Thresholds and Guidance for SEND Support and Statutory Education, Health and Care (EHC) Needs Assessment of Special Educational Needs and Disabilities (SEND)

CONTENTS

FOREWORD

The Children and Families Act 2014 introduced new duties for all organisations that work with and support children and young people who have Special Educational Needs or Disabilities (SEND).   These duties place responsibility on Bury Local Authority and Bury Clinical Commissioning Group, in partnership with all of the area's early years settings, schools and post-16 providers, to identify and meet the needs of children and young people with SEND aged 0-25.

This document has been produced in line with the new duties as reflected in the SEND Code of Practice produced by the DfE in May 2015. It is the Local Authority's belief that the vast majority of children and young people with SEND should be educated and supported in mainstream provision.   This guidance is designed to show how professionals in these organisations should be working to support their children with SEND.   However we also recognise that at times additional support is needed to help young people to thrive and progress.   This might be through SEN Support Plus funding or through an Education, Health and Care Plan.   The methods of assessment of need and the thresholds for this additional support are clearly laid out in this guidance to help providers identify when they should seek additional support beyond their own resources and the criteria against which decisions will be made.

I would like to thank all the many professionals who worked on this detailed guidance document – drawn from Education, Health and Care services in Bury. In particular I would like to thank Emma Harding, Principal Education Psychologist, for her tremendous work in driving forward and co-ordinating the production of this document and ensuring that all stakeholders, including parents, carers and most importantly young people have been consulted fully about the contents of the guidance.

Ian Chambers, Assistant Director Learning and Culture

Introduction

Recent legislation has given schools more freedom to adopt procedures that meet local needs and circumstances and such flexibility has also been promoted through the delegation of SEND resources to schools. It is the responsibility of local schools or Early Years / Post 16 settings to support most children and young people with Special Educational Needs and Disabilities (SEND) in their community. Some children and young people may need extra support via SEN Support Plus Funding. A very small number of children and young people may require a Statutory Education, Health and Care (EHC) Needs Assessment to inform an EHC Plan to co-ordinate support. An even smaller number of children and young people may attend specialist provision. This document sets out guidance to be followed at different levels of provision for children with SEND in early years settings, schools and post 16 settings in Bury.

The three levels of provision for Early Years include:

1. **Pre-School and Nursery SEN Support Plus Funding**;
2. **EHC Needs Assessment**;
3. **Specialist Provision / Placements.**

The four levels of provision for schools include:

In existing school budgets:

1. **SEN Support provision –** (Element 1 and Element 2 up to and including the core £4,000 AWPU funding and including £6,000 additional support from the notional SEND budget);

Additional Funding from high needs budget:

2. **SEN Support Plus Funding** – (Element 3 top up from the high needs budget which can be up to and including £3,000);
3. **EHC Needs Assessment** – (Element 3 top up to meet individual needs);
4. **Specialist Provision / Placements.**

Please see the section on post 16 below for information regarding post 16 levels of support.

This guidance document outlines the factors that will be considered when deciding whether SEN Support Plus Funding will be allocated or whether an EHC Needs Assessment will be initiated. These include:

1. **Process**: This includes evidence based targeted support that is matched to the pupil's strengths and needs which is provided by the school or setting and other LA Specialists, Health Specialists and Social Care Professionals. This will entail some or all of the following: Teaching programmes, interventions,

environmental adaptations, specialist equipment and resources which are part of a systematic assess – plan – do - review process as set out in the SEND Code of Practice (2014).

SEN Support Plus and EHC Thresholds:

A series of cycles of 'assess-plan-do-review' (APDR) needs to be carried out before requesting either SEN Support Plus funding or a statutory EHC Needs Assessment. APDR cycles should begin at the time pupils are placed at SEN Support i.e. when it is decided that pupils have or may have Special Educational Needs. In the early stages, schools should plan cycles based on the resources available to them in school. For those pupils whose progress continues to cause concern over time, specialist advice will be required to personalise cycles to suit pupils' individual needs. Specialist advice must have been sought prior to applications for either SEN Support Plus funding or a statutory EHC Needs Assessment unless there are exceptional circumstances.

2. Rates of **progress** in relation to the assess – plan – do – review process;
3. Levels of **attainment**.

This document outlines and sets out expectations of what should be done to support children and young people with SEND in Bury. It is intended for use by parents; carers; schools; settings; health professionals, social care professionals; and local authority (LA) officers to ensure consistency, reliability and fairness in decision making.

The following sections are included:

- Introduction
- Cognition and Learning
- Social, Emotional and Mental Health Difficulties
- Communication and Interaction
- Speech and Language
- Sensory and Physical Needs: Physical and Medical Needs
- Sensory and / or Physical Needs: Hearing Needs
- Sensory and Physical Needs: Vision Needs
- Early Years

How to Use this Document

The document addresses the following main questions:

1. Has the school or setting made appropriate provision using a systematic assess – plan – do –review process prior to a request for SEN Support Plus Funding or an EHC Needs Assessment?
2. Have the child or young person's strengths, needs, academic attainment and rate of progress been appropriately identified?

3. Does evidence suggest the need for the allocation of SEN Support Plus Funding, an EHC Needs Assessment or special school placement?
4. Do exceptional circumstances apply?
5. Who are the Specialist Professionals required to be involved in assessing, analysing and monitoring SEND?

1. Has the school or setting made appropriate provision prior to a request for SEN Support Plus Funding or an EHC Needs Assessment?

Appropriate Evidence Based Targeted Support Using a Systematic Assess – Plan – Do – Review Process in School / Setting.

SEN Support Provision (up to and including £4,000 AWPU and including £6,000 additional support which is in school's existing budgets) refers to provision that **must** be **made by schools and settings** to support a pupil's additional needs. Schools will need to use a **costed provision mapping tool** to evidence a graduated approach to provision which is personalised, individual and additional to and different from quality first teaching. Schools and settings should also seek support, assessment and analysis from relevant Specialists / Professionals. An EHC Needs Assessment or request for SEN Support Plus Funding may be refused where appropriate provision has not been made prior to a request.

In order to build on a schools' or settings' identification and analysis of a pupil's SEND, an assessment of the child or young person's response to appropriate evidence based targeted support is required. This support should involve some or all of the following: Teaching programmes, interventions, environmental adaptations, specialist equipment and / or resources.

What is assess-plan-do-review*?*

Assess

An analysis of the child's needs. Assessment should be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting.

Plan

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

support and, where appropriate, in reinforcing the provision or contributing to progress at home.

Do

The early years practitioner / school staff remain responsible for working with the child on a daily basis. With support from the SENCO, they should oversee the implementation of the interventions or programmes agreed as part of SEN support. The SENCO should support the practitioner in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

Review

The effectiveness of the support and its impact on the child's progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views. They should agree any changes to the outcomes and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps. This cycle of action should be revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress. At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be shared with parents and reviewed with them, along with action taken by the setting, at agreed times. The graduated approach should be led and co-ordinated by the setting SENCO working with and supporting individual practitioners in the setting and informed by relevant materials, guidance and resources. Where a child has an EHC plan, the local authority **must** review that plan as a minimum every twelve months.

Why Assess – Plan – Do – Review?

- Helps plan, deliver and evaluate specific and effective interventions;
- Establishes rates of progress;
- The review process allows evaluation of the strengths, weaknesses, success or failure of delivery and what was learned in order to understand, plan and do better next time;
- Review may result in activities being adjusted or sometimes terminated if they don't deliver as they should. The value of assess-plan-do-review is what it enables us to learn, so the review stage is particularly important;
- Supports the equitable and consistent use of resources across schools, early years and post 16 settings;
- Is in line with guidance in the Code of Practice;
- Can be used at an organizational level or at an individual level.
- Assess-Plan-Do-Review cycles in an educational context allow us to set specific targets to be achieved through clearly specified interventions. Review of outcomes of activities may give information about teaching and learning

approaches that are effective for the individual and also about the rate of progress that an individual can achieve;

- A key question at the end of a cycle is "What did you learn and how are you applying it to the next cycle to maximize the progress of the child?"
- Operating several cycles one after another allows success to be identified and further refined through consecutive cycles.

2. Has the child or young person's rate of progress, academic attainment, strengths and needs and been appropriately identified?

Levels of Attainment and Rates of Progress

A child or young person has a learning difficulty or disability if they have a significantly greater difficulty in learning than other children of the same age and / or have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or settings. Important parts of the judgement over whether a child or young person has such a difficulty and whether they require additional support through SEN Support Plus Funding, an EHC Needs Assessment or Specialist Provision include their level of academic attainment (or developmental milestones in younger children); their rate of progress; and the impact of their needs on their ability to access the curriculum and learning environment. Setting a clear threshold helps ensure that all parties can share a common expectation of what level of support may be appropriate. However, a level of attainment threshold should **never** be applied in isolation.

Nature, Extent and Context of SEND

Children and young people with SEND are likely to have a broad spectrum of difficulties, or an uneven pattern of attainment. Any decision regarding levels of provision will **always** be made on the holistic picture of the child's or young person's SEND through a thorough exploration of functioning, rather than a narrow application of a level of attainment threshold. It is often a combination of strengths and needs and the way that they interact with the child's school and home environment that gives the picture of the complexity of a child or young persons' current situation. For example, other significant factors include the personal resources and attributes of the child; the nature of the provision at school; help and support at home; as well as the *way* that support is provided.

The broad areas of need that are outlined in this document provide an overview of strengths and needs that should be planned for. The purpose of identification is to work out what support needs to be developed *not* to fit a pupil into a category. In practice individual children or young people often have needs that cut across all these areas and their strengths and needs may change over time. A detailed assessment should ensure that the full range of an individual's needs is identified, not simply the primary need. The support provided should always be based on a full understanding of a pupil's strengths and needs and should seek to address them all

using well evidenced targeted interventions as part of a systematic assess – plan – do –review process.

3. **The subsequent factors should form the basis of the analysis of the pupil's strengths and needs to support any request for SEN Support Plus Funding or an EHC Needs Assessment**:

SEN Support Plus Funding

- A holistic assessment of the child's or young person's special educational needs and/or disability that identifies strengths, gaps and barriers to learning. This must include levels of functioning and attainment.
- Baseline and ongoing assessment data from which progress can be measured in relation to the assess-plan-do-review process. This should provide evidence of the child's/ young person's progress over time; whether they are on track to meet their end of year/key stage targets and whether there is an improvement in relation to the previous rate of progress.
- Evidence of person centred planning including what is important to and important for the child/young person and what is working and not working. This must involve the child/young person and the parent/carer, linking aspirations to clear outcomes. The family should engaged and be confident in the support package. Or there should be evidence of how school and other Agencies have tried to engage the family.
- A copy of a one page profile or pupil passport with evidence of pupil engagement in the production.
- Evidence of the changes and adaptations made to quality first teaching and the SEN provision (that is additional to or different from) that has been delivered for the child/young person. This should include details of what teaching adaptations or approaches have been made; evidence based interventions that have been used; how long these have been in place and how they have been evaluated and reviewed. This must support the child/young person in relation to their profile of strengths, needs and aspirations.
- Evidence of the SMART outcomes that have been set, how they have been reviewed with involvement from the child/young person and their parent. It must show how the outcomes and interventions have been adjusted in line with the evaluation and evidence amendments made before the next cycle as necessary. Schools will use a number of ways to record this information, including a provision mapping tool, individual and group plans. The format for recording this information is at the school's discretion.
- Evidence of any environmental or specialist equipment and resources used.
- Evidence of a series of cycles of assess-plan-do-review with increasing levels of the personalisation of provision that links to the growing understanding of the barriers and gaps to learning. These cycles should evidence the involvement of an advisory professional such as a specialist teacher or a health practitioner where relevant. An Educational Psychologist must also be involved as appropriate unless there are exceptional circumstances.

