



SNAP PARENT CARER FORUM
CENTRAL BEDFORDSHIRE

**Central
Bedfordshire**



Graduated Approach



Foreword

Our vision for children and young people with special educational needs and disabilities is the same as for all children and young people – that they achieve well, fulfil their potential, and lead happy and enriched lives. A child's education is pivotal to this.

We have many reasons to be proud of Central Bedfordshire's existing services and the quality of provision; however, we know that there is more to do to improve outcomes for children and young people with special educational needs. The aim of this Graduated Approach is to support colleagues in meeting the needs of all children, enabling them to achieve the best possible outcomes.

The Graduated Approach is a Department for Education requirement of each Local Authority to explain the special educational provision it expects to be made from within a mainstream school's existing resources. It makes explicit the provision for children and young people requiring support from within the setting without recourse to an Education, Health, and Care Needs Assessment.

The SEND Code of Practice clearly states that, where possible, children and young people should attend a mainstream school in their local area and should be encouraged to feel part of their local community. The SEND Code of Practice sets out the continuum for a range of needs and identifies the types of interventions and support: from High Quality Teaching through to specialist support that is available to schools and settings.

Central Bedfordshire's Graduated Approach has been developed in co-production with Special Educational Needs Coordinators (SENCOs), parent/carers and a wide range of specialist education, care and health services. It provides advice and guidance to help educational settings to continue to build and enhance their offer for some of our most vulnerable children.

I would like to thank everyone across the local area partnership who work tirelessly to improve services and provision to ensure our children and young people achieve their aspirations and dreams with the right help, from the right people, at the right time.

Dr Helen Phelan
Assistant Director for SEND

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Introduction

Purpose

This document provides a framework to describe educational provision that should be ordinarily available for children and young people (CYP) in mainstream schools between the ages of 4 and 16 who have a special educational need (SEN) and whose educational provision is made available through high quality teaching and SEN Support.

Structure and Framework

The statutory guidance set out in the [*SEND Code of Practice 2015*](#) provides the structure and framework for the identification and assessment of SEND.

Supplementary reading

Essential supplementary reading is provided at the end of this document. Department for Education (DfE) supported professional guidance is also available through the SEND Gateway (NASEN) and other materials relating to specific types of SEN and disability.

[*SEND Code of Practice: 0-25 years*](#) (January 2015)

[*Equality Act 2010*](#)

[*Children and Families Act 2014*](#)

[*Support for pupils where a mental health issue is affecting attendance*](#) (February 2023)

[*Mental Health and Behaviour in Schools*](#) (November 2018)

[*Working together to improve school attendance*](#) (May 2022)

[*Behaviour in schools*](#) (September 2022)

[*School Admissions Code*](#) (September 2021)

[*Suspensions and Permanent Exclusion from maintained schools academies and pupil referral units in England, including pupil movement*](#) (September 2023)

[*Supporting Pupils at School with Medical Conditions*](#) (September 2015)

Funding and Inclusive Education

The DfE has aligned the way it funds educational settings to provide for children and young people with SEND with the statutory framework that is set out in the [SEND Code of Practice 2015](#). Funds are available to them in their budgets to put in place a range of approaches and provision, most of which can be delivered as Ordinarily Available and High-Quality Teaching. Others may need some special arrangements, such as small group teaching in some subjects, environmental adaptations, use of assistive technology, or some individualised and small group support and teaching at times each day or through the week, or assistance in play, social communication, and interaction.


A range of approaches

This document describes a wide range of approaches that can be expected to be ordinarily available for children and young people, including those at SEN support. It cannot describe every intervention or strategy but indicates the type of arrangements that are typically available. Having discussed the development of this document with professional staff, parent representatives and some school and setting-based professionals, a wider exploration of documents and guidance by established organisations have been considered, including:

- OFSTED
- DfE
- NASEN (National Association for SEN)
- Council for Disabled Children (CDC)
- and various disability specific organisations.

It describes how the Graduated Approach and the Assess, Plan, Do and Review cycle should be operated and the approaches, strategies and arrangements that should be put in place by the education setting.

**OVER 1.5
MILLION**
**PUPILS IN ENGLAND ARE
IDENTIFIED AS HAVING
SEND (AN INCREASE OF
87,000 FROM 2022).**



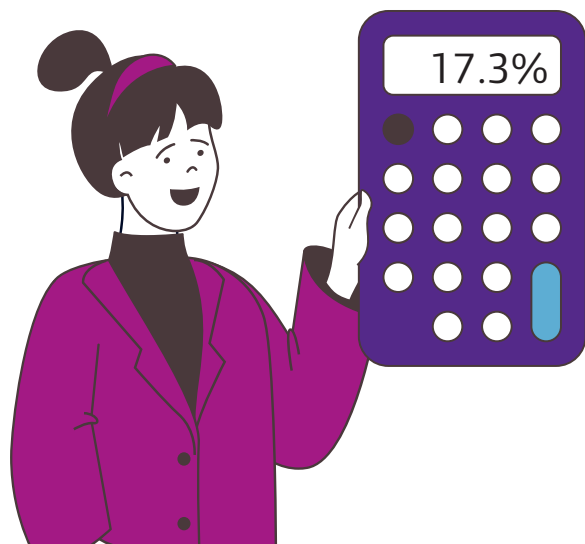
What is a special educational need (SEN)?

A CYP has a SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

The [Children and Families Act 2014](#) says that “a child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- ⌚ Has a significantly greater difficulty in learning than the majority of others of the same age, or
- ⌚ Has a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has a SEN if they are likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them.”



**OVERALL SEN
PERCENTAGE IS UP
FROM 16.6% TO
17.3%
(2022-23)**



What are the broad areas of need?

The broad areas of need in the [SEND Code of Practice: 0-25 years](#) are shown below. Lots of CYP have needs that fit into more than one of the broad areas of need, and so settings may wish to consider whether advice in other areas of need may support their learners.

Communication and Interaction (C&I)

This includes:

Speech, language, and communication needs (SLCN). CYP with SCLN have difficulty in communicating with others; this may be because they have difficulty in saying what they want to and being understood by others, difficulty understanding what is being said to them or they do not understand or use social roles of communication

Autistic Spectrum Condition (Autism)

Cognition and Learning (C&L)

Support for learning difficulties may be required when CYP learn at a slower pace than their peers. Learning difficulties cover a wide range of needs including:

- ⌚ Moderate learning difficulties (MLD) where a CYP may have noticeably more difficulties accessing education than their peers
- ⌚ Severe learning difficulties (SLD) where CYP are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication
- ⌚ Profound and multiple learning difficulties (PMLD) where children and young people are likely to have severe and complex learning difficulties as well as physical disability or sensory impairment.
- ⌚ Specific learning difficulties (SpLD) affects one or more specific aspects of learning. This includes a range of conditions such as dyslexia, dyscalculia and dyspraxia

Social, Emotional and Mental Health (SEMH)

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

Sensory and/or Physical Needs (C&P)

Some CYP require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. This includes children and young people with:



- ⌚ Vision impairment (VI)
- ⌚ Hearing impairment (HI)
- ⌚ Multi-sensory impairment (MSI) a combination of vision and hearing impairment
- ⌚ Physical disability (PD)

