training provided by RNIB/NatSIP.
- Children or young people with a diagnosed sensory impairment (HI/MSI/VI) may be the only pupil with HI/MSI/VI in their school and will benefit from opportunities to meet with peers with sensory impairment. These opportunities are regularly organised by the Sensory Teachers Team.

Assessment and Review

- Detailed regular assessment of needs and progress by class and subject teachers, as part of Quality First Teaching, overseen by the SENCO.
- EHCP outcomes reviewed through the Annual Review process
- This may then need to be followed by more specific assessment and observations by the SENCO using screening tools as appropriate.
- Monitoring of an agreed Care Plan in conjunction with parents and school nurse as required.
- Assessment and monitoring of access to learning for children or young people with diagnosed sensory impairment (HI/MSI/VI) by Sensory Teachers Team (ToD/QTMSI/QTVI) according to NatSIP Eligibility Framework.
- The child or young person with hearing impairment may require assessment of language and literacy development by a Teacher of the Deaf (Sensory Teacher Team).
- The child or young person with vision impairment may require a learning media assessment by a QTVI (Sensory Teachers Team).

Band C (EHCP)

Children or young people in this band will have an EHCP. Children or young people requiring this level of support will continue to make slower progress than expected and experience a moderate level of difficulties or a combination of moderate difficulties. Pupils at this level will have attainments well below expected levels in all or most areas of the curriculum, despite appropriate interventions. They have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under developed social skills. Pupils within this band may be described as having moderate learning needs (MLD) or global, general or generalised learning difficulties. Schools will make provision by still applying the local offer, supported by specific advice from LA services and other agencies.

Curriculum and Support Requirements

Quality First Teaching (QFT), clearly demonstrating an inclusive ethos that supports learning and wellbeing of all pupils, flexibly adapting the core offer to meet the needs of all pupils.

A child or young person with an EHCP will have clearly defined requirements outlined in their plan in respect of expected outcomes and provision this should be supported by the individual learning plan.

Communication and interaction

- Assessment and advice accessed through referral to specialist services e.g. Speech and Language Therapy (SLT)
- Interventions to support outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum.
- Outcomes to be implemented by teaching staff and integrated within the delivery of the curriculum.
- Modifications of the learning environment (e.g. visual support and teacher talk) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to support outcomes.
- School to access additional specialist advice at times of perceived challenge (e.g. transition). Or when outcomes have been achieved and clinical needs still require some additional specialist advice/and or strategies.
- For some children or young people individualised programme to be implemented by teaching/support staff after modelling by SLT.
- For some children or young people individualised programme to be implemented by teaching/support staff after modelling by SLT.
- For some children or young people SLT led intervention with modelling to teaching/support staff for implementation at other specified times

Cognition and learning

- Assessment and advice accessed through referral to specialist services e.g. STEPS – Specialist Teachers and Educational Psychology Service.
- Recommended strategies to be implemented by teaching staff and integrated within the delivery of the curriculum.
- Learning objectives closely matched to the stage at which the CYP has reached and build on what they already know, understand can do i.e. set objectives that offer just enough challenge to move on, but are still achievable

- Differentiation of the curriculum to take account of specific learning needs e.g. teach using an integrated multi-sensory approach throughout the lesson.
- Use of visual schedules and timetables in line with advice given by specialists.
- Provision of pre-learning and over learning opportunities in a variety of contexts – small group work, one to one, enabling transfer and generalisation of skills.
- Access to assisted technology or other learning aids.
- Tasks are broken down into simple steps supported visually.
- Access to low arousal environment
- Link learning to the CYP's everyday experience – using real-life examples.
- Use scaffolding – having an adult working alongside at first, who gradually withdraws as confidence grows as well as using back chaining to model skills.
- Use concrete objects and movement to engage CYP
- Individual and small group support in class
- Opportunities to work with a designated adult on a regular basis to implement learning strategies and to improve independence in class.
- Teaching/support staff to access training opportunities in order to implement outcomes
- May require access to specialist teacher
- Regular setting and review of targets and access to additional specialist advice if outcomes are not met.

Social, emotional and mental health

- Modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people OT led modification of the environment with modelling to teaching/support staff for implementation at other specified times
- For some children or young people there is the need to provide an individualised programme (written advice plan) which is implemented within their educational context and as part of their daily routine, by teaching/support staff after modelling by a specialist services.
- The child or young person will need a planned programme of personal/social development and/or positive behaviour plan developed in consultation with specialist services. For some children and young people regular opportunities to access enhanced adult support to encourage positive behaviour choices.
- In addition some children and young people may require specialist support and intervention to address their communication differences and emotional regulation needs in order to maintain good mental health and well-being.
- Supported interaction with peer and adults for part of the school day.
- Explicit teaching and support from staff to develop social communication and interaction skills with peers and adults.
- Opportunities to access an area of the school, supervised by appropriate staff, at unstructured times. This should offer opportunities for supported peer interaction or for individual reflect, quiet time and/or emotion regulation.

Physical needs, sensory motor and/or sensory impairment (HI/MSI/VI)

- A diagnosis of sensory impairment significantly impacts on access to the curriculum, communication and social interaction.
- The use of hearing aids/low vision aids do not sufficiently supplement access to the curriculum, communication and social interaction.

- The child or young person with hearing impairment may be unable to adequately follow conversations/instructions through spoken language and will require adult support in some lessons.
- The child or young person with vision impairment may require adult support in practical lessons.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment and it's use and governance for example the Safe Seating Plans, maintaining a "move and sit" cushion) to be integrated into Quality First Teaching
- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people OT led modification of the environment with modelling to teaching/support staff for implementation at other specified times
- For some children or young people there is the need to provide an individualised programme (written advice plan) which is implemented within their educational context and as part of their daily routine, by teaching/support staff after modelling by a specialist service such as Occupational Therapy.
- For the child or young person with motor delay or difficulties individual physiotherapy advice on maximising gross motor skills and ensuring positioning is optimum for learning will need to be incorporated by school staff in to the child's day.
- Be highly reliant on adults for support in moving, positioning, personal care
- Have some independent mobility e.g. assist with transfers, use a power chair.
- Have a physical disability that creates communication difficulties.
- Need support related to an additional learning need
- Support to implement mobility and health care plans.
- Strategies or support to promote self-help / independence skills.

Specialist Advice and Support

- Occupational Therapy provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified Occupational Therapist.
- Provision to meet outcomes is based on evidence of effectiveness or where there is professional consensus around best practice. Intervention will be in accordance with professional guidance, local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding of provision the impact of previous interventions, anticipated challenge and rate of progress will be taken into account where relevant.

Assessment and Review

- Detailed regular assessment of needs and progress by class teachers overseen by the SENCO.
- EHCP outcomes reviewed through the Annual Review process.
- This may then need to be followed by more specific assessment and observations by the SENCO using screening tools as appropriate.
- Further assessment and advice may be required from specialist services e.g. Educational Psychologist, ASD Outreach.
- Curriculum plans and progress are closely monitored by the SENCO and involved outside professionals
- Targets continue to be individualised and short term
- Continued regular engagement of parents
- Rely on education and outside professionals for assessment and advice

- Assessment and monitoring of access to learning for children or young people with diagnosed sensory impairment (HI/MSI/VI) by Sensory Teachers Team (ToD/QTMSI/QTVI) according to NatSIP Eligibility Framework.
- The child or young person with hearing impairment may require assessment of language and literacy development by a Teacher of the Deaf (Sensory Teacher Team).
- The child or young person with vision impairment may require a learning media assessment by a QTVI (Sensory Teachers Team).

Band D (EHCP)

Children or young people in this band will have an EHCP. Children or young people will have substantial and/or significant difficulty in accessing curriculum because of identified needs. Some CYP at this band will present with co-morbid conditions that are interrelated and can have a cumulative impact therefore increase the complexity of their needs.

Children or young people at this level may have attainments well below expected levels in some or all areas of the curriculum, despite appropriate interventions. They may have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and will have greater difficulties than their peers in understanding concepts. They may also have associated speech and language delay disorder, low self-esteem, low levels of concentration and under developed social skills. Pupils within this band may be described as having moderate learning needs (MLD) or global, general or generalised learning difficulties. Some children or young people may not remain in a mainstream setting through their school life. These considerations should be made at annual review with the support of up to date advice and ongoing reviews.

Curriculum and Support Requirements

Quality First Teaching (QFT), clearly demonstrating an inclusive ethos that supports learning and wellbeing of all pupils, flexibly adapting the core offer to meet the needs of all pupils.