- Evidence of how the advice from the advisory professional or the Educational Psychologist has been incorporated into the SEN provision for the child/young person.
- Evidence of how the school have used their own resources (Elements 1 & 2) to personalise the provision for the child (additional to and different from) using a costed provision mapping tool.
- The child/young person's views of their progress towards their outcomes.
- The parent's/carers views of interventions and outcomes.
- A list of all professionals currently involved with the child/young person. Any reports that have been provided should be appended to the referral form.
- Evidence of any identified health needs with appropriate reports/diagnosis.
- Evidence of full consideration of the need for a CAF where the level of additional needs of the child/young person are significant and the impact of factors between home and school warrant further support being offered to parents by a range of professionals. If a CAF is in place please attach to the referral form.
- Is there any Social Care involvement in relation to a Child in Need, LAC or safeguarding.
- Evidence of any attendance issues and how these have been addressed.

EHC Needs Assessment:

- A detailed and holistic assessment of the child's or young person's special educational needs and/or disability that identifies strengths, gaps and barriers to learning. This must include levels of functioning and attainment.
- Baseline and ongoing assessment data from which progress can be measured in relation to the assess-plan-do-review process. This should provide evidence of the child's/ young person's progress over time; whether they are on track to meet their end of year/key stage targets and whether there is an improvement in the previous rate of progress.
- Evidence of person centred planning including what is important to and important for the child/young person and what is working and not working. This must involve the child/young person and the parent/carer, linking aspirations to clear outcomes. The family should engaged and be confident in the support package. Or there should be evidence of how school and other Agencies have tried to engage the family.
- A copy of a one page profile or pupil passport. This must be co-produced with the child/young person and evidenced in the submission.
- A copy of a one page profile or pupil passport with evidence of pupil engagement in the production.
- Evidence of the changes and adaptations made to quality first teaching and the SEN provision (that is additional to or different from) that has been delivered for the child/young person. This should include details of what teaching adaptations or approaches have been made; evidence based interventions that have been used; how long these have been in place and how they have been evaluated and reviewed. This must support the child/young person in relation to their profile of strengths, needs and aspirations.
- Evidence of the SMART outcomes that have been set, how they have been reviewed with involvement from the child/young person and their parent. It must

show how the outcomes and interventions have been adjusted in line with the evaluation and evidence amendments made before the next cycle as necessary. Schools will use a number of ways to record this information, including a provision mapping tool, individual and group plans. The format for recording this information is at the school's discretion.

- Evidence of any environmental or specialist equipment and resources used.
- Evidence of a series of cycles of assess-plan-do-review with increasing levels of the personalisation of provision that links to the growing understanding of the barriers and gaps to learning. These cycles should evidence the involvement of an advisory professional such as a specialist teacher or a health practitioner where relevant. An Educational Psychologist must also be involved as appropriate unless there are exceptional circumstances.
- Evidence of how the advice from the advisory professional or the Educational Psychologist has been incorporated into the SEN provision for the child/young person.
- Evidence of how the school have used their own resources (Elements 1 & 2) to personalise the provision for the child (additional to and different from) using a costed provision mapping tool.
- Evidence of whether the school has applied and been awarded SEN Support Plus funding and if so how this has been used to enhance the provision that has been made for the child/young person and the impact this has had.
- The child/young person's views of their progress towards their outcomes have been sought and this information has been used to inform planning.
- The parent's/carers views of interventions and outcomes and how this information has been used to inform planning.
- A list of all professionals currently involved with the child/young person. An up to date (within the last 12 months) report from the Service **must** be included.
- Evidence of any identified health needs with appropriate reports/diagnosis.
- Evidence of full consideration of the need for a CAF where the level of additional needs of the child/young person are significant and the impact of factors between home and school warrant further support being offered to parents by a range of professionals. If a CAF is in place please attach to the referral form.
- Is there any Social Care involvement in relation to a Child in Need, LAC or safeguarding.
- Evidence of any attendance issues and how these have been addressed.
- Any relevant information/reports such as a diagnosis or historical information.
- Evidence of person centred reviews.
- A detailed chronology of significant input for the child/young person including adjustments, interventions, reviews, involvement of the child/young person and parent and involvement of other advisory professionals.

- From your professional view the desired outcomes (short-term and long-term) for the child or young person and what support they will need in order to achieve these.

4. Resourced Provision and Special Schools

Many (although not all) pupils attending such provisions will have EHC plans and entry to such provision is managed through the Statutory EHC Needs Assessment process.

5. Exceptional Circumstances

No framework can ever cover all the individual circumstances faced by pupils, schools and families. Bury will always consider individual circumstances and whether criteria and thresholds should be waived on the grounds of exceptionality. Similarly a local set of thresholds cannot override the National SEND Code of Practice.

By their very nature, it is impossible to provide a complete definition of exceptional circumstances. However, some indication of previous judgements in the area may help to establish shared expectations. The following are examples of past judgements where exceptionality has been agreed: where a pupil is subject to a child protection plan; a recent bereavement in the immediate family; a highly unusual combination of several adverse factors.

On the other hand, the following circumstances are not on their own likely to be regarded as exceptional: single parent families; child in care; family splits and formation of new family units; families in receipt of state benefit, re-housed families, families receiving tax credits; an additional child in the family with a disability; the need to get children in a family to and from different schools; and medical diagnosis.

6. Specialist LA Professionals for Assessing SEND

Classroom teachers and SENCOs have access to a wide range of standardised tests. It is expected that these will be used to identify concerns and monitor progress, in addition to monitoring levels of attainment and progress in the classroom. Each section of this document defines the specialist qualifications that are needed to undertake assessment and analysis of pupils' strengths and needs. If these qualifications change over time, an addendum to the document will be produced. Suitably qualified school staff will be able to undertake some of the assessment and analysis required for a Statutory EHC Needs Assessment. However, schools will **need** to seek and provide evidence of assessment and analysis; consultation; training; and advice from relevant LA Professionals with specialist skills throughout this process prior to requesting an assessment. These include the Educational Psychology Service; Additional Needs Team; Pupil Learning Centre Support Service; Sensory Needs Team; and Connexions.

Health and Social Care Professionals

Assessment and analysis should be sought from relevant Health and Social Care Professionals / Specialists where necessary. When requesting an EHC Needs Assessment evidence should be provided with regard to the child or young person's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies.

Social Care

Within Bury The Bury Children`s Safeguarding Board have published Thresholds for Intervention in September 2013, which set out how families will be supported and at what level and embeds the principle of Early Help. In relation to Social Care, checks will be required to ascertain current involvements.

Assessment may have already been undertaken at CAF level for children with additional needs. The Common Assessment Framework (CAF) is a standardised approach to conducting an assessment of a child's additional needs at an early stage and developing a plan. The assessment is carried out with the consent and involvement of parents and older children and can be done by a single agency or in collaboration with others.

The CAF coordinator in the Early Help Team will be able to tell you if a CAF already exists and offer advice, support and guidance on completion of CAFs.

Where the child has more significant needs there may have already been an assessment undertaken by a Social Worker under the Framework for Assessment where the young person is viewed as a ***child in need***.

(A child shall be taken to be in need if (a) He is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of a service for him (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services or (c) He is disabled)

In relation to Social Care checks will be required to ascertain current involvements and referrals to MASH may then be required requesting assessment at the appropriate level so that social care needs can be identified and considered within the subsequent EHC Plan.

Health

Within health a number of different health professionals are potentially going to be involved with a child with additional needs.

The following is a potential list but is not exhaustive:

- School nursing service
- Health visitors
- Learning disability nurses
- Children's Community Nursing team
- Speech and language therapist
- Physiotherapist
- Occupational Therapist
- Child Development Centre
- Audiology
- Paediatrician

The support may be provided at a number of levels

1. A single universal health service;

2. A number of universal health services working together to assess and meet the needs of a chid via a targeted intervention;

3. Universal services working along with colleagues from health and social care in either a team around the child plan or as part of an early help plan;

All children will receive a universal service form Health Visitors age 0-5 yrs and then from the School Nursing service. The child or young people and that of their families, physical, emotional, social development and health needs will be assessed.

School nurses in special schools are provided by the children's community nursing team who also provide support in the home for medical needs.

The services and health practitioners involved will assess each child and work with the family to provide an appropriate intervention and evaluate the effectiveness of the intervention. The service may also provide advice to colleagues in education and social care.

Where a health practitioner is involved in delivering care to a child they will be able to provide reports to support the assessment of a child as part of the EHC plan. With parental consent, reports and assessments that have already been completed prior to a request for assessment for an EHC plan can be shared with the school for submission to the Local Authority.

1. Post 16

The information above applies to post 16 settings with the following amendments.

Levels of Support
- **Element 1:** programme costs associated with the teaching of the qualification. Given for every student and varies from College to College, based on a range of factors including the type of qualification, college disadvantage profile, area characteristics etc.

- **Element 2 and Element 3**: relate to the young person's individual support needs. To receive element 2 (£6,000) and element 3 (top up funding), a young person's assessed needs must meet the threshold for an EHC to be deemed as a high needs student. To receive element 2, the young person's needs must be more than £6,000 and therefore require top up funding.

- A student with support needs of less than £6,000 is deemed as requiring low level additional learning support and this would be expected to be funded through the college's Element 1 block allocation.

NB If a provider feels a young person needs additional support from the local offer but does not reach the threshold of an EHC they can refer to the 'Temporary Agreement for Element 3' Process.

EHC Thresholds

A young person's needs can change throughout school life in response to a variety of factors including the support that the school has provided and therefore it is essential to have up to date relevant assessments to inform future needs and outcomes within a post 16 setting.

Where a young person is still in school and at application stage for a post 16 provider, the provider should liaise with the school as to support already put in place through 'assess – plan – do - review' cycles. If further or different support is required **the school** should request an EHC assessment.

Where a young person is in post 16 provision, the provider should utilise their mainstream (element 1) funding allocation to provide support for low level needs, evidencing how this money has been spent to support the young person, see below. If further support is required, the **provider** may request an EHC assessment using the referral form.

Evidence of support in place

- Support as part of the local offer, see baseline of provision for further information.
- Post 16 providers will need to evidence support put in place. Providers may wish to liaise with previous educational placements to form part of this evidence.
- 'Assess - plan - do - review' cycles should be used for this purpose.
- Before a request for an EHC assessment is made, advice should be sought from an Education Psychologist.
- Clear explanations must be given as to what extra support is needed and how this will help the young person achieve their outcomes.