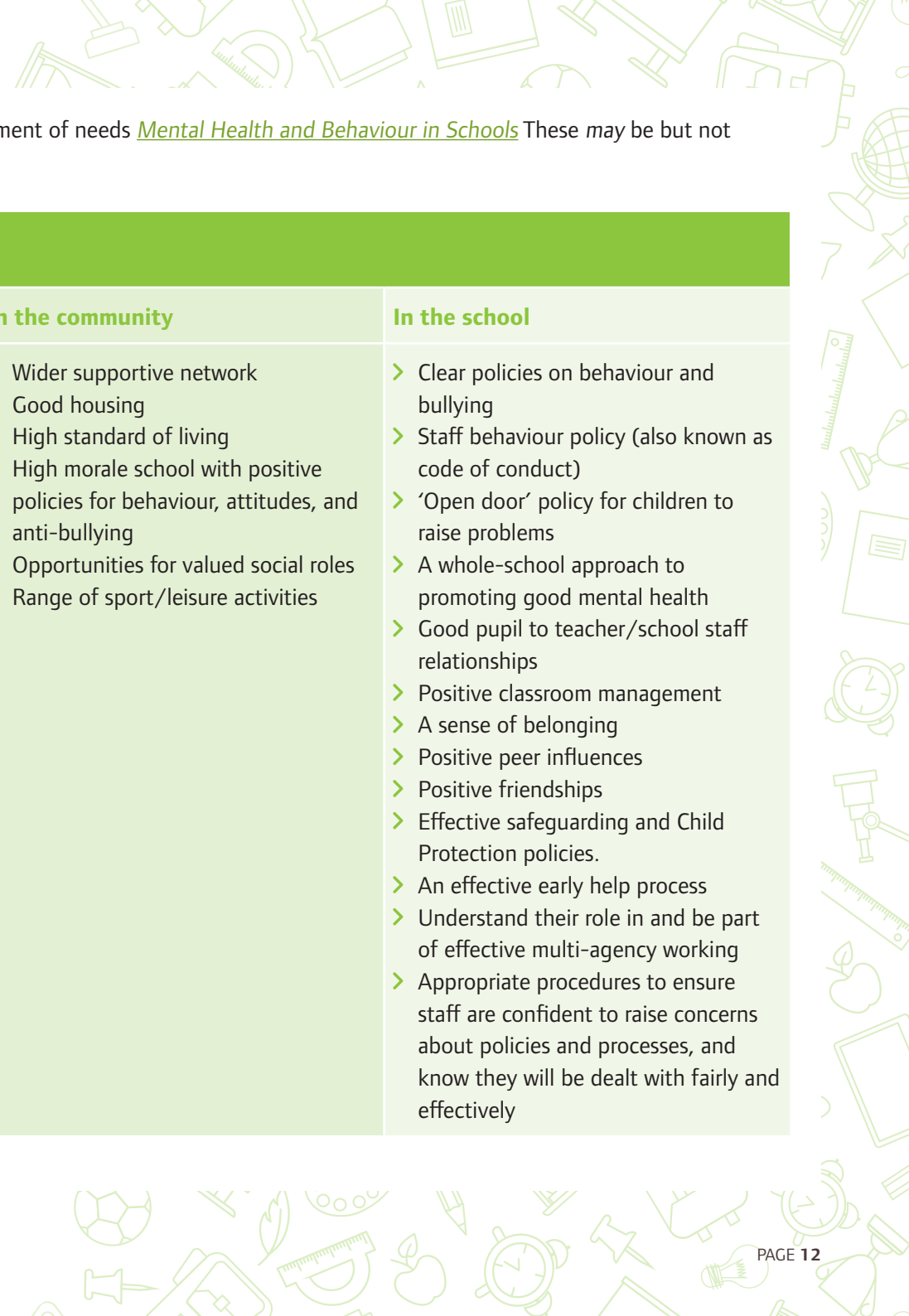


A young woman with dark hair tied back, wearing a yellow V-neck shirt and clear safety goggles, is focused on a task in a laboratory setting. She is holding a small white dish and using a tool to work on something inside it. The background is slightly blurred, showing other people in the lab. The image is partially covered by a blue circular graphic on the left side, which contains a pattern of white line-art icons representing various scientific and educational tools like a microscope, test tube, globe, and books.


Risk and Protective Factors

There are genetic, physiological, and environmental factors that may contribute towards a CYP having or developing a SEN [Mental Health and Behaviour in Schools](#) . These can be (but not limited to):


 RISK FACTORS			
In the child	In the family	In the community	In the school
<ul style="list-style-type: none"> > Genetic influences > Cognition and learning differences > Communication difficulties > Missed learning opportunities > Inconsistent discipline styles > Trauma > Physical illness/impairment 	<ul style="list-style-type: none"> > Parent mental health/substance abuse > Physical, sexual, neglect and/or emotional abuse > Peer pressure > Poor teacher to pupil relationships > Domestic violence > Family breakdown > Difficulty adapting to child's needs > Bereavement 	<ul style="list-style-type: none"> > Socio-economic disadvantage > Homelessness > Disaster, accidents, war, or other overwhelming events > Significant life events > Lack of access to support services > Discrimination > Exploitation- from criminal gangs, trafficking, online abuse, radicalisation 	<ul style="list-style-type: none"> > Poor attendance > Low self-esteem > Family unrest/acrimonious separations Family loss/bereavement > Inconsistent friendships > Bullying > Academic failure > Discrimination > Peer pressure > Peer on peer abuse > Poor pupil/parent to teacher/school relationships
 SIGNS & INDICATORS OF UNMET NEEDS			
<ul style="list-style-type: none"> > Significant change in behaviour > Withdrawal > Avoidant behaviours > Low self-esteem/Self-negating > Strong sense of justice > Impulsivity/lack of control > Heightened emotions > Distrusting adults 	<ul style="list-style-type: none"> > On-going friendship difficulties > Disruptive behaviour > Restlessness > Agitation > High levels of anxiety > Low tolerance > Oppositional/defiant behaviours > Poor attendance 	<ul style="list-style-type: none"> > Argumentative > Physical symptoms > Defensive body language/ extreme and quick reactions > Catastrophising > Poor sleep hygiene > Persistent refusal to comply > Absconding > Lack of or slow academic progress 	<ul style="list-style-type: none"> > Reports of bullying > Self-harm > Destructive behaviour > Hyper/hypo sensitivity > Fear of failure > Perfectionism > Rejection Sensitivity > Agitation: pacing and restless > Tics



There are also identified protective factors which may support and prevent the development of needs [*Mental Health and Behaviour in Schools*](#) These may be but not limited to:

 PROTECTIVE FACTORS			
In the child	In the family	In the community	In the school
<ul style="list-style-type: none">➤ Secure attachment experience➤ Outgoing temperament as an infant➤ Good communication skills, sociability➤ Being a planner and having a belief in control➤ Humour➤ A positive attitude➤ Experiences of success and achievement➤ Faith or spirituality➤ Capacity to reflect	<ul style="list-style-type: none">➤ At least one good parent-child relationship (or one supportive adult)➤ Affection➤ Clear, consistent discipline➤ Support for education➤ Supportive long-term relationship or the absence of severe discord	<ul style="list-style-type: none">➤ Wider supportive network➤ Good housing➤ High standard of living➤ High morale school with positive policies for behaviour, attitudes, and anti-bullying➤ Opportunities for valued social roles➤ Range of sport/leisure activities	<ul style="list-style-type: none">➤ Clear policies on behaviour and bullying➤ Staff behaviour policy (also known as code of conduct)➤ ‘Open door’ policy for children to raise problems➤ A whole-school approach to promoting good mental health➤ Good pupil to teacher/school staff relationships➤ Positive classroom management➤ A sense of belonging➤ Positive peer influences➤ Positive friendships➤ Effective safeguarding and Child Protection policies.➤ An effective early help process➤ Understand their role in and be part of effective multi-agency working➤ Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively



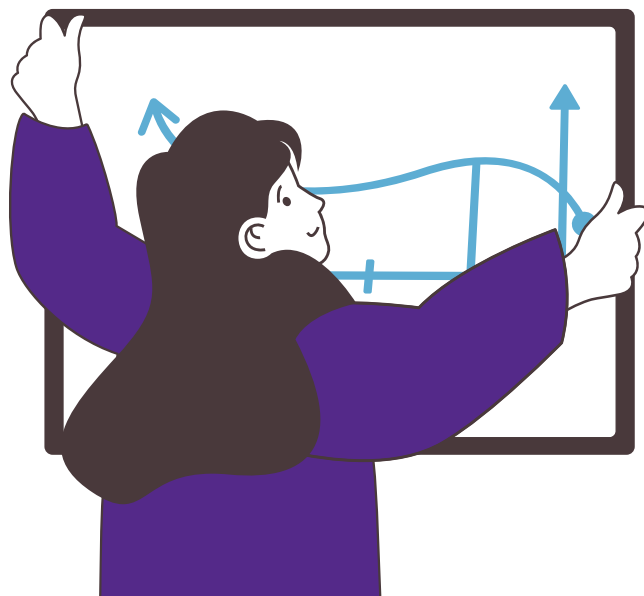
The background of the slide features a photograph of several young children in a classroom, focused on their work at a desk. A large, semi-circular purple overlay covers the left side of the image, filled with a dense pattern of white line-art icons representing various educational subjects like science, math, art, and general school supplies. Overlaid on this purple section are three horizontal blue bars containing the title text in white.

What is the Graduated Approach?

According to the [SEND Code of Practice 2015](#) , the Graduated Approach is:

“A model of action and intervention in the early education settings, schools, and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may have.”

Where a child is identified as having a SEN, educational settings should take action to remove barriers to learning and put effective special educational provision in place using a Graduated Approach (GA), and the local authority provides a framework for settings within this document.



A MODEL OF ACTION AND INTERVENTION

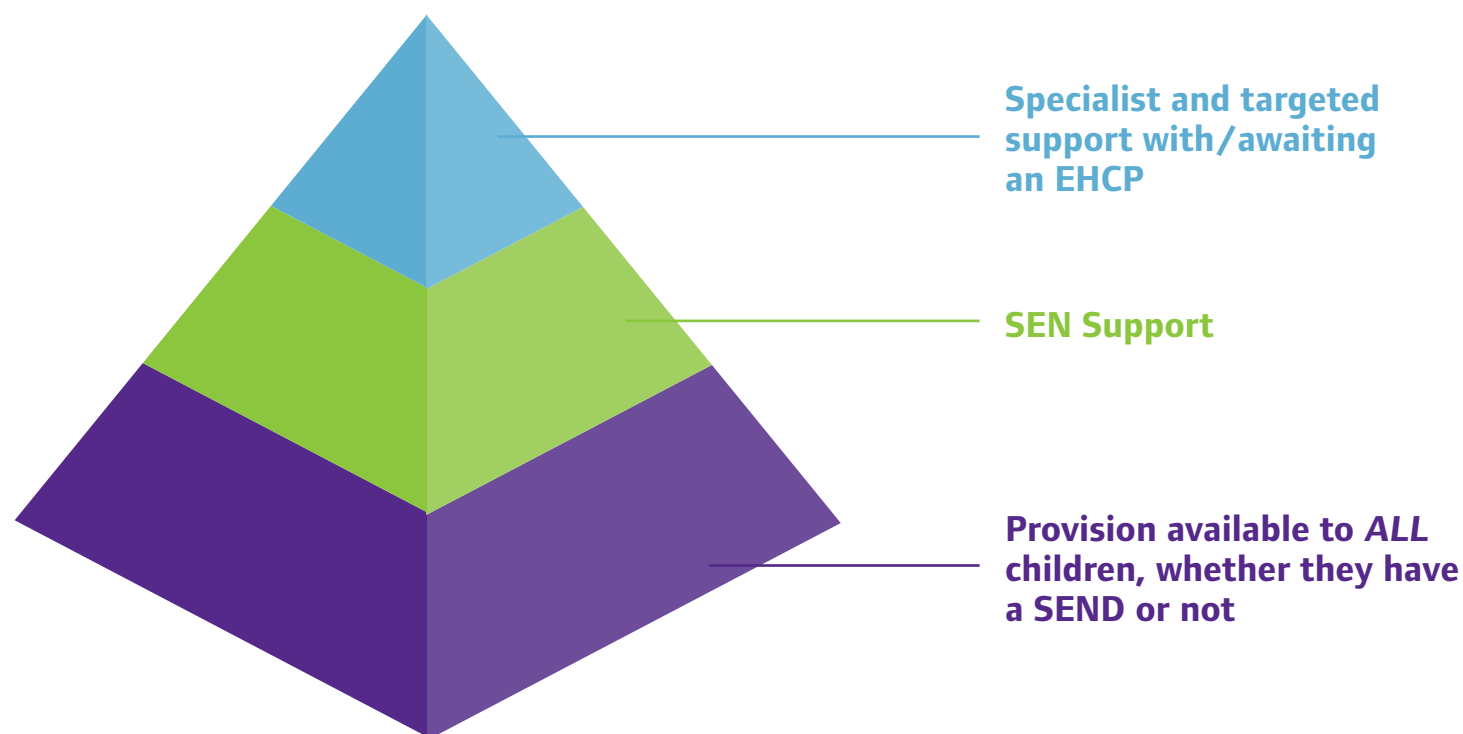
**IN THE EARLY EDUCATION SETTINGS,
SCHOOLS, AND COLLEGES TO HELP
CHILDREN AND YOUNG PEOPLE WHO
HAVE SPECIAL EDUCATIONAL NEEDS.**