A child or young person with an EHCP will have clearly defined requirements outlined in their plan in respect of expected outcomes and provision this should be supported by the individual learning plan.

Where severe/profound sensory impairment is the primary need, the core curriculum should be delivered by qualified Teachers of the Deaf/VI/MSI in specifically resourced provision.

Communication and interaction

- For some children or young people individualised programme to be implemented by teaching/support staff after modelling by SLT.
- For some children or young people SLT led intervention with modelling to teaching/support staff for implementation at other specified times
- For some children or young people highly individualised modification of the learning environment
- Differentiation of the language of the curriculum
- Integrated visual support into the curriculum as well as the learning environment
- Specialist SLT advice integrated into communication model with individual students.

Cognition and learning

- Outcomes as recommended by specialist services to be implemented by teaching staff and integrated within the delivery of the curriculum.
- Recommended strategies to be implemented by all teaching staff and integrated within the delivery of the curriculum.
- High level of differentiation of the curriculum so that learning objectives closely matched to the stage at which the CYP has reached and build on what they already know,

understand can do i.e. set objectives that offer just enough challenge to move on, but are still achievable.

- Differentiation of the curriculum to take account of specific learning needs e.g. teach using an integrated multi-sensory approach throughout the lesson.
- Access to assisted technology or other learning aids.
- Task are broken down into simple steps supported visually.
- Access to low arousal environment
- Link learning to the CYP's everyday experience – using real-life examples.
- Use scaffolding –to prompt, guide support using a wide range of strategies to support.
- Use concrete objects and movement to engage CYP.
- Individual and small group support in class
- Opportunities to work with a designated adult on a regular basis to learning strategies to improve independence in class.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- May require access to specialist teacher.
- Regular setting and review of targets and access to additional specialist advice if outcomes are not met.

Social, emotional and mental health

- Modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times.
- The child or young person will need a planning programme of personal/social development and/or a positive behaviour plan developed in consultation with specialist services. For some children and young people, regular and frequent opportunities to access enhanced adult support to encourage positive behaviour choices.
- In addition some children and young people will require specialist support and intervention to address their persistent and significant communication differences and emotional regulation needs in order to support good mental health and well-being.

Physical needs, sensory motor and/or sensory impairment (HI/MSI/VI)

- A diagnosed severe/profound sensory Impairment significantly impacts on access to the curriculum, communication and social interaction.
- The use of hearing aids/low vision aids do not sufficiently supplement access to the curriculum, communication and social interaction.
- Specialist teaching (QTVI/QTMSI/ToD) may be required for core subjects.
- The child or young person with hearing impairment may be unable to adequately follow conversations/instructions through spoken language and will require adult/CSW support in lessons.
- The child or young person with vision impairment may need access to alternative formats such as Braille
- The child or young person with hearing impairment may need access to a total communication approach to teaching including BSL/SSE
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment

and its use and governance for example the Safe Seating Plans, maintaining a “move and sit” cushion) to be integrated into Quality First Teaching.

- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times
- Be reliant on adults for moving, positioning, personal care including eating and drinking e.g. require hoisting. Have a physical disability that creates severe communication difficulties. Be communication aid users e.g. 4Talk4 Need adult support to access learning and social interaction. Have an additional need in one other area e.g. sensory or LDs
- Support to implement mobility and health care plans.
- Guidance and support to develop self-help and independence skills.

Specialist Advice and Support

- Occupational Therapy provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified Occupational Therapist.
- Provision to meet outcomes is based on evidence of effectiveness or where there is professional consensus around best practice. Intervention will be in accordance with professional guidance, local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding provision the impact of previous interventions, anticipated challenge and rate of progress will also be taken into account where relevant.

Assessment and Review

- Detailed regular assessment of needs and progress by class teachers overseen by the SENCO.
- EHCP outcomes reviewed through the Annual Review process.
- This may then need to be followed by more specific assessment and observations by the SENCO using screening tools as appropriate.
- Further assessment and advice may be required from specialist services e.g. Educational Psychologist, ASD Outreach.
- Curriculum plans and progress are closely monitored by the SENCO and involved outside professionals.
- Targets are short term and specific, monitored and reviewed on a short term basis.
- The child or young person with sensory impairment (HI/MSI/VI) will require teaching of core subjects by an appropriate specialist teacher (QTVI/QTMSI/ToD).
- The child or young person with vision impairment will require a learning medial assessment by a QTVI.

Band E

Children or young people in this band will have an EHCP. It is expected that children or young people requiring this level of support will experience a combination of substantial or severe difficulty in the areas of communication, cognitive development, behaviour, emotional well-being, physical difficulty and/or sensory impairment. They are likely to have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility and acquisition of self-help skills. Their attainments may be within the upper P-scale range for much of their school careers. All children requiring this level of support will require specialist provision. Children and young people within this band are sometimes described as pupils with severe learning difficulties (SLD).

Curriculum and Support Requirements

- The child or young person will require intensive teaching approaches using specialist teaching programmes. Tasks and activities will need to be very finely graded for language and communication skills, independence training, thinking skills, behaviour for learning, problem solving and personal and social relations in an emotionally supportive setting;
- There will be a need for a highly personalised curriculum to ensure that it is relevant to the child or young person's interests and needs.
- Specific advice will be required for supported access to work related learning/work experience placement.
- Teaching within a reduced group size for a substantial part of the week.
- Where sensory impairment (HI/MSI/VI) is not the primary need but is present as a more complex disability, assessment and advice should be sought from the Sensory Teachers Team.

Communication and interaction

- Assessment & advice by SLT at times of perceived challenge (such as transition) or when outcomes are achieved.
- Interventions to support the outcomes to be implemented by teaching staff and integrated within the delivery in all areas of the curriculum.
- Teaching/support staff to access training in order to support outcomes
- Specialist Communication intervention strategies integrated into Quality First Teaching and throughout the school day.
- Highly individualised learning environment to include appropriate methods of alternative and augmentative communication.
- For some children and young people an individualised SLT programme (with modelling by the SLT if required) to be implemented by teaching/support staff.
- For some children SLT led interventions with modelling to teaching staff for implementation at other times.
- Where severe/profound sensory impairment is a significant need, access to the curriculum should be monitored by qualified Teachers of the Deaf/VI/MSI

Cognition and learning

- Assessment and advice accessed through referral to specialist services e.g. Educational Psychology Team
- High level of differentiation of the curriculum presented in small steps so that learning objectives closely matched to the stage at which the CYP has reached and build on what they already know, understand can do i.e. set objectives that offer just enough challenge to move on, but are still achievable.
- Daily targeted individual and small group support with peers of similar ability to work on academic skills.
- A precision teaching approach may be helpful to reinforce skills.

- Curriculum will focus on communication, social skills and life skills, personalisation
- Access to assisted technology or other learning aids
- Access to low arousal nurturing environment with tasks that are short in duration to support her attention and concentration.
- Link learning to the children and young people's everyday experience – using real-life examples.
- Use scaffolding – having an adult working alongside at first, who gradually withdraws as confidence grows.
- Use concrete objects and movement to engage children and young people wherever possible.
- Opportunities to practice the skills outside of school will be important to reinforce new learning and facilitate progress. Use very simple language with visual prompts when giving instructions.
- Individual adult support to mediate learning and to support CYP to apply newly learnt strategies to everyday learning.
- Teaching/support staff must have training and experience of working with CYP with this level of learning need.

Social, emotional and mental health

OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile) to be integrated into Quality First Teaching.

- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times
- The child or young person will need a planned programme or personal/social development and/or positive behaviour support plans. This will be developed where necessary in consultation with LA or other specialist services, and involve supported interaction with peers and adults in groups of reduced size throughout the school day.
- School organisation will take account of the child or young person's behavioural needs including deploying staff resources and using systems to help pupils manage their behaviour.
- Teaching and support to develop social interaction with peers and adults.
- Opportunities to access an area of the school designated for social skills, staffed by appropriate staff, at unstructured times. This should offer opportunities for peer interaction or for individual reflect or quiet time.
- Explicit teaching using programmes to develop social skills, self-regulation and emotional resilience.
- For young people or children with Social Emotional Mental Health the school environment, curriculum and processes will be organised to support social and emotional well-being and interaction throughout the school day and through extra-curricular activities.

Physical needs, sensory motor and/or sensory (HI/MSI/VI)

- Checking and assistance to help with health and self-care needs.
- Material and approaches adapted for language or sensory or motor impairment.