<u>Independent Specialist Providers (ISP) or Local High Needs Provision</u>

- All young people applying for an ISP (or local High Needs Provision) will need to have an EHC in place.

<u>Exceptional Circumstances</u>

- For post 16 young people, this may include emerging or newly diagnosed conditions, although a diagnosis in itself is not sufficient evidence for an EHC assessment.

<u>Specialist LA Professionals for Assessing SEND</u>

- Where a young person is still in school (and applying to a post 16 provider), it is the school's responsibility to request specialist support and advice.
- Post 16 providers may have specialist staff as part of their in-house team who can be utilised for assessment of need. Where appropriate, providers should also seek advice from other professionals such as:
  - ➢ Health Care professionals
  - ➢ Social workers
  - ➢ Educational Psychologists (on a traded service basis)

<u>Health and Social Care professionals</u>

- For young people under 18, information in the main document applies.

- For young people over 18, Adult Social Care should be contacted on 0161 253 5151 for information and/or referrals for support for the individual.

Area of Difficulty: Cognition and Learning: Specific Learning Difficulties

Identification: Process to be followed

1. Specialist Assessment Professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
• Educational Psychology Service • Additional Needs Team: Cognition and Learning • Additional Needs Team: Speech, Language and Communication Needs • Additional Needs Team: Physical Difficulties • Speech and Language Therapy Service • Occupational Therapy Service	• Consultation reports including specialist recommendations • Assessment reports outlining physical difficulties or relevant medical needs • Assessment reports outlining Literacy and/or Numeracy difficulties	SEND Code of Practice 2014 Equality Act 2010

Identification: Essential Features: Combination needed: 1+ (elements of 2 or 3)

Feature 1	Feature 2	Feature 3
Difficulties evident despite provision of appropriate teaching interventions over time, for example: • marked and persistent difficulty learning to read and spell or • marked and persistent difficulty learning number facts, concepts and procedures or • marked and persistent difficulties with the planning, organisation and execution of gross and/or fine motor skills shown in balance, co-ordination or spatial awareness	Excessive effort needed for literacy, numeracy or gross/fine motor tasks, or personal organisation problems including the sequencing of tasks, in class and at home, resulting in fatigue, evident from either school or parental reports	Low self esteem, anxiety, frustration, task avoidance Speech and Language difficulties may also be apparent

SEN Support (up to and including £6,000)

1. Special Educational Provision which is <u>additional to</u> Quality First Teaching	2. Special Educational Provision which is <u>different from</u> Quality First Teaching	3. Resources
Strategies in place to support pupils with processing needs, e.g. additional thinking time, supported communication, use of visuals	Personalised timetables in use and reviewed	Quality First Teaching which is Dyslexia Friendly
Strategies in place to support pupils with working memory needs, e.g. use of visuals, chunking instructions, repetition, checking understanding	Individual behaviour plans in use and reviewed	Appropriately trained staff supporting learning
Strategies in place to support pupils with attention needs, e.g. appropriate seating arrangements/ position, distractions removed, personalised reward systems based on pupil interests, frequent breaks planned, frequent and specific feedback	Additional intervention planned and reviewed within an ethos of inclusion, e.g. Numicon, specialist teaching	Readily available, appropriate and well organised resources
Strategies in place to support pupils with organisation, structure and routine needs, e.g. personalised workstation, visual time-table based on specialist advice and pupil needs	Special educational provision which may be sometimes based out of class according to pupil need and planned outcomes	A range of multi-sensory activities which build on children's strengths
Specialist equipment consistently available, e.g. hearing aids, glasses	Effective systems for communicating pupils' profiles between teachers, supply teachers and teaching assistants	Provision of appropriate IT equipment
A range of alternative methods of recording available to pupils with transcriptional needs		

SEN Support Plus (up to and including £3,000)

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Assessment data from which progress has been measured and which has provided tracking information over time	Assessments repeated termly demonstrate minimal progress over time	• Low attainment in one or two identified areas of the curriculum *(see appendix i attainment markers)*:
Regular person centred planning meetings to review pupil progress and plan outcomes	Evidence that school planning and provision has addressed: • Multi-agency planning via CAF (as appropriate)	• End of Year 2: P8 or below • End of Year 6: levels in line with the expected level of attainment at the end of Key Stage 1 or below
Additional advice from and/or access to specialist services or specialist provision *(see Specialist Assessment: Professionals)*	• Attendance issues that may be contributing to low attainment • Social/health issues in the pupil and family that may be contributing to low attainment	• End of Year 9: levels in line with the expected level of attainment at the end Year 4 or below
Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	• Strategies to support pupils learning English as an Additional Language	• End of Year 11 onwards: levels below expected attainment at the end of Key Stage 2

Statutory Assessment/EHC Thresholds

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Assessment data from which progress has been measured and which has provided tracking information over time	Assessments repeated termly demonstrate minimal progress over time	• Low attainment in one or two identified areas of the curriculum *(see appendix i attainment markers)*:
Regular person centred planning meetings to review pupil progress and plan outcomes	Evidence that school planning and provision has addressed: • Multi-agency planning via CAF (as appropriate)	• End of Year 2: P7 or below • End of Year 6: levels in line with expected attainment at the end of Y1 or below
Additional advice from and/or access to specialist services or specialist provision	• Attendance issues that may be contributing to low attainment	• End of Year 9: levels in line with end of Key Stage 1 or

(see Specialist Assessment: Professionals) Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	• Social/health issues in the pupil and family that may be contributing to low attainment • Strategies to support pupils learning English as an Additional Language	below • End of Year 11 onwards: levels in line with expected attainment at the end of Y3 or below Expected levels of attainment may be higher in non-literacy/numeracy based tasks or areas of the curriculum, where the pupil is better able to demonstrate strengths.

Specialist Provision

Threshold 1: Progress (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Assessment data from which progress has been measured and which has provided tracking information over time Regular person centred planning meetings to review pupil progress and plan outcomes Additional advice from and/or access to specialist services or specialist provision *(see Specialist Assessment: Professionals)* Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	Assessments repeated termly demonstrate a widening attainment gap between pupil and peers Evidence that school planning and provision has addressed: • Multi-agency planning via CAF (as appropriate) • Attendance issues that may be contributing to low attainment • Social/health issues in the pupil and family that may be contributing to low attainment • Strategies to support pupils learning English as an Additional Language	• Low attainment in one or two identified areas of the curriculum *(see appendix i attainment markers)*: • End of Year 2: P5 or below • End of Year 6: levels in line with expected attainment at the end of Reception or below • End of Year 9: levels in line with end of Year 1 or below • End of Year 11 onwards: levels in line with expected attainment at the end of Key Stage 1 or below *Expected levels of attainment*

		may be higher in non-literacy/numeracy based tasks or areas of the curriculum, where the pupil is better able to demonstrate strengths.

Area of Difficulty: Cognition and Learning: General Learning Difficulties

(Including Moderate, Severe and Profound Learning Difficulties)

Identification: Process to be followed

1. Specialist Assessment: Professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
• Educational Psychologist • Additional Needs Team: Pupils with Complex Needs • Speech and Language Therapist • Occupational Therapist • Physiotherapist	• Consultation recommendations • Assessment reports outlining physical difficulties • Assessment reports outlining Literacy or Numeracy difficulties	SEND Code of Practice 2014 Equality Act 2010

Identification: Essential Features: Combination Needed: 1 + 2 + 3

Feature 1	Feature 2	Feature 3
Evidence of marked and persistent low attainment across the curriculum	Evidence that additional factors related to disadvantage are not the primary cause of low attainment	Evidence that the pupil has been engaged through appropriate, relevant and differentiated programmes of study

SEN Support (up to and including £6,000)

1. Special Educational Provision which is <u>additional to</u> Quality First Teaching	2. Special Educational Provision which is <u>different from</u> Quality First Teaching	3. Resources
Strategies in place to support pupils with processing needs, e.g. additional thinking time, supported communication, use of visuals	Personalised timetables in use and reviewed	Appropriately trained staff supporting learning
Strategies in place to support pupils with working memory needs, e.g. use of visuals, chunking instructions, repetition, checking understanding	Individual behaviour plans in use and reviewed Additional intervention planned and reviewed within an ethos of inclusion, e.g. Numicon, specialist teaching	Readily available, appropriate and well organised resources A range of multi-sensory activities which build on children's strengths
Strategies in place to support pupils with attention needs, e.g. appropriate seating arrangements/ position, distractions removed, personalised reward systems based on pupil interests, frequent breaks planned, frequent and specific feedback	Special educational provision which is sometimes based out of class according to pupil need and planned outcomes	Provision of appropriate IT equipment
Strategies in place to support pupils with organisation, structure and routine needs, e.g. personalised workstation, visual time-table based on specialist advice and pupil needs	Effective systems for communicating pupils' profiles between teachers, supply teachers and teaching assistants	
Specialist equipment consistently available, e.g. hearing aids, glasses		
A range of alternative methods of recording available to pupils with transcriptional needs		

SEN Support Plus (up to and including £3,000)

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Assessment data from which progress has been measured and which has provided tracking information over time	Assessments repeated termly demonstrate minimal progress over time	• Low attainment across the curriculum *(see appendix i attainment markers)*:
		• End of Year 2: P8 or below
Regular person centred planning meetings to review pupil progress and plan outcomes	Evidence that school planning and provision has addressed:	• End of Year 6: levels in line with the expected level of attainment at the end of Key Stage 1 or below
	• Multi-agency planning via CAF (as appropriate)	
Additional advice from and/or access to specialist services or specialist provision *(see Specialist Assessment: Professionals)*	• Attendance issues that may be contributing to low attainment	• End of Year 9: levels in line with the expected level of attainment at the end Year 4 or below
	• Social/health issues in the pupil and family that may be contributing to low attainment	
Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	• Strategies to support pupils learning English as an Additional Language	• End of Year 11 onwards: levels below expected attainment at the end of Key Stage 2

Statutory Assessment/EHC Thresholds

Threshold 1: Progress (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Assessment data from which progress has been measured and which has provided tracking information over time	Assessments repeated termly demonstrate minimal progress over time	• Low attainment across the curriculum *(see appendix i attainment markers)*:
		• End of Year 2: P7 or below
Regular person centred planning meetings to review pupil progress and plan outcomes	Evidence that school planning and provision has addressed:	• End of Year 6: levels in line with expected attainment at the end of Y1 or below
	• Multi-agency planning via CAF (as appropriate)	• End of Year 9: levels in line

Additional advice from and/or access to specialist services or specialist provision *(see Specialist Assessment: Professionals)* Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	• Attendance issues that may be contributing to low attainment • Social/health issues in the pupil and family that may be contributing to low attainment • Strategies to support pupils learning English as an Additional Language	with end of Key Stage 1 or below • End of Year 11 onwards: levels in line with expected attainment at the end of Y3 or below