A photograph of three children in a science laboratory setting. They are all wearing clear safety goggles. A young girl in the foreground, wearing a white polo shirt, is carefully pouring an orange liquid from a small glass bottle into a tall, clear graduated cylinder. Two other children, a boy and a girl, are looking on with interest. The background is a green area filled with white line-art icons of various school and science items like a microscope, beaker, globe, and books.

What is Ordinarily Available Provision?

The additional needs of most CYP can be met by inclusive **high-quality teaching** (HQT) and reasonable adjustments ([DfE “What are reasonable adjustments?”](#)) from the funding and resources that are already or “ordinarily” available in their mainstream school or setting, along with the universal health and care services that are available to all. This is known as “Ordinarily Available Provision” (OAP). CYP without a SEN, those at SEN Support (children who require more than is ordinarily available), and CYP in receipt of an EHCP should also receive Ordinarily Available Provision as part of their package of support, as this OAP should be available to ALL children whether they have SEN or not and the impact of this should be monitored.

Support for children using OAP and that at SEN Support is tailored to the needs of an individual child or young person (CYP) and is provided through a variety of means. These means are detailed throughout this document with examples of reasonable adjustments that can be made through OAP, and examples of more tailored support for an individual child at SEN Support. The majority of CYP in educational settings will have their needs met through provision that is available to all. Some children will need more targeted provision, and a very small minority will require support that is much more specialised and targeted.





Using the Graduated Approach

The Graduated Approach provided in this document is a series of tables which:

- Give advice on identifying different types of need
- Suggest assessment tools for understanding the needs of the individual
- Describe actions that professionals in educational settings are expected to take when meeting the needs of their CYP
- Suggest free and paid for local, external agencies to provide ongoing support

The tables are organised into the broad areas of need which are outlined in the SEND Code of Practice.

The broad areas of need are further split to provide more detailed information around specialist strategies at each stage- OAP and SEN Support. By using the Graduated Approach, we expect educational settings to ensure that the majority of CYP with SEN can access and have their needs met within a mainstream provision and are fully included within their communities. This document is intended to help educational settings in supporting CYP with SEN and recognise that their needs must be considered individually.

The Graduated Approach should be considered a **toolbox of ideas** that schools can dip into, and not all strategies will be listed. Settings should first consider what a CYP with SEN might need to support them and be mindful that not all strategies within the Graduated Approach may be appropriate. Schools should consider:

- the context to their settings
- the age and stage of the child
- the child's background and presenting needs

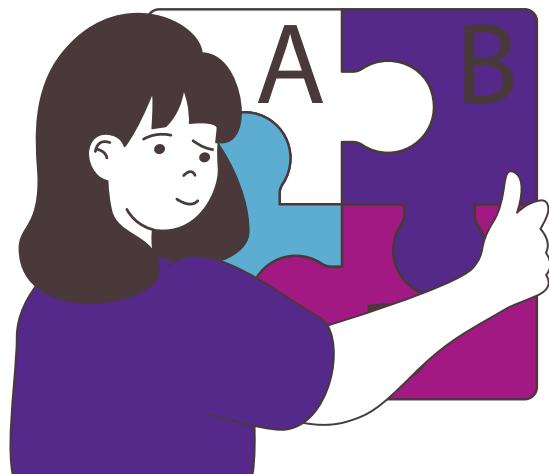


**THE DATA SUGGESTS THAT
SEN IS MOST PREVALENT AT
AGE 10,
AND CONTINUES TO BE MORE
PREVALENT IN BOYS THAN
GIRLS (ALTHOUGH THIS GAP
IS DECREASING).**

Schools are **NOT** expected to deliver all strategies at the same time. They should discuss with the professionals involved and the CYP's family as part of the assess, plan, do, review process, and in line with a person-centred approach, which of the strategies in the Graduated Approach would be most effective in supporting the child to make progress.

As a whole school approach to support all learners, settings are expected to provide a certain level of support for **ALL** CYP in their settings. They should routinely be:

- ⤿ Holding termly reviews of progress: parents and pupil voice taken into consideration
- ⤿ Annually reviewing policies and practices, including the school's SEN Policy and SEND Information Report
- ⤿ Delivering regular staff training regarding the needs in the school and the use of equipment and medical needs
- ⤿ Conducting risk assessments where safety is identified as part of a CYP's need
- ⤿ Creating a care plan where a medical need is identified
- ⤿ Formulating a PEEP (Personal Emergency Evacuation Plan) as part of the risk assessment
- ⤿ Considering an adapted curriculum for CYP with SEND
- ⤿ Liaising with specialist colleagues for up-to-date training
- ⤿ Enabling all staff to collaborate with other professionals to share strategies and advice



SPEECH, LANGUAGE AND COMMUNICATION NEEDS

REMAINS THE MOST COMMON TYPE OF NEED FOR SEN SUPPORT. THIS IS FOLLOWED BY SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS

A woman with long brown hair, wearing a dark blue patterned top, is leaning over a desk and looking at a tablet. A young boy with dark hair, wearing a dark blue school uniform, is sitting at the desk and using a white stylus to interact with the tablet. The background is a blurred classroom setting with a whiteboard and bookshelves. A large purple diagonal overlay covers the left side of the image, featuring a pattern of white line-art icons representing various school subjects like science, art, and math. Two green rectangular boxes are overlaid on the purple area, containing the text 'Assess Plan' and 'Do Review' in white.

Assess Plan

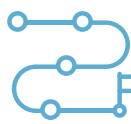
Do Review

The [*SEND Code of Practice 2015*](#) states that the Graduated Approach should include a 4-part cycle of Assess, Plan, Do and Review (APDR). The actions of schools to support children should be monitored and reviewed regularly (should be 3 times per year but could be more frequently) to evaluate effectiveness and decide next steps. It should be noted that CYP who ONLY receive OAP, do not require a SEND Support Plan or APDR. The APDR should detail the intensity, frequency, and recency of provision, so that impact can be accurately monitored with the family.



Assess

There should be a clear analysis of a CYP's needs carried out by those who teach and know them. The assessment of need should be completed regularly and where there is little or no improvement in their progress, more specialist assessment should be carried out, from health, education, or social care.



Plan

Professionals within the educational setting should work with the CYP and their parents to agree the outcomes that they are seeking, what interventions will be put into place, and agree the expected impact on progress, development, or behaviour, and set a clear date for review. These should be **SMART** (specific, measurable, achievable, realistic and time limited)