- An agreed Care Plan may need to be drawn up in conjunction with parents and appropriate medical professionals. Medical needs may be changeable and there will be an increased risk of deterioration in wellbeing.
- Be totally reliant on one or more adults for positioning, Movement, personal care including eating and drinking require hoisting, gastrostomy. Be complex communication aid users. Need one-to-one specialist adult support to access learning and social interactions.
- Pupils may have severe medical needs that creates a barrier to learning e.g. unstable epilepsy
- Sensory and /or Physical Needs: (including pupils with visual impairment, hearing impairment, physical disability and medical needs)
- Implementation of health related programmes on a daily basis.
- Support for mobility and healthcare plans.
- Guidance and support to develop self-help and independence skills.
- An agreed Care Plan may need to be drawn up, in conjunction with parents and/or the school nurse.
- Support will be needed to ensure safety and/or curriculum access for large parts of the school day.
- A room available for distressed students where they can calm down.
- Severe/profound sensory impairment (HI/MSI/VI) may severely impact on other areas of development for a child or young person with complex needs.
- Mild to moderate sensory impairment (HI/MSI/VI) will have an impact on other areas of development for children with complex needs but may not be the main presenting disability.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment and it's use and governance for example the Safe Seating Plans, maintaining a "move and sit" cushion) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times

Specialist Advice and Support

- All staff working within the specialist provision will have specialist training and/or experience in the area of need.
- All teaching staff within the specialist provision/school will have expertise in assessing and identifying appropriate need and devising programmes as appropriate for the designation of the school/provision.
- In special schools all staff will have enhanced or specialist level of training.
- Occupational Therapy provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified Occupational Therapist.
- Provision to meet outcomes is based on evidence of effectiveness or where there is professional consensus around best practice. Intervention will be in accordance with professional guidance, local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding of provision the impact of previous interventions, anticipated challenge and rate of progress will also be taken into account where relevant.
- The child or young person with sensory impairment and complex needs will need a programme of intervention devised and monitored by a specialist Sensory Teacher (ToD)/QTMSI/QTVI) and delivered by support staff.

Assessment and Review

- Regular review of support plan by school and parents.
- External specialist involved in monitoring as required.
- Statutory Annual Review of EHC Plan.
- Monitoring of an agreed Care Plan in conjunction with parents and school nurse as required.
- The child or young person with sensory impairment and complex needs will need a programme of intervention devised and monitored by a specialist Sensory Teacher (ToD/QTMSI/QTVI) and delivered by support staff.

Band F

Children or young people in this band will have an EHCP. Children or young people requiring support at this level will have a combination of substantial and severe difficulties in areas of communication, cognitive development, behaviour, emotional well-being, physical difficulty or sensory impairment which significantly impacts on all areas of functioning both within and outside school. They are likely to have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility and acquisition of self-help skills. Their attainments may be within the upper P-scale range for much of their school careers. All children requiring this level of support will require specialist provision. Children and young people within this band are sometimes described as pupils with severe learning difficulties (SLD). Most of these children will be educated within a specialist provision.

Curriculum and Support Requirements

- A personalised learning programme with very finely graded task for language and communication skills, independence training, cognitive development, thinking skills, problem solving, behaviour for learning and personal and social relations in an emotional supportive setting.
- For children and young people with social, emotional and mental health difficulties the curriculum must prioritise behaviour for learning and promoting emotional well-being.
- A predictable and structured routine within a reduced group size with additional adult support.
- Specific advice with regard to supported access to work related learning/work experience placement.
- Access to a suitable challenging curriculum.
- Higher level of adult supervision and support even within a specialised setting
- The child or young person with sensory impairment and complex needs will need a programme of intervention devised and monitored by a specialist Sensory Teacher (QTMSI/QTVI/ToD) and delivered by support staff.
- Where severe/profound sensory impairment is a significant need, access to the curriculum should be monitored by qualified Teachers of the Deaf/VI/MSI.

Communication and interaction

- Assessment & advice by SLT at times of perceived challenge (such as transition) or when outcomes are achieved.
- Interventions to support the outcomes to be implemented by teaching staff and integrated within the delivery in all areas of the curriculum.
- Teaching/support staff to access training in order to implement outcomes
- Specialist Communication intervention strategies integrated into Quality First Teaching and throughout the school day.
- Highly individualised learning environment to include appropriate methods of alternative and augmentative communication.
- For some children and young people an individualised SLT programme (with modelling by the SLT if required) to be implemented by teaching/support staff.
- For some children SLT led interventions with modelling to teaching staff for implementation at other times.
- Opportunities to access areas of the school, supervised by appropriate staff, at unstructured times and if needed quiet. This should provide opportunities for peer interaction or for individual reflection and quiet time.
- Explicit teaching to develop social skills, self-regulation and emotional resilience. These are likely to require specialist training or to be delivered by specialists and may need to be on an individual basis.
- Teaching in a reduced group size and access specialist adult support throughout the school day and after school activities.

Cognition and learning

- Assessment and advice accessed through referral to specialist services e.g. Educational Psychology Team
- High level of differentiation of the curriculum presented in finely graded steps so that learning objectives closely matched to the stage at which the CYP has reached and build on what they already know, understand can do i.e. set objectives that offer just enough challenge to move on, but are still achievable.
- Daily targeted individual and small group support.
- A precision teaching approach may help to reinforce skills.
- Curriculum will focus on communication, social skills and life skills
- Access to assisted technology or other learning aids
- Access to low arousal nurturing environment with tasks that are short in duration to support their attention and concentration.
- Link learning to the CYP's everyday experience – using real-life examples.
- Use scaffolding – having an adult working alongside at first, who gradually withdraws as confidence grows.
- Use concrete objects and movement to engage CYP wherever possible.
- Opportunities to practice the skills outside of school will be important to reinforce new learning and facilitate progress.
- Use very simple language with visual prompts when giving instructions
- It is important to celebrate progress however small.
- Activities need to be highly motivating, regarding and relate to his interests.
- Opportunities during self-chosen activities when an adult plays alongside, imitates and models ways to extend his skills.
- Plan short structured adult led tasks with a clear visual structure to support his learning and to help understanding of the purpose of and steps within the activity.
- Individual adult support to mediate learning and to support CYP to apply newly learnt strategies to everyday learning.
- Teaching/support staff must have training and experience of working with CYP with this level of learning need.

Social, emotional and mental health

- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- Plus
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times
- A personalised curriculum with an emphasis on personal and social development, possibly including positive behaviour plans.
- School organisation will take account of the child or young person's behavioural needs including deploying staff resources and using systems to help the child or young person to respond so as to reduce anxiety and modify their behaviour.
- Multi agency input, such as statutory Early Help/Intervention may be required to support school and family systems to help the individual in addition to individually targeted work.
- A detailed risk assessment will be required.

Physical needs, sensory motor and/or sensory (HI/MSI/VI))

- An agreed Care Plan may need to be drawn up in conjunction with parents and/or the school nurse.
- Support will be needed to ensure safety and/or curriculum access for most or all of the school day.

- Care to help with medical/nursing needs, personal care or mobility.
- Severe/profound sensory impairment (HI/MSI/VI) may severely impact on other areas of development for a child or young person with complex needs.
- Mild to moderate sensory impairment (HI/MSI/VI) will have an impact on other areas of development for a child or young person with complex needs but may not be the main presenting disability.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment and it's use and governance for example the Safe Seating Plans, maintaining a "move and sit" cushion) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes.
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times
- As outlined in C Advice and programmes provided by physiotherapy for school use are likely to be complex and require appropriate training to school staff by physiotherapy staff prior to them being handed over. There will need to be a process in place for school to identify changes in posture/gross motor skills and refer back when required.
- An agreed – Care Plan may need to be drawn up in conjunction with parents and appropriate medical professionals. Medical needs may be changeable and there will be an increased risk of deterioration in wellbeing.
- Implementation of health- related programmes daily.
- Moving and Handling plans, Care plan and Mobility programmes in place.
- Multi- sensory delivery of most of the curriculum.
- Strategies to maintain fine and gross motor skills.
- Assistance with self-help and independence skills.