Specialist Provision

Threshold 1: Progress (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Assessment data from which progress has been measured and which has provided tracking information over time Regular person centred planning meetings to review pupil progress and plan outcomes Additional advice from and/or access to specialist services or specialist provision *(see Specialist Assessment: Professionals)* Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	Assessments repeated termly demonstrate a widening attainment gap between pupil and peers Evidence that school planning and provision has addressed: • Multi-agency planning via CAF (as appropriate) • Attendance issues that may be contributing to low attainment • Social/health issues in the pupil and family that may be contributing to low attainment • Strategies to support pupils learning English as an Additional Language	• Low attainment across the curriculum *(see appendix i attainment markers)*: • End of Year 2: P5 or below • End of Year 6: levels in line with expected attainment at the end of Reception or below • End of Year 9: levels in line with end of Year 1 or below • End of Year 11 onwards: levels in line with expected attainment at the end of Key Stage 1 or below

Appendix i: Attainment Markers

GCSE Grade C Standard																									
End KS2/Target Tracker step 6 secure																									
End KS1/Target Tracker step 2 secure																									
Early Learning Goal/Target Tracker 40-60 secure																									
NB P Scales will be being replaced from January	P8																								
	P7																								

		Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14
2016 – see Rochford Review	P6		Amber													
	P5		Red	Purple												
	P4	Amber														
	P3	Red														
	P2															
	P1															
Markers of Attainment		Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14
														16-19		Post 19

KEY

Colour	Threshold
Green	Expected level of attainment
Amber	SEN Support Plus
Red	EHCP
Purple	Specialist Provision
Blue	Key marker age groups

Note: thresholds will be applied in conjunction with individual pupil circumstances

Area of Difficulty: Social, Emotional and Mental Health Difficulties
Identification: Process to be followed

1. Specialist Assessment: professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
Classroom teachers with access to specialist staff with qualifications and experience in promoting emotional and social development and positive behaviour. Educational Psychologists or CAMHS practitioners registered to practice with the Health Care Professions Council. Children's Social Care staff Medical professionals licensed by the GMC.	A detailed picture of the current situation should be built up detailing the child/young person's current strengths in their social and emotional presentation. This should be done by consulting the child's family and school staff and establishing their respective strengths in nurturing the child's social and emotional development at home and in school. Relationships within the classroom and wider school with adults and peers. Classroom ethos, organisation, routines, Wider school ethos, organisation and routines. Relationships within the family, family ethos, organisation and routines. Relationships between family and school. Curriculum accessibility/relevance. Analysis of any speech and language, ASC or learning issues which may be impacting on the child or young person's current emotional and social presentation. Analysis of extent of shared agreement of the areas of need and desired	• School Positive Behaviour Management Policy • SEND Code of Practice (2014) • CAF • Safeguarding policy • School development plan (including LA and CAMHS support for school) • Behaviour and discipline in schools. Advice for headteachers and school staff (DfE, 2014) • Safeguard and promote the welfare of pupils. (Education Act, 2002/Education (Independent School Standards) (England) Regulations 2010). • Equality Act (2010) • Mental health and behaviour in schools. Departmental advice for school staff (DfE, 2015)

outcomes and key stakeholders' motivation to make changes.	• Promoting Belonging for PPP: Bury Best Practice Guidelines. • Preventing and tackling bullying. Advice for headteachers, staff and governing bodies (DfE, 2014) • Getting the simple things right (DfE, 2011) https://www.gov.uk/government/publications/good-behaviour-in-schools-checklist-for-teachers • Bury APDR guidance and examples of best practice

Identification: Essential Features, Combination Needed: 1+ 2 +3

This section lists the areas of the child or young person's development in which there may be a need.

Feature 1	Feature 2	Feature 3
Understanding and managing emotions and behaviour	Forming and maintaining relationships	Motivation to change, sense of self efficacy, (planning, setting goals, capacity to enact change etc)

SEN Support (up to and including £6,000)

Special Educational Provision which is <u>additional to</u> Quality First Teaching	Special Educational Provision which is <u>different from</u> Quality First Teaching	Resources
• Pupils should have access to a broad and balanced curriculum which is modified to take into account their current social and emotional presentation. • The school environment should be adapted to create a sense of safety and belonging for pupils e.g. see Promoting Belonging for PPP: Bury Best Practice Guidelines. • Strategies in place to support pupils with social, emotional and mental health needs, e.g. frequent and specific positive feedback for managing emotions and behavior appropriately, personalised reward systems, • Strategies in place to	• Key adult with whom to build a trusting relationship • Key adult support to promote independence in managing behaviour, emotions and relationships, e.g. a structured programme of adult input to learn, practice and generalise key skills. • Key adult with whom to reflect on progress in managing behaviour, emotions and relationships • Individual plans in use and reviewed • Effective systems for communicating support strategies between teachers, supply teachers, teaching assistants and mid day supervisors. • Individual and/or small group work focusing on specific areas of social and emotional development identified through assess, plan, do review cycles (APDR – see guidance on using APDR cycles).	• Quality First Teaching which promotes positive social, emotional and mental health development. • Getting the simple things right (DfE, 2011) https://www.gov.uk/government/publications/good-behaviour-in-schools-checklist-for-teachers • Appropriate training and ongoing support for key adults and wider school staff. • Readily available, appropriate and well organised resources.

manage unstructured parts of the school day to promote natural opportunities to develop social and emotional skills, e.g. adult involvement in play.		

SEN Support Plus (up to and including £3,000)

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
What have we done? *What do we want to do next?* Child and family centred multi-agency work has collaboratively engaged with cycles of APDR and has provided details of cycles (see APDR guidance). Assessment data from which progress has been measured and which has provided tracking information over time Regular person centred planning meetings to review pupil progress and plan outcomes Additional advice from and/or access to specialist services or specialist provision *(see Specialist Assessment: Professionals)* Additional advice from and/or access to additional health services *(see Specialist Assessment: Professionals)*	*When we have reviewed, what has progress looked like?* *What is the next step we are aiming for?* Increased need due to a transition, e.g. moving from primary to high school. Increased need due to a change in situation, e.g. a change in family circumstances, changing schools etc. Child, family, school and other professionals are working well together and have identified particular further interventions which require further support to develop the child's capacity for managing emotions and behaviour, forming and maintaining relationships and their motivation to change. Family, school and other professionals have identified further training and support needs to help them deliver specific interventions for the child. Child, family, school and other professionals are working well together and have identified particular further intervention or training needs to develop the school's or family's capacity to provide an environment to	*How would we describe the current situation?* The pupil's capacity for managing emotions and behaviour, forming and maintaining relationships and their motivation to develop in these areas is affected by a change in circumstances or likely to be affected by a forthcoming transition.

	nurture the child's social and emotional development. Family, school and other professionals have identified further training and support needs to help them work well together and/or develop their skills. (See APDR guidance)	

a) Statutory Assessment/EHC Thresholds

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
What have we done? *What do we want to do next?*	*When we have reviewed, what has progress looked like?* *What is the next step we are aiming for?*	*How would we describe the current situation?*
Child and family centred multi-agency work has collaboratively engaged with cycles of APDR and has provided details of the 4 most recent cycles (see APDR guidance).	Child and family centred multi-agency planning and provision has built on strengths and addressed relevant factors in for example: • The pupil's capacity for managing emotions and behaviour, forming and maintaining relationships and their motivation to develop in these areas • The pupil's capacity to engage in learning • The positive behaviour management routines and strategies in the class, wider school and family • The management of emotions and behaviour modelled by adults within the class, wider school and family • The maintenance and repair of relationships modelled by adults within the class, wider school and family • The relationships between the pupil and peers/ adults within the class, wider school and family • The relationships between key school and family adults and other professionals and their capacity to	The pupil's current capacity for managing emotions and behaviour, forming and maintaining relationships and their motivation to develop in these areas is significantly influencing their: • Social development • Emotional development • Development of independence skills and self-management • Educational performance

	work well together. • The promotion of autonomy and motivation in the classroom, wider school and family. (See APDR guidance)	

Specialist Provision

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
What have we done? *What do we want to do next?*	*When we have reviewed, what has progress looked like?* *What is the next step we are aiming for?*	*How would we describe the current situation?*
The overall complexity of the arrangements needed to address the needs identified in APDR cycles require a highly nurturing, structured environment.	As above and a continued need for intervention and resources at levels higher than those provided in a mainstream setting.	The pupil's current capacity for managing emotions and behaviour, forming and maintaining relationships and their motivation to develop in these areas is complex and requires a high level of co-ordinated multi-agency input.

Communication and Interaction

Area of Difficulty 1: Speech Language and Communication

Identification: Process to be followed

1. Specialist Assessment: professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
Qualified teacher with a post graduate qualification in SLCN Educational Psychologist registered with the HCPC Qualified Health Professionals registered with the HCPC	Assessments by Advisory Teacher for SLCN and/or registered health and education professionals about a pupil's strengths and needs (e.g. using consultation, observation, standardised assessments). This could include analysis of: • Receptive and expressive language, phonology, articulation, social/ pragmatic communication, syntactical development, selective talking • A case history developed with the family identifying factors that might account for current difficulties	SEND Code of Practice Equality Act 2010 Bury Council, Children's Services, Policies for Schools Local NHS Policies

Identification: Essential Features: Combination needed: 1, 2 or 3 or a combination of any

Feature 1	Feature 2	Feature 3
Delayed or disordered receptive language skills (with reference to 'expected' developmental levels in relation to the age of the child)	Delayed or disordered expressive language skills (with reference to 'expected' developmental levels in relation to the age of the child)	Disordered speech sound production (with reference to 'expected' developmental levels in relation to the age of the child)

SEN Support (up to and including £6,000)

1. Special Educational Provision which is <u>additional to</u> Quality First Teaching	2. Special Educational Provision which is <u>different from</u> Quality First Teaching	3. Resources
Evidence of provision which has been incorporated into cycles of APDR using specialist advice (which can be sought at any point in the process where school feel it might be beneficial), which have clear baseline assessments, SMART targets and evidence of progress related to the Essential Features identified as being an area of need. APDR cycles should include strategies such as: • Personalised curriculum • Strategies to promote pupil independence • Strategies to address emotional health and well-being • Differentiation strategies to enable active participation in learning • Adjustments to Literacy teaching to compliment and reinforce Speech + Language Therapy targets • Pupil profile / passport to ensure consistency of approaches • Provision of additional time for receptive + expressive processing • Provision of visual support to assist communication	Evidence of provision which has been made which is incorporated into cycles of APDR using specialist advice (which can be sought at any point in the process where school feel it might be beneficial) which have clear baseline assessments, SMART targets and evidence of progress related to the Essential Features identified as being an area of need APDR cycles should include interventions such as: • 1:1 and/or small group sessions using evidence-based interventions (which may require specialist input) • In-class support	• Augmentative Assisted Communication Aids • Training for signing as recommended by Speech and Language Therapists • Resources recommended by the Advisory Teacher for Speech Language and Communication Needs • Resources recommended by the Speech and Language therapist • Whole school IDP training and evidence of how this has been implemented • Specific training as advised by external specialists and evidence of how this has been implemented • Equipment/resources to set up SLCN friendly classroom/outside spaces • Raising awareness with all relevant adults in school including admin and welfare staff as appropriate • Request for advice/support from Advisory Teacher