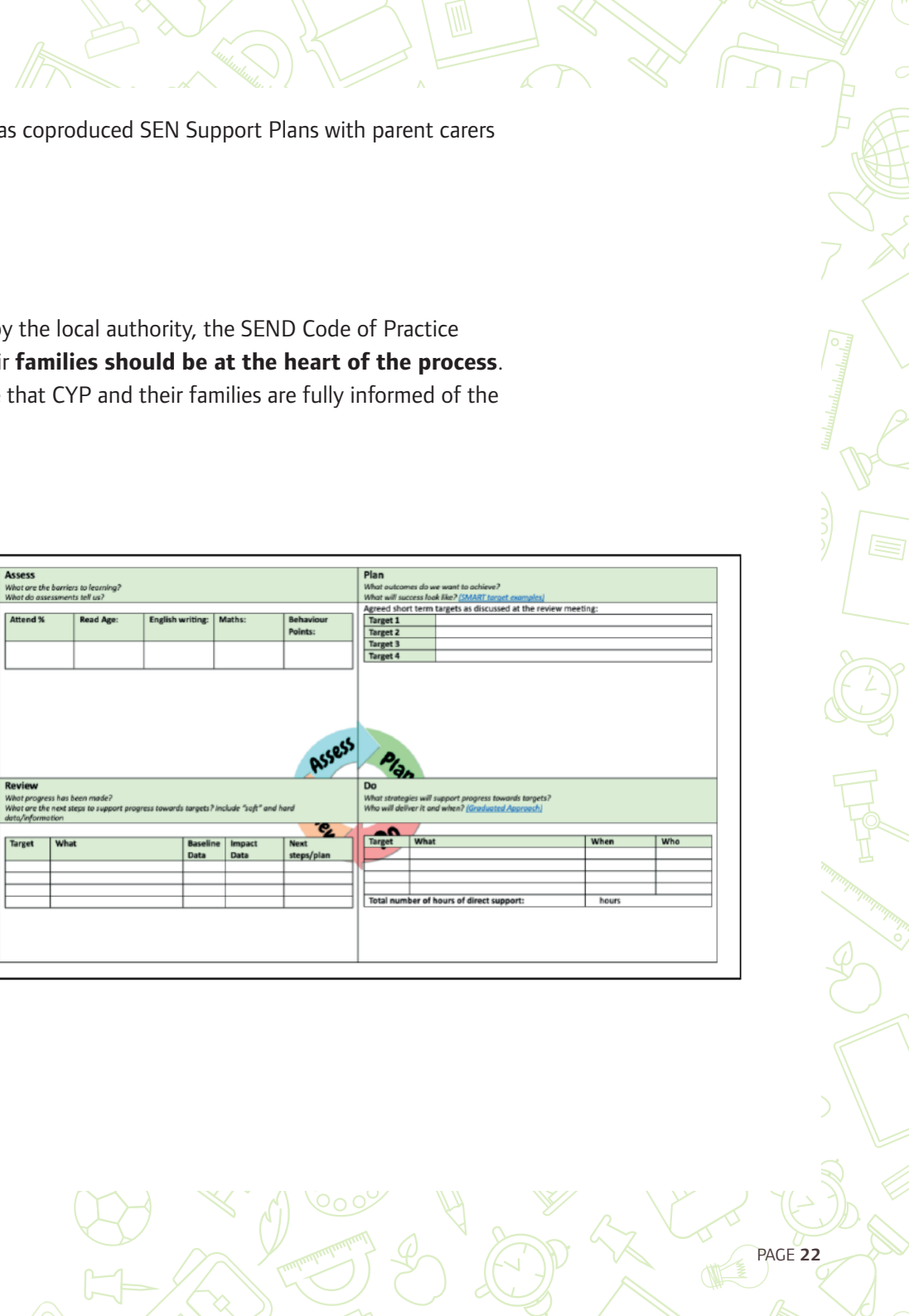
Do

The SENCO or team around the child should support the CYP and advise on implementing the plan of support



Review

The effectiveness of the support should be measured, and the impact reviewed regularly and in line with the agreed dates. The views of the CYP and their parents should be considered as part of the review process, and the educational setting should revisit the APDR cycle if little or no progress has been made at the end of the process.



To support schools to be effective in their process around APDR, Central Bedfordshire has coproduced SEN Support Plans with parent carers and schools:

[CBC SEND Support Plan Tools](#)

[SEND Support Plan Example](#)

Although schools do not have to use the local authority's SEN Support Plans provided by the local authority, the SEND Code of Practice makes it clear that schools should evidence their APDR processes and that CYP and their **families should be at the heart of the process**. Therefore, schools should consider using a document to support the process and ensure that CYP and their families are fully informed of the support in place, as well as the impact it is having.

My SEND Support Plan		
Name of child: Class: Main presenting need: C&I C&L SEMH C&P SEN Stage: SEN Support EHCP [Child's picture here]	Things that work well for me in school: Things I enjoy doing:	One Page Profile
Important people to me:	Things to avoid doing in school:	You might also like to know:

Assess					Plan			
What are the barriers to learning? What do assessments tell us?					What outcomes do we want to achieve? What will success look like? (SMART target examples)			
Attend %	Read Age:	English writing:	Maths:	Behaviour Points:	Agreed short term targets as discussed at the review meeting:			
					Target 1			
					Target 2			
					Target 3			
					Target 4			
Review					Do			
What progress has been made? What are the next steps to support progress towards targets? Include "soft" and hard data/information					What strategies will support progress towards targets? Who will deliver it and when? (Indicative timescale)			
Target	What	Baseline Data	Impact Data	Next steps/plan	Target	What	When	Who
Total number of hours of direct support:							hours	

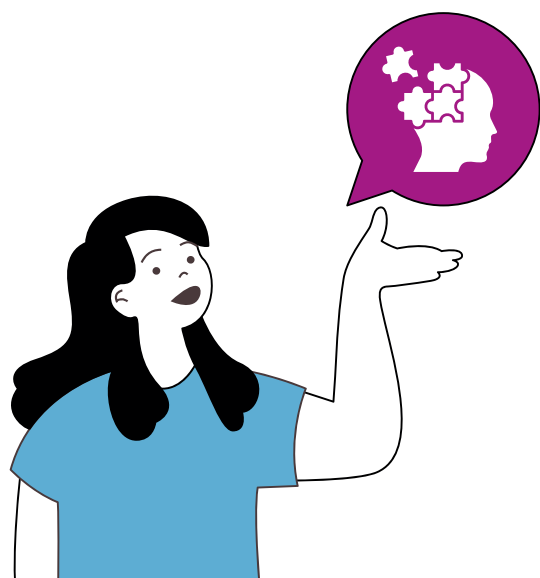
Person Centred Approach



An individual CYP with SEN should always be at the centre of any assessment or planning process, and a person-centred approach should be used. Person centred approaches are used to discover and act on what is important to the CYP, what is important for them, and then finding the balance between the two. It reflects what a CYP can do, what will be important to them in the future, and thinks about what support they might need to achieve their potential.

The SEND Code of Practice states that any assessment and planning process should:

- ⌚ Focus on the CYP as an individual
- ⌚ Enable CYP and their parents to express their wishes and feelings
- ⌚ Enable CYP and their parents to be part of the decision-making process
- ⌚ Be easy for CYP and parent/carers to understand, and use clear ordinary language and images rather than professional jargon
- ⌚ Highlight the CYPs strengths and capabilities
- ⌚ Enable the CYP and those that know them best to say what they have done, what they are interested in and what outcomes they are seeking in the future
- ⌚ Tailor support to the needs of the individual
- ⌚ Organise assessments to minimise demands on families
- ⌚ Bring together relevant professionals to discuss and agree together the overall approach, and
- ⌚ Deliver an outcome focused and co-ordinated plan for the CYP and their parents
- ⌚ Screening for exam access arrangements for external exams such as KS2 SATs, GCSEs, or A Levels.



AUTISM

CONTINUES TO BE THE PRIMARY NEED FOR THE MAJORITY OF CHILDREN WITH AN EHCP.

A large collage of white line-art icons on a blue background, including a lightbulb, a pencil, a ruler, a globe, a clock, a microscope, a book, a pair of glasses, a compass, a protractor, a soccer ball, a leaf, a bell, a paint palette, a pair of scissors, a laptop, a backpack, a magnifying glass, a trophy, a pencil sharpener, a pair of headphones, a smartphone, a coffee cup, a notebook, a pen, a paper airplane, a rocket, a heart, a star, a moon, a sun, a flower, a butterfly, a fish, a bird, a cat, a dog, a person, a group of people, a handshake, a lightbulb, a pencil, a ruler, a globe, a clock, a microscope, a book, a pair of glasses, a compass, a protractor, a soccer ball, a leaf, a bell, a paint palette, a pair of scissors, a laptop, a backpack, a magnifying glass, a trophy, a pencil sharpener, a pair of headphones, a smartphone, a coffee cup, a notebook, a pen, a paper airplane, a rocket, a heart, a star, a moon, a sun, a flower, a butterfly, a fish, a bird, a cat, a dog, a person, a group of people, a handshake.

Coproduction



The term co-production refers to a way of working where service providers and users, work together to reach a collective outcome. The approach is value-driven and built on the principle that those who are affected by a service are best placed to help design it.

True coproduction working in SEND is when an equal and reciprocal relationship exists between parents, carers, CYP and other key stakeholders where everyone's experience, knowledge and skills are valued and used to improve better outcomes.

For CYP and parent/carers in England this is underpinned in the [Children and Families Act 2014](#) and the [SEND Code of Practice: 0-25 years](#)

For parent/carers this means:

- ⌚ have their views and wishes heard about their child & engaging with services that they use
- ⌚ Being able to participate as fully as possible in decisions and being provided with information and support necessary to enable participation.
- ⌚ working with practitioners sharing individual experiences to improve service delivery for their own family
- ⌚ engaging in person centred processes that improve outcomes for their child or young person

For CYP this means:

- ⌚ Having their views and wishes heard
- ⌚ Being able to participate as fully as possible in decisions and being provided with information and support necessary to enable participation.
- ⌚ working with practitioners sharing individual experiences to improve service delivery for themselves
- ⌚ engaging in person centred processes that improve outcomes for them

In Central Bedfordshire there is a collective commitment to joint working and implementing best practice when working with SEND children, young people, and parents across three key areas: effective communication, empowering people and being solution focused.

Our shared vision for SEND is to ensure:

- ⌚ Everyone working with children and families are communicating and working together to achieve the same outcomes.
- ⌚ Everyone understands what we are trying to achieve and what families are asking for.
- ⌚ Families can see evidence of everyone communicating and working together for the benefit of their child and other families

[The Central Bedfordshire Co-production Charter](#) was launched in 2021, developed in partnership with SNAP Parent Carer Forum <http://www.snappcf.org.uk/>, and feedback from over 35 parents/carers, 145 young people with SEND from 17 schools and settings, and professionals from health and social care services. The Charter demonstrates commitment to co-production across education, health, and social care.