Specialist Advice and Support

- Any adult supporting the child or young person will have an enhanced level of training in how to meet the particular need e.g. managing behaviour in the context of social, emotional and mental health needs or delivery of curriculum in the case of severe/profound sensory impairment.
- Sensory Teachers Team where appropriate.
- All teaching staff within the specialist provision or special school will have expertise in assessing and identifying appropriate need and devising programmes as appropriate for the designation of the school or provision.
- SENCO/specialist staff and external agencies involved in developing Passport or similar personalised learning programmes.
- Specialist teaching and adult support to assist in implementation of personalised learning programme in consultation with external specialist.
- Close communication and consultation with parents.
- Trained staff available throughout the school day to prevent the child or young person from harming him/herself, others or property.
- School organisation will take account of the child or young person's emotional, emotional and behavioural needs.
- Support for pupils with behavioural difficulties is focused on structured help to develop a sense of socially acceptable behaviour, establish emotional stability, and raise self-esteem, increase concentrate and independent work skills.
- Provision of a programme (including training of school staff) with direct input from the therapist and/or trained assistant in the joint planning, monitoring and review.
- Direct intervention by therapist as required.
- Integrating programmes into the school day.

- Occupational Therapy provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified Occupational Therapist.
- Provision to meet outcomes is based on evidence of effectiveness or where there is professional consensus around best practice. Intervention will be in accordance with professional guidance, local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding of provision the impact of previous interventions, anticipated challenge and rate of progress will also be taken into account where relevant.

Assessment and Review

- Monitoring of an agreed Care Plan in conjunction with parents and school nurse as required.
- Termly review of PASSPORT by school and parents.
- LA services and external specialists involved in close monitoring.
- Statutory Person Centred Annual Review of EHCP.

Band G

Children or young people in this Band will have an EHCP. Band G level of support is for those children or young people with special educational needs likely to be met by a highly specialist setting able to deal with profound and complex permanent needs. These are likely to arise from a combination of medical, primary care, learning, and communication, behavioural, physical and sensory needs (including multi-sensory impairment).

All children and young people requiring support at this level will meet the requirements for specialist provision. Pupils will also have exceptional needs in the areas of behaviour, physical, medical or communication needs. For children and young people requiring Band G level of support when behaviour is a concern this will be extremely challenging for experienced and suitably trained staff.

Where medical or physical needs are a particular concern, constant or when a high-level of monitoring and medical intervention will be required throughout the day. They are also likely to require full time adult support to access all learning. Positive behaviour plans will require targeted and planned support from more than one adult for most of the day. Where communication is a concern the pupil will rely on a trained adult to access a communication tool to communicate basic needs.

Children and young people who require Band G level of support may be described as having profound and multiple learning difficulties (PMLD). They are at a very early stage of development and need people around them who can help them to explore and interpret the world. Their attainments are likely to remain in the early P-scale range.

Curriculum and Support Requirements

- The pupil will require a personalised learning programme.
- Self-help, independence, basic communications, personal safety and personal care will be a significant focus of the curriculum.
- For pupils with PMLD the curriculum will emphasise stimulation, interpreting, exercising choice, and sensory based and experiential learning.
- Children and young people of school age will require a total modification of the National Curriculum.
- Access to the curriculum will need a high level of adult support.
- Real life learning including access to work related experiences will require a high level of planning and adult support full time.

Communication and interaction

- Assessment & advice by specialist at times of perceived challenge (such as transition). Or when outcomes have been achieved and clinical needs still require additional specialist advice/and or strategies.
- Interventions to support the outcomes to be implemented by teaching staff and integrated within the delivery in all areas of the curriculum.
- Teaching staff to access training in order to implement outcomes
- Specialist Communication intervention strategies integrated into quality teaching and throughout the school day.
- Highly individualised learning environment to include appropriate methods of alternative and augmentative communication.
- Specialist support and teaching in the use of complex methods of Alternative and Augmentative communication.
- For some children and young people individualised SLT programme (with modelling by the SLT if required) to be implemented by teaching/support staff.

- For some children and young people therapist led intervention with modelling to teaching/support staff for implementation at other times.

Cognition and learning

- Children and young people at this very early stage of development need to experience the same activities over and over again if they are going to be able to learn from them. When cause and effect has been established, early problem solving can begin.
- Highly individualised and modified learning environment with access to hands on activities and equipment which are developmentally appropriate.
- May require a physically separated learning space (workstation) to access a personalised learning programme.
- Provide a widening range of stimuli that occur over and over again and that become quieter, less obvious or further away.
- Provide opportunities to explore objects, materials and substances and the environment e.g. the space blanket crackles when the child wriggles.
- Use toys that provide an interesting effect through cause and effect e.g. BigMac switch.
- Staff must have an understanding of supporting children with substantial and severe difficulties in the area of cognitive development.
- Learning task require frequent change and are limited to short burst, before movement breaks are incorporated to meet sensory needs.

Social, emotional and mental health

- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment, Positive Sensory Profile) to be integrated into Quality First Teaching.
- Teaching/support staff to access training opportunities in order to implement outcomes
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times
- The pupil will need a planned programme of personal/social development and/or positive behaviour plans requiring reduced group size and specialist adult contact. All social interaction will require the support of an adult.
- Where behaviour is a particular concern all aspects of the pupils' time in school will require an integrated behavioural and learning programme employing specialist techniques.
- School organisation will take account of the child and young person's behavioural needs. The school should deploy staff resources and use systems to help the child or young person to modify their behaviour.
- A detailed risk assessment, updated on a regular basis will be required. Where there is extreme behaviours that challenge a setting, functional assessment should be used to inform approaches.
- Opportunities to access an area of the school, staff by appropriate staff, at unstructured times. This should offer opportunities for peer interaction or for individual reflection time.

Physical needs, sensory motor and/or sensory (HI/MSI/VI)

- An agreed Care Plan may need to be drawn up in conjunction with parents and/or the school nurse
- Support will be needed to ensure safety and/or curriculum access for most or all of the school day.
- Care to help with medical/nursing needs, personal care, mobility and intervention in the sensory environment.
- As outlined at F for pupils with severe/profound sensory impairment.
- OT modifications of the learning environment (for example Coordination friendly, Sensory Motor friendly, Meal Time friendly school environment) or supportive equipment

and its use and governance for example the Safe Seating Plans, maintaining a “move and sit” cushion) to be integrated into Quality First Teaching.

- Teaching/support staff to access training opportunities in order to implement outcomes
- For some children or young people Occupational Therapy led modification of the environment with modelling of a supportive advice plan (written advice plan) to teaching/support staff for implementation at other specified times
- As outlined in C, all positioning and gross motor advice and activities should be integrated into the child’s day for maximal learning opportunities. Advice and programmes provided by physiotherapy for school use are likely to be complex and require appropriate training to school staff by physiotherapy staff prior to them being handed over. There will need to be a robust process in place for school to identify changes in posture/gross motor skills and refer back when required and to monitor the use of activities/advice.
- An agreed Care Plan may need to be drawn up, in conjunction with parents and appropriate medical professionals. Medical needs may be changeable and there will be an increased risk of deterioration in wellbeing.
- Implementation of health professional programmes including medication.
- Moving and Handling plans, Health Care plan and Mobility programmes in place.
- Multi -sensory delivery of the whole curriculum and throughout the day.
- Supported self-help and independence skills.
- Additional 1:1 support within small specialist teaching groups.
- Implementation of multi- disciplinary support for personal care for some of the day.

Specialist Advice and Support

- Regular direct input from the therapist and/or trained assistant in the joint planning, monitoring and review of in-school programmes.
- Training of staff in the use of programmes.
- SENCO/specialist staff and external agencies involved in developing personalised learning programme.
- Specialist teaching and adult support to assist in implementation of programme in consultation with external specialist, including advisory teacher and therapists.
- Close consultation with parents.
- Children and young people at this level are likely to present behaviour that will require intensive and specially training support frequently throughout the school day.
- Trained staff available throughout the school day to prevent the child or young person from harming him/herself, others or property. Two adults will be required to work closely with individual young person for much of the school day.
- School organisation will take account of the child or young person’s behavioural needs including and deploying staff resources and using systems and strategies to manage behaviour.
- Occupational Therapy provision will be based on supporting the student to achieve occupational participation, performance and functional outcomes, as advised by a qualified Occupational Therapist.
- Provision to meet outcomes is based on evidence of effectiveness or where there is professional consensus around best practice. Intervention will be in accordance with professional guidance local NHS and National Institute of Clinical Evidence (NICE) guidance (when available). When outcomes are set or in the deciding of provision the impact of previous interventions, anticipated challenge and rate of progress will also be taken into account.

Assessment and Review

- Monitoring of an agreed Care Plan in conjunction with parents and school nurse as required.
- Review of PASSPORT by school and parents three times a years.
- LA services and external specialist involved in close monitoring as required.
- Statutory Annual Review of EHCP.