SEN Support Plus (up to and including £3,000)

Threshold 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
Evidence of the changes and adaptations made to Quality First teaching and the SEN provision (that is additional to or different from) that has been delivered for the child/young person plus: Further cycles of APDR which may include interventions such as: • Block of SALT time • Specialist Teaching • Use of specialist equipment • Use of additional adult to support learning • Use of detailed and specific evidence based programmes/interventions and evidence of how these impact on progress and/or ability to access the curriculum Evidence of how advice from the advisory professional or Educational Psychologist has been incorporated into the SEN provision for the child/young person	Limited measurable progress Indicators of level of concern from Speech and Language Therapy Service	Outcomes measures indicate limited progress against individual targets (taking into account relevant national developmental frameworks)

EHC Needs Assessment

Threshold 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
Evidence of whether the school has applied for, and been awarded, SEN Support Plus funding and if so, how this has been used to enhance the provision that has been made for the child/young person and the impact this has had Evidence that the child/young person's gifts and skills have been used to personalise the curriculum and improve progress Further cycles of APDR with increasing levels of the personalisation of provision that links to the growing understanding of the barriers and gaps to learning Further cycles of APDR with outcomes may include interventions such as: • Increasingly personalised and intensive programmes guided by professionals such as the Advisory Teacher for Speech, Language and Communication or Speech Therapists • Specialist Teaching • Increased need for support from additional adult to facilitate access to the curriculum with evidence of outcomes of this provision Evidence of how advice from advisory	Evidence provided of insufficient progress made in SLCN despite interventions and strategies implemented as part of personalised support and top up funding	Outcomes measures indicate limited progress against individual targets (taking into account relevant national developmental frameworks).

professional or Educational Psychologist has been incorporated into the SEN provision for the child/young person Details of desired short and long-term outcomes and how adaptations to the learning environment and interventions are required to achieve these.		

Specialist Provision

Level 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
• Requires support from experienced and specialist teaching and support staff • Requires regular and frequent input from Speech and Language therapists. The frequency will vary according to the child's individual needs • SLCN has been identified as the primary need (may be defined in terms of severity and/or complexity of speech and language difficulty) • Decision has been made that the student would benefit from regular and frequent intensive speech and language therapy • Student able to access mainstream curriculum with some differentiation and shared support • May have received top up funding for severe speech sound production difficulty (as defined by Speech and Language Therapy diagnosis)	Evidence that despite intensive support to develop expressive and receptive language skills, these continue to be a barrier to accessing the curriculum in terms of understanding information given and being able to adequately express knowledge and skills Evidence that intervention by specialist staff with experience of working with students with social communication difficulties would be effective in developing and extending receptive and expressive language skills.	Individual pupil outcomes measured by: • SLT standardised assessments • Formal educational assessments • Teacher assessment • Evidence of generalisation of SLC skills across the curriculum and into social situations • Student's progress in the area of Speech and Language has been minimal, despite input from specialist staff

Area of Difficulty 2: Social Communication and Interaction

Identification: Process to be followed

1. Specialist Assessment: professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
Qualified teacher with a post graduate qualification in ASD Educational Psychologist registered with the HCPC Qualified Health Professionals registered with the HCPC	Assessments for Autistic Spectrum Conditions/ Social Communication Difficulties. Assessment and analysis by registered health and education professionals about a pupil's strengths and needs (e.g. using consultation, observation, standardised assessments). This could include analysis of: • Cognitive development, language development, social and communication development, development of play and imagination, rigidities of behaviour and thinking, sensory processing • Case history developed with the family, of factors relevant in the child's history to current presentation • Classroom and school environment	SEND Code of Practice Equality Act 2010 Bury Council, Children's Services Policies for Schools Local NHS Policies

Identification: Essential Features: Combination Needed: 1+2+3

Feature 1	Feature 2	Feature 3
Functional Communication (expressive and receptive language); this includes students who struggle with the <u>social use</u> of language to a degree which affects social interaction.	Interaction: Social and emotional understanding Joint attention	Rigidity of thought and behaviour Engagement Joint attention Sensory perception difficulties Anxiety/ Concern regarding emotional well-being
Evidence that social disadvantage, experience or global developmental delay are not the cause	Evidence that social disadvantage, experience or global developmental delay are not the cause	Evidence that social disadvantage, experience or global developmental delay are not the cause

4. SEN Support (up to and including £6,000)

1. Special Educational Provision which is <u>additional to</u> Quality First Teaching	2. Special Educational Provision which is <u>different from</u> Quality First Teaching	3. Resources
Evidence of provision which has been incorporated into cycles of APDR using specialist advice (which can be sought at any point in the process where school feel it might be beneficial) which have clear baseline assessments, SMART targets and evidence of progress related to the Essential Features identified as being an area of need. APDR cycles should include interventions such as: • Use of specific tools such as visual timetables and supports, personalised reward systems • In-class support • Strategies to address sensory sensitivities • Personalised curriculum • Strategies to promote pupil independence • A nominated supporting adult • Use of workstation • Strategies to manage change • 'Social Stories' approach • Strategies to address emotional	Evidence of provision which has been made which is incorporated into cycles of APDR using specialist advice (which can be sought at any point in the process where school feel it might be beneficial) which have clear baseline assessments, SMART targets and evidence of progress related to the Essential Features identified as being an area of need. APDR cycles should include interventions such as: • Personalised curriculum • 1:1 and/or small group sessions using evidence-based interventions (which may require specialist input) • Use of calming space • Plans for unstructured times of the day such as break and lunch • Support with groupings/friendship networks	• Provision of 'calming space' • Equipment to set up a workstation • Sensory activities/resources (for example 'jump ahead' or 'motor skills united') • Visual systems and supports • Alternatives to writing – e.g. technological solutions • Evidence-based social intervention programmes such as "Talkabout" series, "Time to Talk" and SULP • Advice from Additional Needs Team (Communication Difficulties) and evidence of how this has been implemented • Resources recommended by the Additional Needs Team (Communication Difficulties)/ Speech and Language Therapist/ Occupational Therapist/ Physiotherapist) • Specific ASD Whole school training, such as the Inclusion Development Programme and evidence of how this has been implemented

health and well-being		• Specific training as advised by external specialists and evidence of how this has been implemented • Training to raise awareness among all staff in school (including welfare and admin staff) • Equipment to set up ASD friendly classroom/outside spaces • Resources for less structured times in the day

SEN Support Plus (up to and including £3,000)

Threshold 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
Evidence of the changes and adaptations made to Quality First teaching and the SEN provision (that is additional to or different from) that has been delivered for the child/young person plus: Further cycles of APDR which may include interventions such as: • Block of SALT time • Occupational Therapy input • Physiotherapy input • Specialist Teaching • Use of additional adult to support learning • Equipment – e.g. tent for safe space/ sensory resources	Outcomes measures indicate limited progress (taking into account relevant national developmental frameworks) against individual targets as highlighted by provision map and evidenced by on-going in school observation and consultations.	Evidence of impact of difficulties on attainment across the curriculum (see appendix 1)

- Further specific interventions which require additional adult input and/ or training and/ or programmes/ resources - Use of detailed and specific evidence based programmes - Use of approaches to meet sensory needs - Use of teaching approaches such as TEACCH/PECS - Consider use of time-limited link programme with Millwood School or other appropriate setting to seek advice with more specialist strategies and evidence of how these impact on progress and/or ability to access the curriculum Evidence of how advice from advisory professional or Educational Psychologist has been incorporated into the SEN provision for the child/young person		

EHC Needs Assessment

Threshold 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
Evidence of whether the school has applied for and been awarded SEN Support Plus funding and if so, how this has been used to enhance the provision that has been made for the child/young person and the impact this has had Evidence that the child/young person's gifts and skills have been used to personalise the curriculum and improve progress Further cycles of APDR with increasing levels of the personalisation of provision that links to the growing understanding of the barriers and gaps to learning. These may include interventions such as: • Increasingly personalised and intensive programmes guided by professionals such as Speech and Language Therapist, Occupational Therapist, Physiotherapist • Increasingly personalised and intensive programmes to address social communication difficulties as advised by a specialist teacher • Increased need for support from additional adult to facilitate	Evidence that access to the curriculum is significantly impeded by difficulties with social communication, despite frequent and consistent use of visual prompts and frequent and consistent use of language modification techniques and that pupil is making progress at a slower rate than previously or that the gap between pupil and peers is widening Evidence that pupil is significantly affected by their difficulties interpreting the world around them and that they frequently require intervention to help them make sense of social expectations, so that they can participate in social situations such as working in groups, developing and sustaining meaningful relationships, engaging successfully at unstructured times and benefit from participation in the wider social life of the school, including extracurricular activities Significant difficulty with rigidity of thought and behaviour which makes accessing the curriculum without	Outcomes measures indicate limited progress against individual targets (taking into account relevant national developmental frameworks)

access to the curriculum and the environment with evidence of outcomes of this provision. • Use of sensory integration therapies • Use of teaching approaches such as TEACCH/PECS • Use of time-limited link programme with Millwood School or other appropriate setting to seek advice with more specialist strategies Evidence of how advice from advisory professional or Educational Psychologist has been incorporated into the SEN provision for the child/young person Details of desired short and long-term outcomes and how adaptations to the learning environment and interventions are required to achieve these.	significant modifications difficult Evidence of inability to access some aspects of the curriculum without significant modification of sensory environment, including evidence that sensory diet activities or breaks from the environment are necessary to avoid sensory overload. Significant levels of anxiety likely to impact on or inhibit social relationships, engagement, access to curriculum, emotional health and wellbeing	

Specialist Provision

Threshold 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
Support from experienced and specialist teaching and support staff continuing on from the process for the EHC Needs Assessment Regular training for staff Regular and frequent input from health specialists such as Occupational Therapists, Physiotherapists and Speech therapists. The frequency will vary according to the child's individual needs	Evidence that despite intensive support to develop expressive and receptive language skills, these continue to be a barrier to accessing the curriculum in terms of understanding information given and being able to adequately express knowledge and skills Evidence that intervention by specialist staff with experience of working with students with social communication difficulties would be effective in developing and extending receptive and expressive language skills. Evidence that despite regular and frequent specific social skills teaching, the pupil continues to have difficulties understanding social expectations to such an extent that this is impeding ability to access an age appropriate curriculum Rigidity of thought to such an extent that the pupil has difficulty complying with another's agenda and that this is impeding ability to access the curriculum	Outcomes measures indicate limited progress against individual targets (taking into account relevant national developmental frameworks)

	Evidence of sensory processing difficulties to such an extent that the pupil is unable to physically tolerate the environment of a mainstream provision for more than around 50% of the day and that sensory processing difficulties are significantly heightening levels of anxiety Evidence that the pupil is able to access an age appropriate curriculum with appropriate differentiation and shared support	

Area of Difficulty: Physical Difficulty/Medical Conditions
Identification: Process to be followed