PfA (Preparing for Adulthood)

Preparing for adulthood means preparing for:

- ⤿ **Higher education and/or employment** – exploring different employment options e.g., becoming self-employed & help from supported employment agencies (University / Apprenticeships / Supported Internships) and Access to Work A2W
- ⤿ **Independent living** – young people having choice, control & freedom over their lives & the support they have, their accommodation and living arrangements, included supported living.
- ⤿ **Participating in society, including having friends** & supportive relationships. Participating in, & **contributing to, the local community**
- ⤿ Being as **healthy** as possible in adult life (Physical and SEMH)

SEN SUPPORT UP
FROM 12.6% TO
13%
(2022-23)



PAGE 28

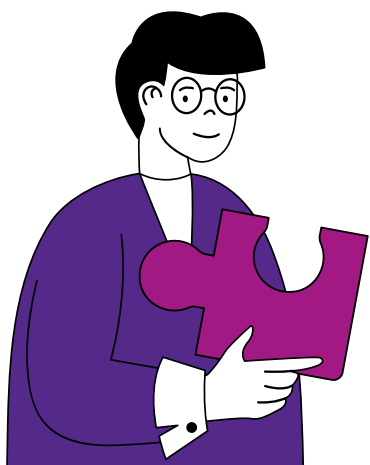
When a SEN is first identified, families need to know that for the majority of CYP with SEN or disabilities, with the right support, can find work, be supported to live independently, and participate in their communities. Health and social care workers, early years providers and schools should encourage these ambitions right from the start. They should also seek to understand the interests, strengths and motivations of children and young people and use this as a basis for planning support around them

Preparing for Adulthood outcomes should be considered from the earliest of years when supporting CYP with SEND. Planning and outcomes should be person centred, explore the child/young person's aspirations and abilities, and be developmentally appropriate.

Outcomes should focus on what the CYP with SEND want to be able to do when they leave post-16 education or training, finding somewhere to live, participating in the community, and being as healthy as possible in adult life.

The Local Offer Website sets Central Bedfordshire's [Preparing For Adulthood Offer](#)

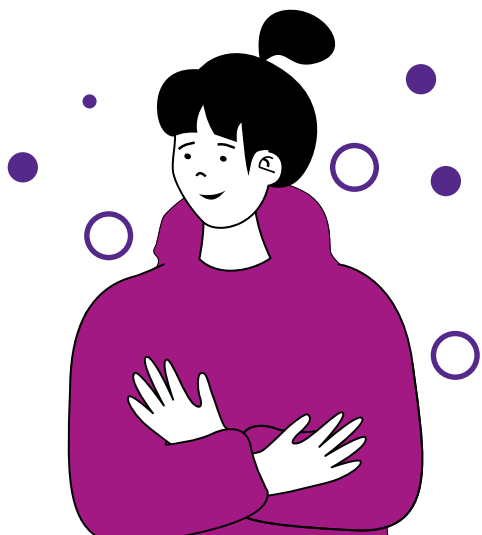
**PLANNING AND OUTCOMES SHOULD BE
PERSON CENTRED,
EXPLORE THE CHILD/YOUNG
PERSON'S ASPIRATIONS
AND ABILITIES, AND BE
DEVELOPMENTALLY APPROPRIATE.**



To make it less likely that difficulties will arise or become more severe, schools will need to develop and maintain:

- ⌚ Effective teaching and learning across the curriculum (which should be scaffolded to meet the needs of ALL learners)
- ⌚ A fully inclusive school ethos
- ⌚ A positive learning environment
- ⌚ Robust curricular, pastoral and discipline arrangements
- ⌚ Systems that foster positive relationships with CYP, young people, parents, carers, and the wider community
- ⌚ Support for parents/carers to effectively support their children make progress in school
- ⌚ Timely referrals to external services
- ⌚ Ensure that the progress of children on the SEN Register is monitored regularly, and that parents and CYP are part of the review process

All schools should have policies relating to Special Educational Needs on their website, including a SEN Information Report [What must go into a SEND Information Report \(CAFA\)](#) with a link to the [CBC Local Offer](#). These policies should reflect and embed current government legislation, guidance, and best practice.



**PUPILS WITH SEN CONTINUE TO
BE MORE LIKELY TO BE ELIGIBLE
FOR FREE SCHOOL MEALS:
EHCPS AT 41.1% AND SEN
SUPPORT AT 37.5%
COMPARED TO 23.8% OVERALL.
(2022-23)**

Early Intervention Grant



The Early Intervention Grant is additional funding available to mainstream settings, schools, and colleges for CYP **without** an Education, Health & Care Plan (EHCP).

Settings may request an Early Intervention Grant for specific, short term, targeted interventions, to support an individual where funding may be required above what is delegated to schools.

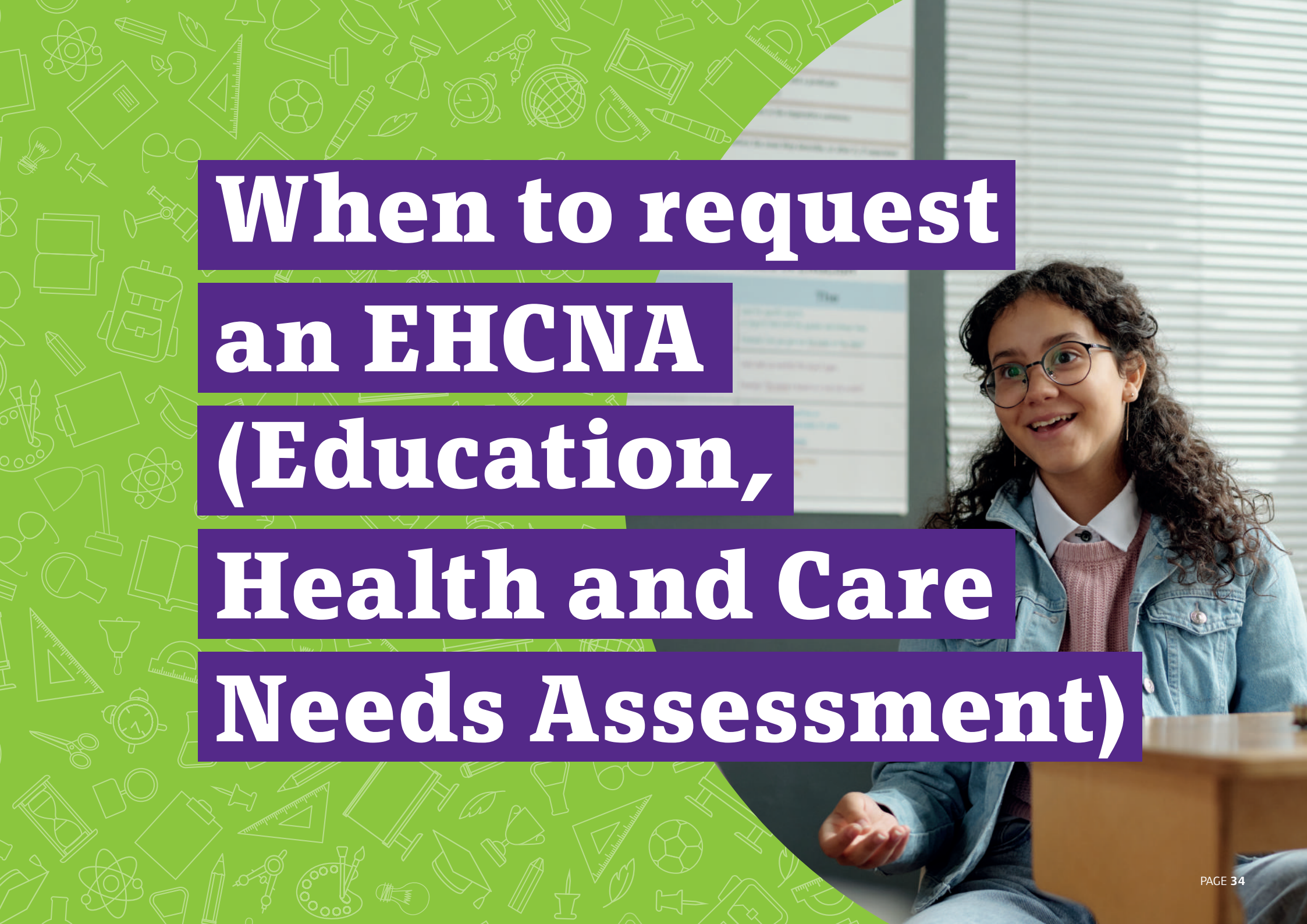
The setting should demonstrate that they have taken purposeful, relevant, and sustained action to meet the CYP's SEN before making a request for additional funding. The setting must clearly detail what the request is for, the cost, and how the interventions will be measured.

The Early Intervention Grant should not be viewed as a long-term solution. If the CYP's needs continue to require additional support, schools should consider whether to request an [Education and Health Care Needs Assessment](#) (EHCNA).

Early Intervention Grants may will not be agreed for any longer than two academic terms (unless in exceptional circumstances) and can be offered as a maximum of £1500 per term The Early Intervention Grant will be agreed for one term in the first instance. More information about the Early Intervention Grant and details of how to apply can be found on the local offer [Early Intervention Grant](#)



**EARLY INTERVENTION GRANTS MAY
WILL NOT BE AGREED FOR ANY LONGER
THAN TWO ACADEMIC TERMS (UNLESS IN
EXCEPTIONAL CIRCUMSTANCES) AND CAN
BE OFFERED AS A MAXIMUM OF
£1500 PER TERM**



When to request an EHCNA (Education, Health and Care Needs Assessment)

SEND Code of Practice 2015 says:

and meet the SEN of the child, or young person, consider requesting an Education, Health, and Care plan to be taken by the school as part of SEN Support.