Glossary

SEND	special education needs and disability
SEN	special education needs
SEN/SEND Panel	interdisciplinary panel held to discuss EHC and EHCPs
CYP	children and young people
LA	local authority
EHC	education health and care needs assessment
EHCP/ EHC Plan	education health and care plan
EHCNA	a request for an education health care needs assessment (should make clear the steps or graduated approach that a school should go through first)
Code/ Code of Practice/ SEN Code of Practice/ SENDCOP/ CoP:	Children and Families Act 2014, the Special Education Needs and Disability Code of Practice: 0-25 years, 2014
DfE	department for Education
SENCO	special education needs coordinator
DDA	Disability Discrimination Act Equality Act 2010
DDS Code of Practice	disability determination service code of practice
DfEE/DH Circular 14/96	department for education
DFES/0025/2002	department for education services
SRP	specialist resource base provision
EYFS Framework	early years foundation stage
CAMHS	child and adolescent mental health service
SLT/S&LT	speech and language therapist
EP	educational psychologist
MLD	moderate learning needs
SLD	severe learning difficulties
PMLD	profound and multiple learning difficulties
QFT	quality first teaching
121 / 1:1/ one-to-one	one to one support
HI, MSI or VI	mandatory qualifications for specialist teachers to teach a class of pupils with a Hearing Impairment (HI), Vision Impairment (VI), or Multi-Sensory Impairment (MIS)
STEPS	specialist teachers and educational psychology service
PE	physical education
Sensory Teachers Team (ToD/QTMSI/QTVI)	qualified teachers for children who are multi-sensory impaired (QTMSI), qualified teachers for children who are vision impaired (QTVI), and teachers of the deaf (ToD)
ASD	autistic spectrum disorder
NHS	national health service
NICE	National Institute for Health and Care Excellence RNIB/ NatSIP Eligibility Framework National Sensory Impairment Paternership (NatSIP)
TA	teaching assistant
LDs	local directionally selective interneuron
IEP	individual education plan
GCSE	general certificate of secondary education
IWB	interactive white board
LSA	learning support assistant
MASH (social care)	multi-agency safeguarding hub
A&W	attendance and welfare
SCERTS	social communication emotional regulation transactional support
TAC	team around the child
ADHD	attention deficit hyperactivity disorder
HLTA	high level teaching assistant

CSW	care support worker
PECS	picture exchange communication system
PSHE	personal social and health education
TEACCH	treatment and education of autistic and communication related handicapped children
PT	physiotherapist
MOVE	mobility programme – mobility opportunities via education
SEBD	social emotional behaviour development (now known as SEMH – social emotional mental health)
TFS	targeted family support
PODD	pragmatic, organisation, dynamic display
Tobii	tracking technology

Appendices

Quality First Teaching
Advice from ASD Outreach Service

Please note that these are generic rather than specific recommendations and each person needs to be considered on an individual basis – how their ASD impacts on them. These approaches are 'catch-all' and likely to benefit other students as well.

Early Years	<ul style="list-style-type: none"> • Use a child's name first to get their attention before speaking. Keep language simple. (Be aware that verbal children with ASD can have great difficulties with understanding). Their ability to process language will be further reduced when they are angry or upset. Support your verbal communication with visual prompts for example, objects, photos or symbols. • Model to the child what to do_rather than what not to do. Use of gesture and visual prompt helps in all situations. • Teach the concept of finished. Use of the Makaton sign for 'finished' coupled with the word is essential. • Use a visual timetable so the children can see what is going to happen immediately next and thereafter. • Use other visual supports as needed to help the children to cope with situations they find difficult. Help children to select one activity or fruit to eat by using a choosing board. Initially begin with 2 choices and then build up to more. • Warn the children when activities are about to change and support the children at transition times. The use of a sand timer, and an agreed tidy up or garden song is useful. • Allow time for the children's special interests as part of the daily structure. Use them as motivators. The use of a now and next board to request an activity of your choosing followed by a child's special interest activity is a good start. • Work in partnership with parents and work out a way of sharing information on a regular basis. • Analyse difficult incidents and try to see things from the child's perspective. Use of the ABC/STAR approach to identify triggers and to plan effectively is recommended. • Be calm, firm, positive and consistent. Remember that distraction and humour can often diffuse a difficult situation. • Allow a time and a place to be alone-remember that highly stimulating areas can cause a child to be overloaded. Give children opportunities to engage in physical activities particularly if they are going to spend some time on focused activities next.
Primary School	<ul style="list-style-type: none"> • All school staff should have autism awareness training with regular refresher sessions for staff and ASD induction for new staff. • Think about the sensory environment of your school and how this impacts on sensory behaviour in individual students (use checklist and profiles and think sensory breaks). • Think about how the student communicates his/her needs wants ideas and aspirations – they may need additional support to do this.

- Visual timetables should be visible in every class so that the structure of the school day is clear and events are marked off to show passing of time.
- Some children will need individual timetables perhaps with more concrete and limited information using words, pictures, photos, objects of reference and perhaps half a day or now and next.
- Oral information should be supported and broken down with visual information. Use a visual way of showing the student what he/she will be doing, what they will need, for how long and what it will look like when it's finished. They may also need to know what their reward will be when they are finished. Small whiteboards are very useful.
- Rewards give positive feedback and should be tangible and targeted.
- Gain the student's attention before asking a question or giving an instruction. Some students will need you to use their name first or have instructions given on a 1:1 level.
- Students will often need explicit information and adult support to work in a group. They may need to be taught how to take turns and wait.
- Be consistent with rules and consequences and use visuals to illustrate expectations e.g. social stories, incredible 5 point scale.
- Try to avoid non-literal language or explain idioms, metaphors and sarcasm.
- When asking questions ask direct closed questions at their level of understanding.
- Classrooms should have distraction/clutter free areas, especially around the interactive whiteboard. Some students will need a workstation to work at that is completely distraction free.
- Support the production of work with writing frames, task sheets, closed procedure templates, tick lists, metacognition templates etc.
- Accentuate the positive – think strengths as well as needs
- Use their special interest and strengths to boost their self – esteem and perhaps social currency.
- Always tell the student what to do rather than what not to do.
- Each child with ASD should have a safe person in school that they can go to for pastoral support.
- Have you considered an ASD champion in your support staff team to lead on ASD support and interventions?
- Prepare ASD children for change - changes in staff, routine, classroom, building and year groups – timetables, social stories, photo sequences

	<ul style="list-style-type: none"> • Prepare transition information on the child for relevant staff – pen portraits/personal Passports • Regular, positive communication with parents about activities in school and triumphs, as well as any difficulties. • Provide support outside of lessons to support play and social interaction. • Behaviours that challenge a setting need to be understood through the lens of autism and analysed to collect data on possible triggers, sensory needs, negative and positive reinforcers to give information for behaviour support plans.
Secondary School	<ul style="list-style-type: none"> • All school staff should have autism awareness training with regular refreshers sessions for old staff and ASD induction for new staff. • Ensure that all staff working with children know which students have ASD in their class and share information with each other about positive strategies. • Think about how the student communicates his/her needs wants ideas and aspirations – they may need additional support to do this. • Establish clear protocols for communicating about changes in routine and staff, teachers and support staff. • Think about the sensory environment of your school and how this impacts on sensory behaviour in individual students (use checklist and profiles and think sensory breaks). • People with ASD often have a very uneven profile of skills so don't assume that they will be as able in one area as they are in another. • Ensure that explicit visual information is available in all lessons to support understanding and set tasks with clear specific goals. • Where possible make lesson PowerPoints/notes/resources/homework and deadline information available on school fronter/VLE. • Try to limit/simplify language when giving instructions and check for understanding. Show them what to do and guide step by step. • Try to avoid non-literal language or explain idioms, metaphors and sarcasm. • Have you considered an ASD champion in your support staff team to lead on ASD support and interventions? • Support the production of work with writing frames, task sheets, closed procedure templates, tick lists, metacognition templates etc. • If student is working in a group where social pressure is high make sure cognitive pressures are lower and assign group roles/adult support.

	<ul style="list-style-type: none"> • Homework can often be a big challenge. Make sure that the student understands the work set and that support is available to record the work if necessary. It is often helpful to give an expected timeframe so focus is on effort rather than outcome. Where available try to encourage the student to attend homework club and keep in email contact with parents. • Identify 'get outs' for the student so they know what to do and where they can go when they are feeling stressed, upset or overloaded. E.G. they may need a pass to leave the classroom early for lunchtime. • Accentuate the positive – think strengths as well as needs • Use their special interest and strengths to boost their self – esteem and perhaps social currency. • Teach social thinking as well as social doing in social contexts to build social resilience. • Provide adult support/structured activities at unstructured times. • Provide a safe place for the person to go to when stressed, distressed or overloaded. • Provide peer support – e.g. circle of friends peer mentoring • Behaviours that challenge a setting need to be understood through the lens of autism and analysed to collect data on possible triggers, sensory needs, negative and positive reinforcers to give information for behaviour support plans.
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The SPELL Framework from the NAS is a good whole Class approach. SPELL stands for Structure, Positivity, Empathy, Low Arousal and links.