1. Specialist Assessment: Professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
• Registered Health Professionals • Early Years Practitioners • Teachers with specialist qualifications and/or experience in teaching children with PD/MC • EPS	• Specific conditions • Rare/Complex disorders/conditions • Acute & long term health conditions • Exceptional circumstances	• SEND Code of Practice • Equality Act 2010 • Bury Council, Children's Services, Medicines Policy for Schools • Local NHS Policies

Identification: Essential Features: Combination Needed: 1, 2 or 3 or a combination of any

Feature 1	Feature 2	Feature 3
• Physical Difficulty and/or Medical Condition, not necessarily with a diagnosis	• Evidence to demonstrate the loss of day to day functioning in school as a result of the CYP's condition	• Additional areas of difficulty which may accompany the condition e.g. mental health difficulties, social communication difficulties

SEN Support

1. Special Education Provision which is additional to Quality First Teaching	2. Special Education Provision which is different from Quality First Teaching	3. Resources

• Timetable management
• Classroom seating management
• Regular Reviews
• 1:1 Support to promote independence
• Assist with class/home work, in order for individual to keep up with peers
• Support catching up on work missed through periods of absence
• Access to the environment
• Regular meeting with family and response to issues raised
• Provision Map, targeting needs
• Peer groups/friendship support
	Access to Curriculum
	Effective use of specific interventions as advised by external specialists
	
	Additional ongoing support and equipment to access all the opportunities available to their peers
	
	• Individual Health Care Plans to include handling plans where necessary
	• Personal Emergency Evacuation Plans (PEEP)
	• Access to Environment
	  ➢ Environmental Assessments
	  ➢ Reasonable Adjustments
		• Items of equipment as advised by Registered Health Professionals
		• Therapy programmes as advised by Registered Health Professionals
		• Appropriate training for those staff responsible for supporting pupils with Physical Difficulties/Medical Conditions
		• Recommend IT equipment to enable alternative methods of recording

SEN Support Plus

Process	Progress	Attainment
• The CYP has been identified as having severe PD/MC which is having a significant effect on their educational attainment and/or a significant effect on their mobility and independence/social emotional development • Exceptional circumstances will be funded via the Authority on a needs led basis, e.g. CYP involved in RTA returns to school temporarily in wheelchair - temporary funding issued to school until CYP is independently mobile • National Curriculum/P Scales • Evidence that pupils' needs are being monitored by Registered Health Professionals, other Agencies and members of the Additional Needs Team • The CYP's support needs are significant in terms of their access to the curriculum and their mobility and independence	• This level of support may be judged to be appropriate at the beginning of a CYP's school life or at key points during school life, e.g. transition between key stages; however if progress is not made due to deterioration/change in CYP's condition e.g. if a life limiting condition then this should be highlighted initially and put in place immediately	• Attainments levels decreased due to CYP's deterioration/change in their condition

EHC Needs Assessment

Process	Progress	Attainment

• Evidence from Registered Health Professionals and Educationalists that CYP has a PD/MC which has a significant adverse effect on some or all of the following:-
 	
  ➢ Educational performance
  ➢ Social /emotional development
  ➢ Development of independence skills
  ➢ Mobility
 	
• School has advice that the CYP has a permanent complex PD/MC
• The CYP has a condition which requires a highly differentiated curriculum
• The CYP needs a range of specialist equipment.
• CYP needs a high level of adult support to engage in learning
• CYP needs support to address social/emotional difficulties resulting from the PD/MC
• Continued support from appropriate Registered Health Professionals
	• The PD/MC team, in liaison with parents/carers, school, Registered Health Professionals and any other outside agency involved with CYP, determine that an appropriate level of support cannot be provided within the existing funding and staffing arrangements
	• Where a CYP is attending a mainstream school with support provided under top up funding but has failed to make progress
	• When a CYP has suffered permanent deterioration in their condition and this is having a significant adverse effect on their learning levels
	• Progress monitored through Annual/ Interim Reviews.
		• Attainment levels are significantly below age related expectations

Specialist Provision

Process	Progress	Attainment
• The presence of additional complex needs which cannot be met in a mainstream setting • The overall complexity of the arrangements needed to address the CYP needs, are beyond the capacity of a mainstream provision even with additional support	• There is a continued need for additional support at levels higher than those provided in a mainstream setting.	• Attainment levels are significantly below those in a mainstream setting

Area of Difficulty: Hearing

Identification: Process to be followed

(In line with NDCS (National Deaf Children's Society) convention, the term 'deaf' is used to describe CYP with hearing loss of any type or degree)

1. Specialist Assessment: professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols

Hospital based screener
Health visitor
Special care nurse
 	
Audiologist
Paediatrician with additional expertise or qualification in audiology.
 	
Teacher of the Deaf
(Qualified Teacher with post graduate qualification in deaf education)
 	
Written consent to share medical information from parent/guardian must be obtained
	New Born Hearing Screen:
	
	• Normal hearing present/not present at birth
	
	Diagnostic audio logical assessment:
	
	• Degree of hearing impairment:
	  ➢ Mild/moderate/severe/profound
	
	• Type of hearing impairment:
	  ➢ Conductive/Sensori-neural/Auditory Neuropathy /Auditory Processing Disorder
	  ➢ Bilateral/Unilateral
	
	Ongoing audio logical review:
	
	• Monitoring of hearing levels
	• Prescription/management /efficacy of audio logical intervention:
	
	  ➢ ENT and other medical treatment
		New Born Hearing Screening Programme , Quality Standards
		
		SEN Code of Practice 2014
		
		NDCS Quality Standards for Deaf Children
		
		Quality Standards in Education Support Services for Children and Young People who are Deaf/Blind/Multi-Sensory Impaired. (2002)
		
		Early Support Developmental Journals
		
		Disability Legislation relating to 'Reasonable Adjustments for Disabled Pupils.'

	➢ Air conduction hearing aids ➢ Bone conduction/anchored hearing aids ➢ Cochlear Implants ➢ Other auditory implants ➢ Additional medical assessments to determine cause of hearing impairment /pattern of disease/ co morbidity • Congenital/acquired • Genetically inherited conditions • Infection/disease	

Identification: Essential Features, Combination Needed: 1

This section lists the areas of the child or young person's development in which there may be a need.

Feature 1	Feature 2	Feature 3
Diagnosis of a permanent childhood hearing impairment of any type or degree Diagnosis of a temporary conductive hearing impairment where hearing aids are considered/prescribed as a short/medium term intervention	N/A	N/A

SEN support

All CYP with a PCHI or a temporary conductive hearing loss where hearing aids are considered/prescribed will receive some intervention from the Sensory Needs Team. The level and style of support will be determined by using relevant criteria based on the individual needs of CYP.

The SNT is currently centrally funded by the Local Authority from the Dedicated Schools Grant (High Needs Block).

Support and equipment is provided to children, families and schools at no additional cost as detailed below:

1. Special Educational Provision which is additional to Quality First Teaching	2. Special Educational Provision which is different from Quality First Teaching	3. Resources
SNT: **All** deaf CYP will receive: • Monitoring visits to address any concerns re CYP access and progress • Checking of hearing aids and radio aid equipment where provided. Management and repair of radio equipment including providing replacements and spares • Assessment (at least annually of language development, vocabulary and reading) • Reporting of pupil's progress and attendance at relevant meetings • Advice re administration of external tests and examinations	Deaf CYP should have access to a broad and balanced curriculum. **SNT:** All schools where deaf CYP are on roll should be supported by a qualified Teacher of the Deaf to ensure HI pupils are effectively included To provide: • Training/guidance about the inclusion of deaf pupils including management and use of hearing technology • Delivery of deaf awareness sessions to staff and peers • Ongoing liaison to address any concerns • Working with the Teacher of the Deaf	**Health:** Hearing aids and ear moulds, cochlear implant technology **SNT:** Radio aids and classroom sound field systems

• Liaison with paediatricians and audiologists, Speech and Language Therapists and other health professionals • Support for parents and carers as appropriate via home visits Determined by assessment of progress, **some** CYP will receive: Individual teaching focussing on communication, language and literacy planned by a Teacher of the Deaf and delivered by her, or a specialist support assistant with knowledge and experience of working with hearing impaired CYP		
School support **(up to and including £6,000)** • Provision of termly/weekly teaching plans as appropriate • Timetabled access to quiet teaching areas for one to one teaching of CYP • Liaison time with Teachers of the Deaf/ Support Assistants	**School support** **(up to and including £6,000)** • Inclusion of deaf CYP by implementation of the key indicators of effective practice as outlined by the SNT • Attendance at training sessions delivered by the SNT Partnership	**School support** **(up to and including £6,000)** • Timetabled access to quiet areas where audio logical equipment can be tested • Consideration of classroom acoustics and implementation of improvements where possible, e.g. lowering of ceilings, use of carpets, soft furnishings, sound treatments etc • School staff support effective use and management of radio aids and sound field systems and implement strategies to manage noise in school

SEN Support Plus

These sections detail the kinds of situations which may require SEN Support Plus funding, an EHC plan or an EHC plan and specialist provision.

The SNT provides enhanced provision for CYP with severe/profound deafness or who meet additional specific criteria, both at a base located in Elton Primary School and on an outreach basis. Outreach support allows for provision of staffing and support up to the funding equivalent of 15 hours. This support is delivered and managed by the SNT.

Threshold 1: Process	Threshold 2: Progress	Threshold 3: Attainment
The CYP meets the criteria for enhanced provision if: • There is clear recorded evidence that the CYP's hearing needs do or <u>could</u> significantly impair his/her access to the curriculum, emotional or social development, ability to take part in particular classroom activities or participation in aspects of school life • CYP are resident in Bury and attend a school maintained by the local authority or an academy or free school located in Bury • CYP will be eligible from the term after their 3rd birthday. Group 1 CYP are congenitally or prelingually deaf with an average bilateral	Deaf CYP's support needs are significant in terms of their ability to hear, discriminate and process the speech and language of adults and other pupils Incidental learning is significantly limited by their hearing loss and dependent on optimum use of hearing technology Deaf CYP are dependent on ongoing repetition and/or paraphrasing of classroom language to assimilate and consolidate learning Differentiation of lesson content and modification of language may be required	With effective support, deaf CYP have the potential to make the same progress as normally hearing children of a similar ability Ongoing assessment by a TOD/class teachers should demonstrate that deaf CYP are: • making progress in line with hearing children of similar ability • where possible, achieving at least one year's progress in one academic year in language and literacy development • where possible, closing the gap between age appropriate language skills and any delay in language skills arising as a consequence of their deafness

hearing loss of $\geq$ 70dBHL at frequencies of 2khz and 4khz in the better ear Group 2 CYP with hearing levels $\leq$ 70dBHL in the better ear would be considered if they have a congenital or pre lingual bilateral hearing loss and assessment indicates a 'significant' language delay arising as a consequence of their deafness Group 3 Deaf CYP experience significant deterioration in their hearing which limits the effectiveness of their hearing technology and who may require referral to an Auditory Implant Service		

EHC Needs Assessment

Threshold 1: Process	Threshold 2: Progress	Threshold 3: Attainment
Deaf Children with Additional Needs and/or whose communication and language development is significantly delayed It is estimated that around 40% deaf CYP will have some additional health, social or educational need Deaf CYP may have needs in any of the following areas: • Cognition and Learning • Social, Emotional and Mental Health Difficulties • Communication and Interaction • Speech and Language • Sensory and Physical Needs Where children have complex needs, the SNT would aim to evaluate the impact of hearing loss on deaf CYP's communication and language skills, educational achievements and social emotional development This would always be done in partnership with families and other professionals	Deaf Children with Additional Needs and/or whose communication and language development is significantly delayed The CYP needs a highly differentiated/ modified curriculum. Incidental/independent learning is extremely limited as result of hearing/communication needs and significant delay in communication, language and literacy skills. The CYP needs a high level of adult support to engage in learning and to support social interaction.	Deaf Children with Additional Needs and/or whose communication and language development is significantly delayed Multidisciplinary assessment indicates deaf CYP are making significantly low levels of progress in language acquisition and/or across a range of other needs.