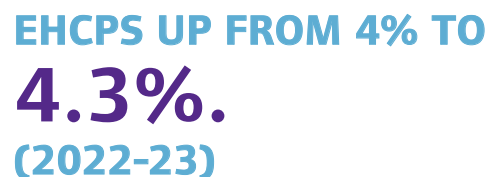
and to be working a certain number of years below of expected level. However, there is an expectation (in line with the SEND Code of Practice 2015) that the school should involve submitting evidence that:

- the child will require a high level of ongoing support.

4% TO

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- ④ purposeful steps have been made to support a CYP at SEN Support
- ④ **or** there is evidence that there has been a rapid decline in the CYPs presentation that will require a high level of ongoing support.



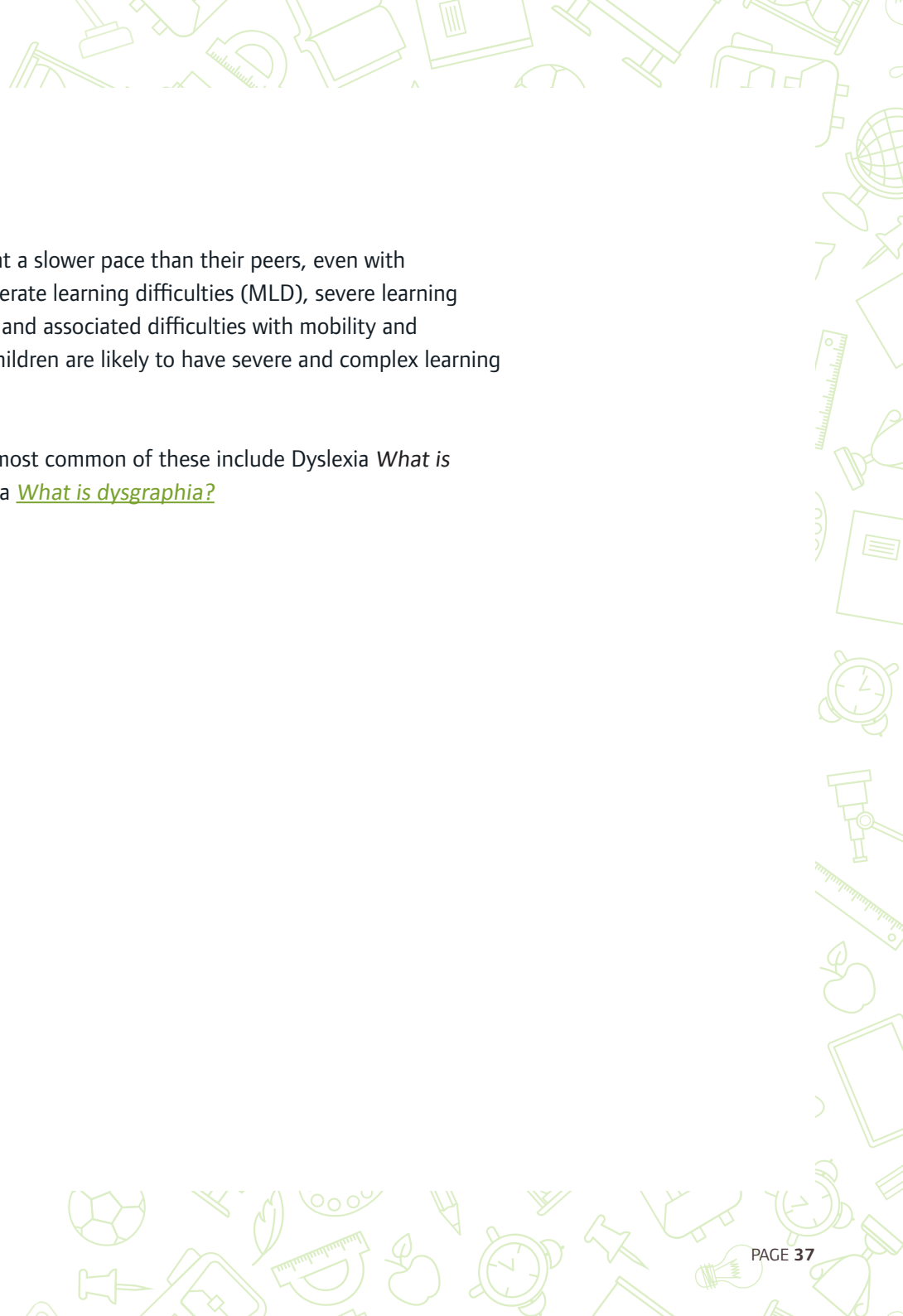


Broad areas of Need:

Cognition and Learning

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

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. The most common of these include Dyslexia [*What is dyslexia?*](#), Dyspraxia [*What is dyspraxia?*](#), Dyscalculia [*What is dyscalculia?*](#) and Dysgraphia [*What is dysgraphia?*](#)





SPECIFIC LEARNING DIFFICULTIES

Examples may include:

- Differences or difficulties in acquiring one or more specific aspects of learning such as reading, spelling, or acquiring numeracy skills in line with their peers.
- Difficulties with fine motor skills that affects the production and speed of handwriting
- Often, but not always, linked to literacy (including dyslexia and dysgraphia), numeracy (including dyscalculia) and coordination (including dyspraxia)

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Access to the National Curriculum with adaptations that can be implemented as part of a whole class approach.
- Teaching that targets progress in the specific aspects of learning that the CYP has yet to secure, particularly [Literacy](#) and [Numeracy](#)
- Where relevant, make use of SpLD assessment tools, such as the [Hertfordshire SpLD checklists](#).
- Development of [attention & listening skills](#), [vocabulary](#) and [language & communication skills](#) is promoted.
- Activities are highly motivating and interactive, wherever possible.
- Learning is based on the interests of the CYP or captures interest with a 'hook' at the start of a lesson; a song, video, picture, photo, sensory experience, demonstration, or interesting/mystery object.
- Tasks are made manageable by being broken down into '[chunks](#)' with increasing difficulty, where appropriate.
- Access to individual and small group work in and/or out of the whole class setting, as required.

Examples of Ordinarily AVAILABLE SEN SUPPORT

(additional to and different from)

Continue with any relevant strategies from OAP.

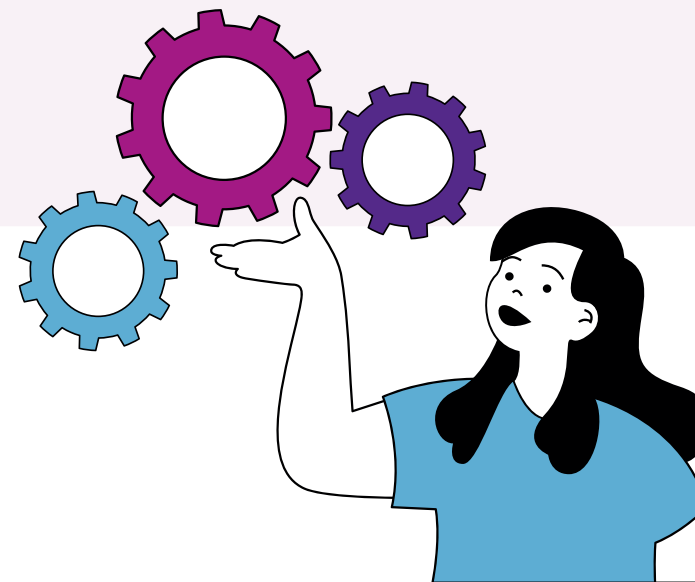
- Access to the national curriculum with significant adaptations that require additional adult support
- Consideration to a referral to Weatherfield Outreach via the [Single Service Referral Form](#).
- Implement, monitor, and review advice from external agencies, where applicable.
- Access to individual and small group work with support from an additional adult in and/or out of the whole class setting, as required
- Some CYP will require a more planned and personalised curriculum.
- Individual or small group teaching at regular points throughout the day / week.
- Bespoke, daily pre-teaching sessions targeting gaps in learning.
- Additional adult support, where available and as required.
- Resources need to be deployed which are additional to or different from those normally available to the CYP in school, through a highly scaffolded curriculum.