- Structure - clear structure, predictability, routines and prepared transitions.
- Positivity-positive language, targets and behaviour reinforcement.
- Empathy – trying to see situations and experiences from the perspective of people with ASD.
- Low Arousal – approaches, environment and personal manner need to be calm and ordered in order to reduce anxiety and aid concentration.
- Links – consistency and continuity across whole staff team and home provides the security and predictability that the person needs.

Quality First Teaching

Reasonable adjustments to accommodate Hearing Impairment

Desired outcomes	Evidence
<p>Appropriate steps have been taken to improve the listening environment</p>	<ol style="list-style-type: none"> 1. Has the teacher taken steps to reduce noise from outside the school? (i.e. have windows been closed?) 2. Has the teacher taken steps to reduce noise from elsewhere in the school? (i.e. closing the door) 3. Have steps been taken to minimise noise from other pupils? (i.e. initiate rules so that classes/pupils move quietly through school corridors during lesson times, perhaps with a silent area rule) 4. Has the teacher taken steps to minimise unnecessary noise within the classroom? (i.e. turning off noisy projectors, ensuring regular servicing of ventilation systems, etc.) 5. Has the classroom been adjusted to improve the quality of sound within the classroom? (i.e. sticking soft pads on the bottom of chairs and table legs, using fabrics to reduce hard surfaces, improved ceiling tiles or acoustic clouds, etc.) 6. Has the timetable been reviewed to ensure that noise can be managed effectively? (if possible, for example, not timetabling Design and Technology or Music lessons in the classroom next to where a deaf child is being taught literacy) 7. Are lessons with high language content (such as literacy) delivered in rooms with the best acoustics, and are the rooms easily identifiable for staff?
<p>Appropriate steps have been taken to improve access to teaching</p>	<ol style="list-style-type: none"> 1. Is the child seated near to and with a good view of the teacher? 2. Is the child seated as far as possible from any external noise source (not next to a playing field, road, building works, etc.)? 3. Does the teacher ensure that they face the class when speaking? 4. Is the lighting in the classroom adequate for the class to access the teacher's lip movements? 5. Does the teacher avoid standing in front of windows? 6. Does the teacher avoid covering their lips when speaking to the class? 7. Does the teacher use visual/written clues to illustrate or consolidate key aspects of lesson content, vocabulary and language?

Quality First Teaching
Expectations from Lewisham's Specific Learning Difficulties Team

Desired outcomes	Evidence
To support the development of reading	<ol style="list-style-type: none"> 1. A structured, sequential, evidenced-based phonic reading programme has been followed (whole class, small group or individual, as appropriate) 2. Up to date standardised reading tests have been used to track and monitor progress. 3. Access is provided to reading material of their choice and interest to develop literacy language and promote reading for enjoyment. If the pupil is unable to access such material independently they should be read to by others or listened to via digital devices. 4. Text to speech technology is used if necessary For older students reading pens have been made available 5. Coloured overlays are provided where necessary
To support the development of spelling	<ol style="list-style-type: none"> 1. A systematic, validated spelling programme has been taught targeted at the pupil's level of phonic progression 2. Reinforcement using multisensory teaching methods (e.g. the use of tactile manipulative letters, highlighter pens, and mnemonics) and IT programmes have been used if necessary. 3. Up to date standardised spelling tests have been used to track and monitor progress. 4. Handheld spellcheckers are used if necessary
To support the development of writing	<ol style="list-style-type: none"> 1. Handwriting has been explicitly taught, preferably using a cursive script. 2. A range of handwriting equipment to cater for all pupils is provided (e.g. pencil grips, pens with integral grips, left handed materials). 3. Key words and subject specific words have been explicitly taught and reinforced with visual aids. 4. A range of opportunities for recording schoolwork and homework is provided and valued (e.g. word processed, digital recording, oral contributions, scribed work) 5. Touch typing has been taught if the pupil uses IT routinely for writing 6. If a pupil struggles with spelling, their written work is marked sensitively focusing on content rather than spelling
To support the development of numeracy	<ol style="list-style-type: none"> 1. Concrete apparatus is provided for supporting number operations. The equipment is appropriate to the specific numerical task (e.g. dice/Dienes/Numicon/Cuisenaire/abacus) 2. Strategies for learning times tables and number facts have been explicitly taught. 3. Extra time is allowed for the processing of mental calculations 4. Maths tasks have been differentiated and targeted support given to fill gaps in knowledge and skills.
To support memory and	<ol style="list-style-type: none"> 1. Tasks and instructions are broken down into small manageable chunks with visual information to support understanding

processing needs	<ol style="list-style-type: none"> 2. Additional thinking time is provided to answer questions in class 3. Memory strategies such as verbal rehearsal and use of visual aids have been explicitly taught to the pupil and are in use. 4. Strategies are provided to support organisation and task completion. 5. Opportunities for revision, overlearning and repetition are provided
Supporting homework	<ol style="list-style-type: none"> 1. Shorter differentiated tasks with realistic deadlines are provided 2. Instructions are recorded and clearly communicated so that they are clearly easily understood (e.g. scribed, recorded, emailed, photographed, use of school learning platforms) 3. Dyslexic friendly handouts are used if necessary (e.g. suitable colour, font, simple step procedure, visual support)
To support achievement in tests and exams	<ol style="list-style-type: none"> 1. Pupils have been considered for exam arrangements and, if required, are administered accordingly 2. Older students are taught study skills and revision techniques

Schools can seek advice on all of the above from Lewisham's Specific Learning Difficulties Team (SpLD) by purchasing an annual service level agreement. The SpLD Team is able to carry out literacy, maths and dyslexia assessments and deliver training in all related areas.

Quality First Teaching

Reasonable adjustments to accommodate Visual Impairment

Desired outcomes	Evidence
To support access to the physical learning environment	<ol style="list-style-type: none"> 1. Keep the layout of the classroom the same, keep major changes to a minimum 2. Remove obstacles and furniture that may cause an obstruction and restrict the space to move around in 3. Control lighting to minimise glare, e.g. window blinds down on bright or glary days and lights switched on during duller days 4. Present displays on matt backgrounds, avoiding shiny surfaces 5. Use matt lamination to protect displays, flash cards, activities 6. Present displays on a well contrasting background 7. Keep layout of displays simple and logical to follow 8. To present displays, use clear print, minimum of 14 point, in simple font, e.g. arial or comic sans 9. Position displays at a height from which children can read easily
To support access to teaching	<ol style="list-style-type: none"> 1. Stand away from the window when teaching or speaking to the class to prevent creating a silhouette, particularly on a bright day. 2. Position the desks and chairs so that, where possible, there are opportunities for children who wear glasses to be positioned facing and near to the front. 3. Verbalize what is being written onto the board. Point to text on the board as it is spoken about. 4. Print in large clear writing, using a black pen on the board. Keep layout simple and logical to follow. 5. If presenting teaching programmes on the smart board, if possible, make adaptations to ensure the access is optimized, e.g. text in black, print size at minimum of 14pt, layout simply and logically displayed? 6. Speak to the children by name when they are taking part in class discussion, or when they are answering questions. 7. Present text on worksheets and handouts at a minimum of 14pt, in black ink and in a simple font, e.g. arial or comic sans. 8. Keep the layout on worksheets simply presented without visual clutter, overlaid text and small detail. 9. Use A4 size paper whenever possible to present worksheets. (E.g. as opposed to A5 or A3) 10. Ensure diagrams and pictures are at an accessible size. (E.g. not too small to distinguish detail) 11. Ensure diagrams and pictures are presented with clear black outlines and carry clear labelling. 12. Ensure text on diagrams and pictures are presented in black print and that colour is used with care. (E.g. avoid presenting text on coloured backgrounds) 13. Avoid situations where the children have to share worksheets and textbooks. 14. Use a dark felt pen to mark the children's work. 15. Print comments alongside their work so that it is easy for them to read.