Requests for statutory assessment would be made in partnership with Early Years/ School/ SEND professionals in accordance with LA guidelines		

Deaf children who use sign language	Deaf children who use sign language	Deaf children who use sign language
All families will receive information, guidance and counselling from the SNT about communication options for deaf children and their families Families will be supported to make an informed choice based on the degree, aetiology and habilitation of their child's deafness Most deaf CYP (who do not have significant additional learning needs) have the potential to acquire age appropriate speech and language skills. This is entirely dependent on early identification and effective use of hearing aids and cochlear implants from the point of diagnosis A very small number of deaf CYP may not be able to benefit from currently available hearing technology	Deaf CYP should have continuous access to appropriate sign language provision (BSL or Signed Supported English) during all teaching and learning time Deaf CYP who attend mainstream schools will need continuous support from a Communication Support Worker with an appropriate level of signing skills and qualifications Deaf CYP should have access to a peer group of CYP who can communicate meaningfully together using sign language	The sign language skills of deaf CYP should be assessed by an appropriately trained and qualified Teacher of the Deaf/CSW/SALT using informal and formal assessment Progress across all core curriculum areas should be assessed in line with DFE guidance 2014 Expected progress should be defined, measured and reported and an appropriate style and level of support implemented

Deaf CYP who have experienced auditory deprivation in the early years may be able to develop some understanding and production of speech but are likely to need sign language to achieve functional communication and to access teaching and learning Statutory assessment will be needed for those deaf CYP who are developing sign language as a primary mode of communication in order to address their communication needs in school		

Specialist Provision

Threshold 1: Process	Threshold 2: Progress	Threshold 3: Attainment
Where deaf CYP's communication, language and literacy skills are very significantly delayed and/or they are using sign language, the option for placement in a specialist provision for deaf children should be considered	CYP have long term needs for a highly differentiated/modified curriculum and/or require a Total Communication approach where all teaching can be delivered/ supported using SSE or BSL CYP need to be taught in small groups and have individual teaching plans across all areas of the curriculum CYP need ongoing access to a peer group of other deaf CYP who can communicate well together in order to make friends and develop meaningful relationships	As above

Area of Difficulty: Vision

Identification: Process to be followed
The term vision is used to describe CYP with a vision impairment that is not fully corrected by glasses and falls outside the normal range.

1. Specialist Assessment: professionals	2. Specialist Assessment: topics	3. Multi-agency Protocols
Health care professionals: • Ophthalmologist • Orthoptist Qualified teacher of the visually impaired (QTVI: Qualified Teacher with post graduate qualification in teaching CYP with vision impairment education)	• Clinical assessment of vision and diagnosis of eye condition by ophthalmologist/orthoptist • Functional Vision Assessment. This assesses a wide range of visual skills in a non-clinical setting, particularly how a young person uses vision in a real-life situation by QTVI • Analysis of impact of reduced vision: how a young person's level of vision actually affects them in terms of access to the curriculum, social skills, mobility and independence • Analysis of impact of other factors: strengths and weaknesses, additional SEN, the family and the school • Low Vision Aid assessment by orthoptist to determine appropriate equipment needed	Vision Friendly Schools (copies available from SNT) Quality Standards in Education Support Services for Children and Young People with Visual Impairment (2002) Quality Standards in Education Support Services for Children and Young People who are Deaf/Blind/Multi-Sensory Impaired (2002) Quality Standards *Delivery of Habilitation Training (Mobility and Independent Living Skills) for Children and Young People with Visual Impairment* (2011) The Early Support Developmental Journal for babies and children with visual impairment. 'Reasonable Adjustments for Disabled Pupils.' *(Incl the duty to provide auxiliary*

		aids and services for disabled pupils) *Equality Act 2010 and 2012.* The SEN Code of Practice 2014

Identification: Essential Features, Combination needed: 1 and 2

Feature 1	Feature 2	Feature 3
A diagnosis of persistent bilateral visual difficulties, which cannot be corrected to within normal limits by prescription or glasses or contact lenses, or intra-ocular implants	• The results of an assessment by a specialist teacher of the visually impaired shows that the child or young person's (CYP) vision impairment is having an impact on access to the mainstream curriculum and that it may affect mobility and independence and social functioning • In the case of a very young child, the assessment has determined that the child's vision impairment affects further visual development, incidental learning and early developmental stages	

SEN Support

Any CYP identified with a permanent childhood vision loss will receive some intervention from the Sensory Needs Team. The level and style of support will be determined using relevant criteria based on the individual needs of the CYP.

The SNT is funded centrally by the Local Authority from the Dedicated Schools Grant (High Needs Block). Specialist support and equipment is provided to children, families and schools at no additional cost as detailed below.

1. Special Educational Provision which is additional to Quality First Teaching	2. Special Educational Provision which is different from Quality First Teaching	3. Resources
The type of access/support and the amount of time allocated to the CYP is determined by the use of relevant criteria and the judgement of the VI specialist based on all available evidence. This involves liaison with the school, parents/carers and partners in health and is based on the CYP's specific needs • **All** CYP are entitled to monitoring visits to address concerns when requested by school. • **Most** CYPs will receive regular assessment and monitoring visits. • **Some** CYP will receive regular specialist individualised support	CYP with vision impairment should have access to a broad and balanced curriculum which is modified in line with the advice of the QTVI. This may involve: • the use of appropriate teaching strategies • modified activities • adapted materials • enhanced IT access In addition the advice of the SNT should be followed to make the environment VI friendly by considering: • Seating position in classroom • Lighting levels • Effective use of teacher voice School should act on advice so that social situations are managed to allow a CYP with a visual impairment to access the unstructured parts of	The school environment should be made safe and accessible for CYP with vision impairment. **The school should have regard to the advice of the SNT mobility and independence worker** who will identify modifications / improvements needed to minimise the impact of visual difficulties. These may include: • Improvements in lighting • Repainting and use of colour • Floor texture • Guide rails • Signage • Use of objects of reference • Optimisation of auditory environment Some items of equipment are 'mainstream' and should be provided by the school for CYP with VI if needed,

Exam access arrangements and modified papers for the CYP with VI must be applied for and arrangements are made to accommodate the CYP's needs during exams. **Advice and supporting report provided by SNT** **School:** Classwork and homework demands should be monitored and adjusted to take account of the additional time/effort needed as a result of the impact of vision difficulties on information processing and increased fatigue. Some in-class support may be needed to: • Mediate some distance tasks by providing notes • Provide health and safety cover in some practical lessons • Repeat activities / demonstrations to ensure understanding • Encourage effective use of LVAs • Encourage social interaction • Encourage listening skills **SNT:** Where a CYP is deemed to require 1:1 support from a VI Specialist, the following interventions may be put in place.	the day e.g. break times.	e.g. • brightly coloured balls for PE • large display calculators • digital thermometers • cookery equipment with bold markings. All these can be recommended by the VI specialist and appropriate suppliers found **Specialist equipment will usually be provided by the SNT (Vision) or health.** School should support and encourage the effective and efficient management and use of low vision aids and equipment that have been provided Specialist equipment may include: • Handheld magnifiers • Electronic magnifiers • Distance monoculars • Distance cameras • Screen magnifiers/readers • Postural support devices • Braille writers • Mobility aids • Specialist bold line books and papers. Modified Resources **School:** Some CYP with low visual acuity will need print resources to be

School should facilitate these interventions • Visual skill training and promotion of visual development. (For pre-school age children this takes place in the home or pre-school setting or at the specialist pre-school group) • Specialist skill teaching (touch-typing, Braille, listening skills, use of low vision aids, IT skills) • Training in mobility and orientation, independence skills and social skills • 'Pre-teaching' or 'consolidation' work. This compensates for learning gaps due to a paucity of incidental learning **SNT:** • Will support teachers' planning where requested to ensure that the CYP can access the learning objectives and that their vision is not a barrier • Will liaise and support parents/carer • Will liaise with eye health professionals and provide updated information for schools • Will attend review / planning meetings		provided in a different format to their peers. The need is determined by the severity of their visual loss, their age and the nature of the print resources being used. Schools can, acting on the advice of the VI specialist, provide and acquire some resources themselves for the CYP. **SNT:** Where there is a need for additional support to meet the needs of the CYP, the SNT resource production team will ensure that the appropriate materials are supplied. The timely production of resources depends on the forward planning of the school.

SEN Support Plus

These sections detail the kinds of situation which may require SEN Support Plus funding, an EHC Plan or Specialist Provision.

The SNT provides enhanced support for CYP with severe vision impairment. This allows for additional provision in the form of staffing and support up to the funding equivalent of 15 hours. This support is delivered and managed by the SNT.