- Scaffolded resources are available; consider not just the level of difficulty, but also the presentation (e.g. some CYP may need a bigger font, the worksheet cut in half or may need concrete resources to support such as visuals, [word mats](#), objects etc.).
 - Ensure resources are clearly [labelled](#) with words and pictures and are placed at the CYP level allowing independence.
 - Ensure printed resources are an appropriate size, font and colour.
 - Use coloured highlighters to identify patterns, key information, etc.
- Consideration of the child's preferred way of learning such as by doing, listening, or seeing, and linking it to prior learning and experiences. For example:
- Use visual aids – pictures, photos, videos and clips, charts, mind maps, diagrams, flow charts, word mats and grids, flashcards, writing frames, sentence starters, coloured papers, post it notes, different colour pens, prompt sheets, cue cards, concrete objects to present lessons or create their work, symbol fans, etc.
 - Use auditory support – Hear it, say it, listen to it, repeat it, sing it, use rhythm and music, action songs and rhymes, rap it, discussion, talk, talk partners, interactive white board games with sound effects, rhymes, musical instruments.
 - Get the CYP “doing it” – Be physical with role play, hot seating, freeze frame, dance, touch it, feel it, smell it, eat it, experiment, use interactive whiteboard games, puzzles, get outside, get moving in the class or in their seats.
 - Utilise ICT for writing or recording ([Clicker](#) ©, [InPrint 3](#) ©, [Adobe Express](#) ©, [Google Speechnotes](#) ©, etc.)
 - Adjustments to how work is presented; does it have to be written individually? Can there be a scribe? Can it be presented as a diagram or in pictures? Can they use technology to capture their learning in photos, videos or PowerPoints? Could they use a talk partner to share their learning? Could they highlight the answers rather than writing them?
 - Use of effective [spelling strategies](#), such as [spelling lists](#) and specialist dictionaries such as [ACE Spelling Dictionary](#)

- Plan for the [effective use of ICT](#) as an access strategy e.g. touch typing, screen reading, speech- or sign-supported software e.g. [Read&Write Speech to Text](#)
- Make use of [Spaced or Distributed Practice](#) (little and often such as daily short sessions rather than longer weekly sessions) to enhance acquisition and retention of learning – such as through the [Precision Teaching](#) approach.
- Time limited small-group intervention work, as required, on phonological awareness reading, spelling, comprehension, maths fact recall, early-numeracy skills development, etc., with the intention of enabling the CYP to catch up with most of their peers
- Use of adult support to provide access to [evidence-based intervention programmes](#).

- Support to develop [maths fact recall](#) through interventions such as [NumberShark](#) and [TT Rock Stars](#).
- Use of alternative approaches to the teaching of [reading](#) and [writing](#), e.g. whole-word reading in addition to phonics, using multi-sensory, cued approaches to early literacy, literacy intervention programmes, Paired Reading, etc [Paired Reading Twinkl](#)
- Adults model and scaffold learning [YouTube Modelling Tips](#) [How to scaffold](#)
- Use peer modelling and learning together approaches e.g. complete tasks through group or paired work.
- Work list / [tick list of tasks](#); include all basic, familiar tasks such as name, date, title, etc. so CYP can build up a sense of satisfaction and confidence in completing tasks.
- Use class, group or [individual schedules](#) for the whole day, a half day, a lesson or a single activity to scaffolded, where needed.
- Use individual [communication cards](#), where needed, to ask for support, time out or resources.
- Think about where pupils are seated. Ask yourself do they need to be near the board/teacher, in mixed or similar ability or maybe they need a clearly defined space that is 'theirs'?
- Staff trained in strategies related to specific areas of need through websites such as [Understood](#).

**SPECIFIC LEARNING DIFFICULTIES
(SPLD) AFFECT
ONE OR MORE
SPECIFIC ASPECTS OF LEARNING.**





PROCESSING DIFFICULTIES SUCH AS SEQUENCING, INFERENCE AND REASONING

Examples may include:

- Consistently evident problems with sequencing and organising the steps needed to complete tasks
- Consistently evident problems regarding reasoning skills
- Consistently evident problems with processing, organising, and coordinating spoken and written language to aid cognition
- Levels of attainment that are generally lower than those of their age equivalent peers
- Difficulties with problem solving and developing new concepts
- Difficulties with understanding ideas, concepts, and experiences when information cannot be gained through first hand sensory or physical experiences
- Discrepancy between oral and written work
- Taking longer to understand instructions or needing instructions repeating

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Use concept maps to plan and identify overall themes and relationships between ideas [How to produce concept maps](#)
- Have readily available a range of supportive tools which could include word mats, key words with definitions, writing scaffolds, tasks planners, sand timers, post-it notes etc
- Ask specific questions to ensure instructions are understood
- Give clear and simple instructions, breaking down longer instructions and giving one at a time
- Use of multi-sensory teaching strategies
- Visual cues to support routines and organisation skills
- Model use of open-ended statements such as 'I wonder' or 'what if'
- Give time to process information before a response is needed
- Use pre-teaching to support [Guide on pre-teach](#)

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Consider referral to Weatherfield Outreach. [Weatherfield Outreach Service](#)
- Implement, monitor, and review advice from external agencies
- Some children and young people will require a more planned and personalised curriculum such as a more play-based curriculum [Examples of Play Based Learning Activities](#)
- Small group work teaching at regular points throughout the week to provide pre teaching or overlearning.
- Additional adult support for some work in a small group
- Access to specialist equipment and materials recommended by an Occupational Therapist
- Where assessments indicate that additional intervention is required, targeted support should be time limited with clear outcomes.

- › Make explicit links to prior learning by reminding children or young person of past events, activities or experiences. Displaying photographs or sharing photographs or sharing individual learning journals can support this.
- › Adopt a neurodiverse approach to celebrate the strengths of the child or young person [Guide on the neurodiverse approach](#)
- › Link learning to real life situations
- › Ensure your setting has a consistent routine, support the student with changes when necessary
- › Embed peer support approaches into school practice
- › Use evidence-based interventions to develop skills (see table of interventions)
- › Plan so that there is repetition and reinforcement of learning in a variety of contexts
- › Strategies to support problem solving, and ability to sequence learning steps to task completion
- › Staff to be trained in strategies related to specific areas of need
- › Provide photographs of the setting including important people, the environment, and key places
- › Use technology to support learning such as a “read aloud” function in Word or Google Docs to help CYP to edit/review their own work and find the errors in punctuation
- › Access to grouping that enables CYP to work with peers who are good role models for language and communication skills for co-operative and independent application to task
- › The use of multi-sensory teaching strategies [Multi-Sensory learning information](#)
- › Tasks will need to be scaffolded [What is scaffolding?](#)
- › A variety of practical materials and experiences to support learning through extra-curricular activities
- › Learning activities should be highly motivating and interactive wherever possible
- › Exam access arrangements such as additional time in tests and assessments <https://www.jcq.org.uk/>

- › Teach meta-cognition strategies [Metacognition and Self-Regulation strategies](#) teaching children how to plan their work
- › Use of an engagement model [The Engagement Model information](#)



MEMORY

Examples may include:

- May be slower to use, retain and apply everyday concepts than age equivalent peers.
- Have difficulty recalling previously learnt information
- Difficulties carrying out instructions
- Difficulties carrying out sums in their head
- Have difficulty remembering learnt strategies and multistep instructions
- May require information being repeated and take longer to process information

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Strategies to support weak spatial, perceptual and memory skills such as:
- Chunking [Chunking Twinkl](#)
- Now and Next boards [Now and Next Boards Twinkl](#)
- Printing of PowerPoints to make notes on
- Highlight key words [How to Use Highlighting to Study](#)
- Use of visuals such as pictures to help with new vocabulary [Widgit](#)
- Consider alternative methods of recording work
- Use of mnemonics [Use of Mnemonics](#)
- Provide writing frames and scaffolding
- [Strategies to Support Working Memory Difficulties](#)
- Make explicit links to prior learning by reminding children or young person of past events, activities or experiences. Displaying photographs or sharing photographs or sharing individual learning journals can support this.
- Teach meta-cognition strategies [Metacognition and Self-Regulation strategies](#)

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Play memory games such as matching cards [Matching Cards online game](#)
- Deliver a short-term intervention to improve memory, such as memory Magic <https://www.rompa.com/memory-magic.html>
- Games to support processing and memory: [Games to support processing and memory](#)
- Teach keyboard skills [Typing resources for keyboard skills](#)

- Have readily available a range of supportive tools which could include word mats, key words with definitions, writing scaffolds, tasks planners, sand timers, post-it notes etc
- Ask specific questions to ensure instructions are understood
- Give clear and simple instructions, breaking down longer instructions and giving one at a time
- Have learning walls on display that students can access, this could include prompts and key vocabulary
- Plan so that there is repetition and reinforcement of learning in a variety of contexts
- Classroom staff adjust the pace or order of activities to maintain attention
- Extend the child or young person's interests and introduce them to new experiences by providing a variety of activities using creative and playful approaches
- Provide lots of encouragement and ensure tasks are short and achievable
- Conduct a sensory audit to ensure no aspect of the environment is negatively impacting on CYP ability to learn [Sensory audit for schools](#)
- Use a variety of strategies for recording such as highlighting or voice recording

**MAY BE SLOWER TO USE,
RETAIN AND APPLY
EVERYDAY CONCEPTS
THAN AGE EQUIVALENT PEERS.**



Communication and Interaction

Area of Need:

The [SEND Code of Practice 2015](#) says that:

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

This area of need covers difficulties with regards to what is said/communicated and speech (how it is said), and encompasses neurodiverse conditions such as Autistic Spectrum Disorder.

CYP who have difficulties with communication and interaction may struggle to communicate verbally, visually or in writing. They may have difficulties interpreting the way people are communicating with them through verbal and nonverbal language and have difficulties communicating what they are feeling and thinking to others.