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| | <ol style="list-style-type: none">16. If showing small objects to the children from a distance pass around to ensure they have an opportunity to examine the object more closely.17. Provide the children with black pens or soft pencils that provide good contrast |
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Speech and Language Therapy Advice for all students with SLCN in school

Outcome	Evidence
To support a communication, friendly school and classroom environment	<ul style="list-style-type: none"> • All staff have a universal knowledge about SLCN through accessing training from a qualified provider • Provision for pupils with SLCN is recorded, mapped, monitored and regularly evaluated and these records are readily available to all involved • Parents are engaged about SLCN issues (e.g. workshops supporting parental SLCN knowledge areas) • Student voice is sought appropriately from students with SLCN • Time is allocated for involvement of TA planning for supporting targeted interventions for children with SLCN (Language Booster Groups/ Implement SLC advice for an individual student) • TAs allocated to support individual students with SLCN are encouraged to access specialist training from a qualified provider which supports SLCN advice for individual students • A visually supportive environment is available for the whole school and classroom level at student eye level (e.g. Consistent use of colour coded visual information, photos of staff, rules etc) • Classrooms are 'Acoustically friendly' and comfortable with low distraction • Transitions are a focus for students with SLCN and managed • The school encourages a culture of supporting talking opportunities with an adult model available
To support students to be ready to learn	<ul style="list-style-type: none"> • There is an environment that supports and develops social and emotional aspects of learning (e.g. SEAL Primary or secondary) • A supportive emotional environment is available in class time and outside the classroom (e.g. clubs available at less structured times, activity options available at lunchtimes, rules of playground games taught) • Visual support always available and referenced consistently to support routines and tasks • Trusted adults allocated to individual students if appropriate • Whole class strategies to manage attention levels (e.g. positive reinforcement with descriptors of skill observed, visual support for whole body listening if age appropriate) • Students are encouraged to become independent learners e.g. Use visual support to manage tasks, students are encouraged to identify and signal need for support, students are encouraged to signal need for clarification) • There is a culture where students feel safe to ask questions and seek help
To support students access to the language of the curriculum	<ul style="list-style-type: none"> • Adults are aware of their language and communication and show signs of adapting and supporting their communication through modification and visual support as appropriate. • Adults follow best practice in giving information chunked, repeated and delivered at the appropriate pace, question asking is adapted to student levels • Time is given for processing of new information and Instructions are supported visually and delivered where possible on line with actions • Instructions follow order of 'first mention' when possible • Vocabulary is a key feature of lesson delivery e.g. key vocabulary is selected and highlighted within delivery of the lesson. Key vocabulary is explicitly taught and practised

	<ul style="list-style-type: none">• Students are taught strategies to encourage independent learning e.g. helping them realise they have not understood instructions, knowing how to ask for help, identify why things went wrong
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If there is continuing concern around an individual student's speech, language and communication schools should contact Lewisham and Greenwich NHS Trust Children & Young People's Speech and Language Therapy Service. Email: LH.childrenslt@nhs.net

Occupational Therapy Advice

Supporting all children with sensory motor difficulties which impact function participation and performance in nursery and school.

Outcome	Evidence
To support a 'Sensory Motor Friendly' school and classroom environment	<p>In the classroom:</p> <ul style="list-style-type: none"> • There needs to be space created which includes an understood route to move around classroom and a sense of an "individual space" to minimise visual and auditory distractions. An individual drawer for school belongings to support organisation and a clear space for their coat. Their 'Now, Next' boards/ cards to prepare for functional tasks and support transitioning. A 'Downtime Area' with bean bag and reading /music/other calming activities. There should be visual supports, a predictable routine, choice and control and consistency across settings • A sensory 'Tool Box' , 'Fidget toys' to reduce self-stimulating behaviours and support attention, 'Move n sit' /sit on disc cushion to provide sensory input to support children to remain seated, vibrating toys/cushions, music listening time and/or 'Therapeutic Listening' equipment, equipment for 'Sensory Circuits' and 'Sensory Routines' (diets), oral motor activities/ food to calm and alert, water to hydrate, weighted equipment, routines for 'Movement Breaks'- e.g. Chair Movement Routines, visual timetables. <p>Support to access the toilets:</p> <ul style="list-style-type: none"> • To have a quiet calming area outside toilets, adequate ventilation and appropriate/calming lighting in toilets. Toilet times should be part of an understood routine. <p>Support to access the dining area:</p> <ul style="list-style-type: none"> • To have a quiet calming area that can be chosen as the eating area if the noise level is impactful on wellbeing, adequate ventilation and appropriate/calming lighting in the dining area, some noise reducing strategies are used, some olfactory supports have been identified and are available. • For students to have their specific supportive equipment i.e. cutlery and environment set up, have what they need so they can first clean their hands, manage the serving out of their food, choose food, walk safely with food to table, have what they need so they can clean their mouth and keep their hands clean, walk safely to carry items and effectively clean them out in the removal bin, have a drink which can be refilled if needed, be given timely permission to finish and leave the lunch area and be able to sit with familiar people around them. <p>Support to transition to assembly, playground, gym etc:</p> <ul style="list-style-type: none"> • Able to queue up in a 'Safe Space' at the back, given time and support to prepare for transition and 'new' space and playground set up to have some understood structure.
To support students to be ready to learn or participate in school routines:	<ul style="list-style-type: none"> • Awareness that behaviours that appear to be related to sensory motor processing difficulties may occur for different reasons (with a root cause such as behaviour, anxiety and other mental health concerns, learning, or because other things are also impacting on the child such as not sleeping well) • All staff to have a universal knowledge and interventions around sensory processing and related strategies, with identified staff accessing training from a qualified provider for example use techniques which support sensory motor skills development (e.g. teaching skills when child is in calm state, using calming strategies, using more than

	<p>one sensory input to convey information about movement to a child such as visual information, verbal information, moving the child)</p> <ul style="list-style-type: none"> • For those pupils with these difficulties to have provision recorded, mapped, monitored and regularly evaluated and these records are readily available to all involved • Parents are engaged about sensory motor processing issues (e.g. workshops supporting parental knowledge areas). Also the student voice is sought appropriately from students • Time is allocated for involvement of TA planning for supporting targeted interventions for children with these difficulties (Booster Groups/ Implement OT advice for an individual student) for example 'The Alert Programme', 'Sensory Circuits', 'Sensory Routines'. • Transitions are a focus for students with these difficulties.
<p>To support students with sensory processing :</p>	<ul style="list-style-type: none"> • To give relevant praise and positive reinforcement for students with sensory processing difficulties (e.g. I can see that you are working hard to listen to the teacher, I can see you are doing deep breathing to keep yourself calm – well done). • Children should be given time to modulate (are they 'getting ready to do things in a calm alert state'?). Ensure the task given has the 'Just Right Challenge'. • Adults working at meal times to have an awareness of sensory processing difficulties and how they may manifest at mealtimes, use positive and supportive phrase for example "I can see you have tried new foods", "I can see you have some non-preferred food and you have kept them on your plate", model, support the preparation for the task, the specific elements within the task and transitions.

If there is continuing concern regarding functional participation and performance, school should refer to Lewisham's OT Service.

Occupational Therapy Advice:

(Supporting all children with coordination difficulties which impact function participation and performance in nursery and school.

Outcome	Evidence
<p>To support a 'Coordination Friendly' school and classroom environment</p>	<p>Environment set up in the classroom:</p> <ul style="list-style-type: none"> • Children to be sitting comfortably and well supported <ul style="list-style-type: none"> ○ Chairs selected for the correct height of the child (i.e. so that the child's feet are flat on the floor, with knees and hips bent at 90 degrees). Footstools or a similar item (e.g. wooden block) to be used to enable children to place their feet flat on the floor. Tables adjusted to the correct height (i.e. so that the child's elbows can rest on the table at approximately 90 degrees). • An awareness of aligning body and paper position correctly for handwriting: <ul style="list-style-type: none"> ○ Tape stuck to the table to support paper positioning • An awareness of positioning for left-handed writers: <ul style="list-style-type: none"> ○ Ensuring the correct desk space (e.g. the child is not positioned to a right-handed person) and the paper positioning (angled to the right). • Writing slopes to support children to work write comfortably with wrist support • Move and sit cushions to support the correct seated posture