Threshold 1: Process	Threshold 2: Progress	Threshold 3: Attainment
The CYP meets the criteria for enhanced provision if there is clear evidence of: **either** • a severe enduring loss of vision **or** • a significant worsening of an existing condition as a result of accident or illness which does or could: • significantly impair access to the curriculum and other aspects of school life • significantly impact on mobility, orientation and independence • significantly impact on social and emotional development • have an adverse effect on their educational performance	The CYP's needs have a significant impact on their access to the curriculum and on their mobility and independence. Incidental learning is significantly limited and significant differentiation is required in some curricular areas. The CYP requires ongoing regular input/advice from one or all of the following: • Teacher of VI • Mobility and Independence Worker • Specialist VI Support Worker The CYP usually requires some or all of the following: • modified print resources larger than N18 to be produced regularly by the SNT. (These are not photocopied resources but are	With effective support, CYP with vision impairment have the potential to make the same progress as their fully sighted peers of a similar ability. The level of support is based on the criteria which is reviewed annually and will by influenced by level of vision, age, educational progress, social and emotional development, transition Ongoing assessment by SNT and school staff should demonstrate that the CYP with a severe vision loss makes progress in line with their fully sighted peers and where possible, closes any educational gap which has arisen as a result of their vision impairment In the case of a CYP whose eyesight has deteriorated (or where an injury

	produced to a particular CYP's specified needs in terms of print size, font type, spacing, colour, simplified diagrams, and modified graphs and charts. Close liaison with school is required to ensure appropriate and timely production of resources. Some may be produced in audio or in electronic format or in some cases in Braille)	or illness causes or complicates an eyesight problem), it might be judged that, without a high level of support, the young person's academic progress could be affected and their emotional and social development severely compromised
	- specialist equipment e.g. electronic magnifiers; laptops with specialist software; Braille writers etc. - additional support in class or out of class to assimilate and consolidate learning. - specialist skills teaching: Braille, touch-typing, use of specialist software. - individualised mobility and independence support to develop skills such as long cane use, road crossing, place familiarisation, knife skills, dressing skills - individualised programmes to support emotional and social development	

EHC Needs Assessment

Threshold 1: Process	Threshold 2: Progress	Threshold 3: Attainment
School has advice from the SNT and ophthalmic professionals that the CYP has **a permanent and profound vision loss or a severe visual loss combined with an additional disability / SEN / sensory loss or has suffered a permanent deterioration in vision as a result of a medical condition or injury.** The CYP's level of vision has, or is likely to have, a significant adverse effect on some or all of the following: • Educational performance • Access to the curriculum • Social development • Emotional development • Development of independence skills • Mobility and orientation Children with VI and additional needs. Many CYP with vision impairment also have additional health or educational needs. Where this is the case, the impact of vision loss can be multiplied. Their needs will be	The CYP needs a highly differentiated and modified curriculum. Incidental learning is extremely limited as a result of reduced vision. The CYP may need a range of sophisticated specialist equipment. The CYP either needs all print resources modified or is unable to use print and requires Braille. The CYP needs a high level of adult support to access and engage in learning. The CYP is likely to need support to address social and emotional difficulties resulting from their visual impairment. Ongoing support is needed to support social interaction. The CYP is likely to need support for mobility and orientation and with the development of independent living skills. The CYP needs ongoing regular	The SNT, in liaison with parents/carers and potential recipient mainstream schools / placements, determines that additional support is required to ensure that the CYP makes progress academically as well as developing appropriate mobility and independence skills.

	input from specialists from the SNT.	
assessed as part of a joint process involving other professionals and the family. Additional needs may include: • Cognition and learning • Communication and interaction • Speech and Language • Sensory • Physical • Social, Emotional and Mental Health		

Specialist Provision

Threshold 1: Process	Threshold 2: Progress	Threshold 3: Attainment
Evidence from the SNT indicates that the CYP's vision loss is enduring and is adversely affecting educational performance to a significant degree Or The presence of learning / physical / medical / communication difficulties which are significant and / or profound/ multiple which are in addition to the identified visual difficulties, preclude access to a mainstream curriculum	The CYP has long term needs and requires a highly differentiated curriculum not generally available in a mainstream school The CYP may require an alternative communication system such as on-body signing, Braille, Moon The CYP is likely to require a wide range of sophisticated and specialist equipment to support learning The CYP requires a high level of adult support at all points of curriculum delivery to engage in, assimilate and consolidate learning. Incidental learning is very limited	There is a continued need for additional specialist support at levels higher than those usually provided in a mainstream setting to ensure that progress can be made

Area of Difficulty: Early Years (Children below Statutory School Age) - Generic

Identification/Assessment: Process to be followed

1. Professionals/Specialist Assessments	2. Specialist Assessment: topics	3. Multi-agency Protocols
• Early Years Practitioners with access to specialist staff with qualifications and experience in special educational needs and disabilities (SEND) in the Early Years • Early Years SENCO • Educational Psychologist registered to practise with the Health Professions Council • Medical teams • Speech and Language Therapist • Portage	Prime areas of learning and development (Early Years Foundation Stage): • Communication and language • Physical development • Personal, social and emotional development • Medical needs A detailed shared case history with the family, identifying factors likely to have contributed to currently observed difficulties	• Safeguarding Guidelines, CiN, TAC,CAF • Disability legislation duties to make reasonable adjustments and anticipate the needs of disabled children and adults • SEN Code of Practice • IDLP/IEP Guidance • Fairfield General Hospital Multi Disciplinary Assessment pathway • Bury Speech and Language Therapy Service Referral Guidelines

Identification/Assessment: Essential Features

Feature 1	Feature 2	Feature 3
Developmental delay evident across at least one of the prime areas of development (see specialist assessment topics above)	Persistence of delay after consideration of other risk factors that might account for developmental delay	Identification of a medical condition leading to delayed or atypical development (note: medical diagnoses are not always available in cases of developmental delay)

Pre-School and Nursery SEN Support Funding (up to and including £1500)

1. Special Educational Provision which is <u>additional to</u> Quality First Teaching	2. Special Educational Provision which is <u>different from</u> Quality First Teaching	3. Resources
Regular meetings with the family and response to issues raised by the family Nominated member of staff (key person) to act as first contact for the family, and provide a secure long term relationship with the child IDLP: promotes pupil strengths and interests; promotes pupil independence, participation and engagement in learning (EYFS characteristics of effective learning); and is informed by specialist staff advice, therapy plan and/or any multi-disciplinary plan, e.g. Universal Partnership Plus, TAC, Child Protection etc At least two cycles of APDR using specialist advice as appropriate (which can be sought at any point in the process where it might be beneficial) which have clear baseline assessments, SMART targets and evidence of progress Use of EYFS/Development Matters to provide a baseline, show evidence of progress, and the relationship of this progress to SMART target setting and APDR cycles.	Opportunities for learning linked to an analysis of the child's developmental level Additional adult support for at least two Plan/Do/Review cycles Structured and supported opportunities for active play and multi sensory learning leading to independence Activities to promote social and emotional development, concentration, attention, co-operative play with others Differentiation of teaching Differentiation of curriculum Differentiation of expectation Whole staff training and evidence as to how this has been implemented	Occupational Therapist Speech and Language Therapist Reaching Children and Families Team Sensory Support HI Sensory Support VI Physiotherapist Appropriate ICT equipment Communication aids Hearing aids Specialist seating, standing frames etcetera Aids e.g. PECs cards, visual time tables etcetera

Pre-School and Nursery SEN Support Plus Funding (up to and including £1500)

Threshold 1. Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
• A holistic assessment of the child's strengths and needs has been completed • Cycles of APDR which are increasingly personalised using specialist advice as appropriate which have clear baseline assessments and SMART targets. • Access to specialist health and education staff to inform IDLPs. • Behaviour management programme to manage behaviour that has little regard for consequences to health, well being and education of self or others at all times. • Specialist therapy programmes covering all posture, use of aids, and training. • Speech and Language support programmes to promote communication. • Specialist therapy programme to manage sensory processing difficulties that interfere with learning. • Specialist teaching approaches advised by external agencies. • Additional adult support needed to implement strategies and interventions.	Persistence of developmental delay or evidence from specialist assessments that delay is likely to persist. Incidental learning opportunities are reduced despite differentiation of the curriculum content. Evidence through APDR cycles that access to the curriculum is reduced by the child's difficulties. Limited measurable progress as evidenced through assessments and information gained through APDR cycles. Further specific intervention requires additional adult input to implement strategies and interventions and/or training and/or programmes /resources.	Level of development commensurate with a typically developing child of two thirds of their age in at least one prime area of development (see above) using EYFS, baseline assessments, Portage checklists or Early support monitoring protocols.

• Alternative or augmentative communication approaches.		

Statutory Assessment and EHC Threshold

Threshold 1: Process (APDR)	Threshold 2: Progress	Threshold 3: Attainment
Evidence that setting planning and provision has addressed: multi-agency planning via CAF/Early Support; attendance; and mental health issues in the family	Persistence of developmental delay or evidence from specialist assessments that delay is likely to persist.	Exceptionally or significantly low levels of cognitive functioning: the child will be working at a level commensurate with half their chronological age in at least one prime area of development
Additional support available for 75% of each session attended	Incidental learning opportunities are significantly reduced despite differentiation of the curriculum in terms of content and delivery.	Severe or profound visual/hearing loss, or physical disability requiring specialist equipment and/or personal care support
Frequent inappropriate behaviours, e.g. requiring holding or withdrawal	Evidence that access to the curriculum is significantly reduced by the child's difficulties	Severe language impairment
Sensory processing difficulties that prevent learning and require one to one input prior to learning opportunities	Limited measurable progress as evidenced by APDR cycles or assessment information.	Frequent inappropriate behaviours requiring holding or withdrawal
Extended and adapted toileting programmes, or long term incontinence provision	Further specific intervention requires additional adult input to implement individualised programmes and/or training and/or programmes /resources	Sensory processing difficulties that prevent learning
A physical difficulty requiring: daily posture management programmes; specialist aids; specialist handling training and care programmes; close attention to avoid falls or trips; risk of life threatening medical emergency requiring rapid intervention; planning for a gradual loss of physical control; long term and regular specialist continence		

support; long term support for feeding, and drinking The assessed need for an individual specialist teaching programme or more as advised by an external agency through two Plan/Do/Review cycles Regular and frequent input from health specialists such as Occupational Therapists, Physiotherapists and Speech Therapists. The frequency will vary according to the child's individual needs		

Specialist Provision:

Threshold 1: Progress (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
Support from experienced and specialist teaching and support staff continuing on from the process for the EHC Needs Assessment Regular training for staff Regular and frequent input from health specialists such as Occupational Therapists, Physiotherapists and Speech therapists. The frequency will vary according to the child's individual needs	Evidence that despite intensive support to develop expressive and receptive language skills, these continue to be a barrier to accessing the curriculum in terms of understanding information given and being able to adequately express knowledge and skills Evidence that intervention by specialist staff with experience of working with students with learning and/or social communication difficulties would be effective in	Outcomes measures indicate limited progress against individual targets (taking into account relevant national developmental frameworks)

| | developing and extending receptive and expressive language skills.

Evidence that despite regular and frequent specific social skills teaching, the pupil continues to have difficulties understanding social expectations to such an extent that this is impeding ability to access an age appropriate curriculum

Rigidity of thought to such an extent that the pupil has difficulty complying with another's agenda and that this is impeding ability to access the curriculum

Evidence of sensory processing difficulties to such an extent that the pupil is unable to physically tolerate the environment of a mainstream provision for more than around 50% of the day and that sensory processing difficulties are significantly heightening levels of anxiety

Evidence that the pupil is not able to access an age appropriate curriculum without appropriate differentiation and shared support | |
|---|---|---|

Specialist Provision: HOYLE RP

Threshold 1: Process (a-p-d-r)	Threshold 2: Progress	Threshold 3: Attainment
- The child will have social communication difficulties identified by an appropriate professional. - The child needs regular and frequent input from a Speech and Language Therapist. - The child may need input from relevant specialists such as OT and Physiotherapy. - An Educational Psychologist will have had some input into interventions.	- A communication delay where there is evidence from specialist assessments that with appropriate input the child has made progress. - Evidence suggests that specific intervention will enable the child to access a mainstream school. - Children referred for assessment should have been discussed at Bury Early years Panel. - Children will be considered for placement at a LA Panel held in May. - Placement is for the 12 months of FS1.	Individual child outcomes measured by: - S&LT standardised assessment; - EYFS assessments; - Teacher assessments; - Other standardised assessments.