	<p>Tools provided for the classroom and accessible for use:</p> <ul style="list-style-type: none"> • A range of pencil/ pens including chunky pens, left-handed pens and retractable pencils and pencil grips • A selection of rulers available such as handled rulers to make manipulation easier • A range of scissors available for children to access including looped scissors and left-handed scissors • Support for children who need to develop their handwriting as appropriate to their age such as: <ul style="list-style-type: none"> ○ Foundation handwriting programmes. Adaptive methods such as tracing and dot to dots for shape and letter formation, different sized lined and line grids to support correct sizing of tall, short and long letters. Visual handwriting rules to support self-checking of work • Visual checklists to support classroom organisation and help children organise their belongings • Opportunities to practice cutlery skills: <ul style="list-style-type: none"> ○ Having an adult to model at mealtimes. Access to Specialist Caring cutlery
<p>To support students to be ready to learn:</p>	<ul style="list-style-type: none"> • Awareness that behaviours that appear to be related to coordination difficulties may occur for different reasons (with a root cause such as learning, or because other things are also impacting on the child such as not sleeping well or problems with managing anxiety) • All staff to have a universal knowledge and interventions around coordination difficulties, with identified staff accessing training from a qualified provider, so as to develop, alongside learning, motor skill building and functioning participation and performance in pupils. • For those pupils with these difficulties to have provision recorded, mapped, monitored and regularly evaluated and these records are readily available to all involved • Parents are engaged about motor issues (e.g. workshops supporting parental knowledge areas). Also the student voice is sought appropriately from students • Time is allocated for involvement of TA planning for supporting targeted interventions for children with these difficulties (Booster Groups/ Implement OT advice for an individual student) • Transitions are a focus for students with these difficulties and a “can do” approach to building skills for life is supported
<p>To support students with coordination difficulties to access the curriculum by supporting the development of motor skill building and functional</p>	<ul style="list-style-type: none"> • To give relevant praise and positive reinforcement for students who participate in challenging motor activities (e.g. “I can see that you are trying really hard with the scissors”, “you seem to have worked hard to lay your work out neatly”, “you are placing your hand well and it is making your handwriting look more comfortable to do”) • The motor coordination elements of a piece of work (e.g. presentation) should be marked separately from the academic content. • Use techniques to support motor skills development: • More time for the completing of tasks, time and opportunity to learn to generalise skills, the modelling of how to do new motor skills, breaking motor skills into developmental steps, greater

participation and performance:	<p>opportunity for practice / over practice, hand over hand support, forwards and backwards chaining to teach steps of motor sequence.</p> <ul style="list-style-type: none">• Use the Goal Plan Do Check.• Ensure the task given has the 'Just Right Challenge'.
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If there is continuing concern regarding functional participation and performance, school should refer to Lewisham's OT Service.

Overview of guidance for submitting evidence requesting a statutory education, health and care needs assessment

The local authority will require clear information to use as the basis for a decision about whether or not statutory Education, Health and Care assessment is required. The decision will take into account:

- Evidence of significant difficulties
- Evidence that the provider has carried out the relevant and purposeful intervention
- Evidence that the resources required to meet need exceed those already available through the Local Offer

Evidence of significant difficulty

Evidence that the degree of difficulty is exceptional, beyond the majority of his or her peers, and is likely to need provision made for them that would not normally be available to children and young people without a plan. This will include young people over 19 who require longer to complete their course than the majority of other young people the same age.

Evidence of intervention

Evidence that the setting has carried out relevant and purposeful intervention to address the child or young person's difficulty, working towards clear and appropriate planned outcomes. This will normally have been monitored and evaluated over time, describing progress towards planned outcomes. Intervention can include specialist advice at any stage and evidence should be given of how the advice / involvement of outside agencies has informed planning and intervention. Such advice will be considered if there is evidence of monitoring and evaluation of impact over time.

The involvement of the child or young person and/or their parent / carer in planning and carrying out interventions should also be documented.

In rare circumstances, described in the guidance, a child or young person's circumstances may warrant an Education, Health and Care needs assessment without the evidence accumulated over time in a 'assessment, plan, do, review' cycle described in the guidance.

Evidence that additional resources are required for the child or young person to make sufficient progress.

The decision will take into account the resources that have been accessed through the local offer and whether or not the resources available are considered sufficient to ensure that the child or young person's progress.

Decision making

All request received by the local authority will be considered by the SEN Panel made up of local authority officers, education, health and care professionals and headteachers. The parent / carer and /or young person over the age of 16 will be informed of this decision, with reasons given. When there is insufficient evidence to proceed, the form will be returned to the referrer and reasons given.

Quality first teaching and provision in the EYFS

All Early Years providers have a duty under the Equality Act 2010 to be inclusive. Therefore, all children with emerging or identified SEN are entitled to access the EYFS via the provision offered by each setting. There is an expectation that settings will manage the majority of lower level needs themselves – ensuring that their provision, resources, routines and staffing are used in the best possible way to meet children's needs.

Most children will be able to participate in settings and make progress through the Development Matters statements and the Early Learning Goals 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.

In Lewisham we expect all children from 0-5 to be provided with a standard Universal Offer when accessing childcare & education from providers offering early years provision and in receipt of early entitlement funding.

Settings should regularly evaluate the effectiveness of the learning environment and the support, interventions and strategies they are using with children to enable them to learn and develop more effectively. This includes the provision of differentiated learning opportunities, routines, staff deployment and interactions with children.

The universal offer incorporates, as standard, an inclusive approach, where providers will optimise their existing resources and receive assistance, support and guidance from other external sources and specialists to support the following principles:

- the participation of parents/carers in decision making
- the early identification of need and intervention to support
- collaboration between organisations
- high quality provision to meet the needs of children with SEND
- a focus on inclusive practice and removing barriers to learning

Lewisham providers offer all children in the EYFS;

Quality first teaching and provision in the EYFS	Differentiated environment, activities and resources which should include:
<ul style="list-style-type: none"> • Planned support developed using the Early Years Foundation Stage (EYFS) and Early Years Outcomes • Access to multi-sensory learning activities and opportunities. • Short-term additional support for learning or development • Individualised, planned support developed using the Early Years Foundation Stage (EYFS) and Early Years Outcomes across all areas of learning and development • Identified staff (key person) to build relationships, manage feelings, and develop self-confidence and awareness with individual child. • Opportunities to develop the Characteristics of Effective Learning • An enabling environment in which children are supported to: <ul style="list-style-type: none"> - build positive relationships with staff and peers - learn about and manage feelings - develop confidence - develop self-awareness 	<ul style="list-style-type: none"> • Visual aids to support understanding of tasks, language and environment. • Simplified language across all areas of the environment. • Visual aids and prompts to support routines and communication. • Support with listening and attention. • Support with children’s peer and adult interactions. • Planned and detailed support for key transitions • Preparation for changes and transitions • Support to develop age-appropriate self-care skills e.g. independent toileting and feeding • Support to move with control and coordination, using space safely • Support to use and manipulate tools and equipment effectively • Repetition of material/teaching for secure learning of new concepts. • Smaller tasks, simplified where appropriate.

In addition, Lewisham settings provide:

- Provision, policies and practice meeting the requirements of the Early Years Foundation Stage.
- Child centred play based approaches to working
- Opportunities for parents to contribute to their child’s learning Journey and share learning experiences outside of the setting e.g. through regular parents meetings, Learning Journeys etc.
- Detailed assessments in order to identify progress in learning and development e.g. Two Year Progress Check (where possible, supporting the Health Visitors Two Year Old Check), Learning Journeys etc.
- Detailed monitoring of learning and development supporting early identification of additional needs, using individual and/or cohort tracking. E.g. Lewisham Tracking spreadsheet.

- Specific resources as may be required through Enhanced Local Offer and established in the SEND information report, published on the schools or settings website.
- The support and advice of a SENCO within the setting
- Clear Policy and Procedure and Guidance on the administration of medicines
- Individual care plans and staff training, including administration of medication.
- Partnership working with parents and carers of children.
- The Assess, Plan, Do, Review approach to working consistent with the Graduated Response as documented in the SEND Code of Practice (England) 2015 (revised January).
- Practice that incorporates the elements of 5 to Thrive and an understanding of attachment theory.
- Transition support to next setting

If a child needs support at a more enhanced, individualised level EYFS providers offer:

SEN Support - Enhanced offer

SEN support is the specific individual support expected for children with additional needs, funded from within the settings own resources, although enhanced with the support of external professionals.

This may include:

- Referral for specialist assessment and advice, including: Speech and Language; Occupational Therapy; Health Visitor; GP; Portage; Early Years Advisor; Educational Psychology; Drumbeat Outreach.
- A SEN Support Plan for example, 'This is My Plan' (TIMP) may be in place with specific outcomes set, or there will be effective planned strategies in place for those children not making expected progress or needing additional support to access the EYFS curriculum.
- Smaller group support and/or individual support, as appropriate.
- Additional SENCO time
- Specific resources as may be required through Enhanced Local Offer.
- Early Help Assessment
- CAF referral for specialist assessment and advice
- TAC/TAF meetings