DIFFICULTIES SAYING OR EXPRESSING WHAT THEY WANT TO AND/OR DIFFICULTIES IN BEING UNDERSTOOD (EXPRESSIVE LANGUAGE)

Example of behaviour may include:

- Poor clarity of speech
- Unable to retrieve and say the correct word and replacing it with something else
- Difficulties with understanding and remembering new language
- Unable to retrieve and say the correct word and replacing it with something else or making words up
- Unable to communicate via speech
- Frustrations with not being understood
- Limited vocabulary
- Difficulties putting words in sentences
- Over-reliance on pointing /gesture
- Lots of hesitation
- Using lots of “fillers” when talking e.g. “thing” “that”

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Use gestures and signs to support communication
- Makaton [Level 1 Makaton training](#)
- Simplified instructions reducing complexity and sentence length
- All staff to be aware of CYP's typical ages and stages of communication development – [Universally Speaking](#)
- Modelling and scaffolding language – reflect correct speech rather than correcting [How to model speech YouTube](#) using repetition, emphasis and expansion as required.
- Introduce variety of language through rhymes and songs [Speech Sounds Exercises YouTube](#)
- All classrooms should be communication friendly [Communication Friendly Checklists](#)
- Label accessible equipment with photos and pictures [Widgit](#)

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Look at the NHS Speech and Language Toolkit for ideas [NSH Speech and Language Toolkit](#)
- Pre-teaching of topic vocabulary through short, timed interventions using word mats [E.g. of word mats](#)
- Providing an additional method of communicating, for example, use of ICT, symbol communication, communication boards [Twinkl Communication Boards](#)
- Augmented and assisted communication. E.g. [Natural Readers](#)
- Individual or small group speech intervention. [Speech Sounds Training](#)
- Access to an oral language modifier (OLM) for assessments. [Oral Language Modifier training](#)
- Teach in a way that links with language programmes devised by a speech and language therapist.
- Use a checklist, to clarify the CYP's specific needs [Speech Sounds Screening Tool](#)

- Check you have engaged the CYP's attention before talking to them, use their name to do this.
- Avoid turning instructions into questions, for example, by adding 'shall we' to the start (rule of thumb- for every question use 4 comments)
- Using literal language (avoiding sarcasm, idioms, and figures of speech)
- Repeat what the CYP has said and add one word
- Encourage CYP to work in pairs and groups with good model of spoken English.
- Ensure all attempts to communicate are acknowledged and valued.
- Consider the classroom furniture, seating plan, groupings, and position of the CYP within the classroom.
- Ensure CYP have a clear view of your face, any learning materials, and visual supports.
- Allow additional time for processing information, formulating a response, and completing tasks.
- Ensure adults provide effective modelling of language. Ensure nonliteral language (such as similes, metaphors, idioms, puns, hyperbole, etc) are clarified and understood.
- If the CYP speaks unclearly, acknowledge their communication, persevere to try to understand the meaning, repair misunderstandings and model back what they have said. Ensure that the CYP's preferred methods of communication (as well as level of eye-contact) is known by all staff working with the CYP.
- Use a visual prompt as a pre-arranged cue for active listening (e.g. gesture, symbol or prompt card). – visual support
- Use a variety or multi-sensory approaches to reinforce spoken language (for example, objects, symbols, photographs, gestures and role play) that children can indicate

- Progression tools are available: [Progression Toolkit Primary Aged](#) or free from the NHS SALT toolkit [Early Years Toolkit](#) to support teaching staff to identify CYP who may be struggling to develop their speech, language and communication skills and track progression of these skills over time or following interventions. For more complex needs, a communication assessment framework such as Latham & Miles' (2001) may be more useful. It is also important to be mindful of the young person's developmental level when planning and implementing any approaches.
- Implementing language interventions such as 'Lift off to Language' [Lift off to Language](#) or 'WellComm' [Wellcomm](#)
- Facilitate access to Speech and Language Therapy, if appropriate. Follow programmes as advised by Speech and Language Therapists or external agencies, such as Picture Exchange Communication System (PECS). [PECS UK](#)
- Use a variety of strategies for effective communication – e.g. [Widgit](#) visual supports, symbols. See [AUTISM Visual Strategies](#) for further information and advice about visual supports.
- Colourful Semantics – [Colourful Semantics](#) – “Colourful semantics is an approach aimed at helping CYP to develop their grammar, by linking the structure of a sentence (syntax) and its meaning (semantics). Colourful semantics reassembles sentences by cutting them up into their thematic roles and then colour codes them. The approach has 4 key colour coded stages to 'show' the structure of a sentence. There are further stages for adverbs, adjectives, conjunctions and negatives.”
- Resources to support Colourful Semantics: <https://integratedtreatmentservices.co.uk/resources/speech-and-language-therapy/#>

- The Word Aware approach (<http://thinkingtalking.co.uk/word-aware/>) is “a structured whole school approach to promote the vocabulary development of all CYP. Focussed on whole class learning, the resource is of value for those who start at a disadvantage that can be easily applied by busy classroom practitioners to develop both spoken and written vocabulary”
- Create a safe and supportive environment where CYP feel confident to ask for clarification or help if they have not understood. Provide a visual support for this if required.
- Undertake training in Elklan – [ELKLAN](#) – “Elklan writes and delivers accredited courses for education and other staff working with those with speech, language and communication needs”

DIFFICULTIES WITH UNDERSTANDING AND REMEMBERING NEW LANGUAGE





DIFFICULTIES UNDERSTANDING WHAT IS BEING SAID TO THEM (RECEPTIVE LANGUAGE)

Example of behaviour may include:

- Difficulties understanding everyday language used at home, school and with their peers.
- May struggle to join in with games or follow instructions given by others as they struggle to scaffolded between objects by their features.
- Difficulty following instructions.
- Difficulty responding to conversations.
- Appear to present as withdrawn in a group context
- May struggle to follow instructions
- Attention and memory difficulties
- Difficulty understanding words at different levels
- Difficulty playing games that require instructions.
- Difficulty understanding stories.
- May display frustration

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Simplified instructions reducing complexity and sentence length
- Use Post-its/ To Do List/Task plan or Now and Next boards for instructions.
- Use prompt cards to support understanding of question words (such as who, where, when, what happened).
- Provide visual prompts and explanations including key vocabulary and visual timetables [Twinkl visual timetables](#) , objects as appropriate [Widgit](#)
- Be at the CYP's level when talking to them
- Think about the environment and how to limit distractions check you have the CYP's attention before talking to them.
- Check their hearing has been tested- encourage the parent to see the GP and ask for a referral
- Plan opportunities to teach new vocabulary as well as opportunities to revisit and practice, to develop understanding and use of new words.

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Pre teach vocabulary and overlearning in small group interventions supported by an adult
- Play word games such as Taboo [Taboo Online](#)
- Lego therapy small group intervention with the child playing role of builder [Lego Therapy Training](#)
- Small group interventions where CYP is playing barrier games such as [Guess Who? Board game](#)

- Adapt use of language and method, e.g., simple choices, reduce complexity and sentence length.
- Give extra/allow take up time to process what has been said.
- Check you have engaged the CYP's attention before talking to them, use their name.
- First and then' or 'now and next boards' [Now and Next Boards Twinkl examples](#)
- Liberal use of visuals to support understanding [Widgit](#)



LIMITED ATTENTION SPAN COMPARED TO DEVELOPMENTALLY APPROPRIATE MILESTONES WHILST CO-OCCURRING WITH OTHER COMMUNICATION AND INTERACTION

Example of behaviour may include:

- Unable to focus for more than a short time
- Needs to be refocused regularly
- Unable to start a task without support
- Requires frequent repetition of instructions

- Forgets equipment or unable to follow routines without significant reminders
- Struggles with positive peer relationships
- May move about frequently

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

PLEASE ALSO REFER TO SEMH AREA OF NEED "ATTENTION DIFFICULTIES" FOR FURTHER STRATEGIES

- Identifying areas of the curriculum that are easier than others
- Build into lessons:

- Backwards chaining. For example, chain parts of the task together (build the sequence at the last part of the task and working back so the CYP experiences success and then gradually work back to increase more elements so they can do the task)

- › Regular, short breaks
- › Adaptation of task and/or environment
- › Chunking, breaking down of tasks [Chunking Twinkl](#).
- › Asking the CYP to repeat back what activity they are going to do
- › Clear feedback on progress
- › Engage CYP to give their voice
- › Use the CYP's name when giving instructions
- › Ask the CYP to repeat back what activity they are going to do
- › Use the CYP's interest as a motivator and to extend engagement.
- › Keep the activities short and finish before the CYP loses interest, to build on success.
- › Visual timetables [Visual Timetables Twinkl](#)
- › Ensure the CYP understands expectations of the learning activity: What is the work? How much work? When am I finished? What comes next?
- › Use of timers to support the child's understanding of how long they need to concentrate for
- › Use a multi-sensory teaching approach, allowing CYP to engage with the information in more than one way.
- › Use concept maps and graphic organisers to help CYP recognise links between ideas.
- › Use close proximity visuals to support learning.

- › Use the “I do it, we do it, you do it” approach to working independently (model > get them to do it with you > they do it independently) with the support of an additional adult
- › Implement supported regular short breaks.
- › Consider offering an adapted curriculum (content and delivery), resources and success criteria.
- › Implement strategies recommended by external agencies.





AUTISM

Example of behaviour may include:

- Differences or difficulties with social communication such as interpreting nonverbal communication
- Challenges with managing change
- Unable to begin tasks and struggles with executive functioning
- Challenges around following nonverbal prompts
- Difficulties following more than one instruction
- Differences with communicating effectively so that others understand them or their needs
- Dysregulation around sensory input
- Challenges around managing change in staffing, routine, and task
- Struggling to manage activities which involve turn taking or sharing

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

FOR STRATEGIES REGARDING PDA, PLEASE REFER TO SEMH AREA OF NEED [CBC PDA Position Statement](#)

- Whole setting autism awareness training. Locally, staff can access free training through Special School Outreach (only available if the outreach team are already working with the school) or training from Autism Bedfordshire Autism Beds Training.
- There are also several options for free online training including Understanding Autism at The Open University (Understanding Autism), Understanding Autism at The University of Kent (<https://www.futurelearn.com/courses/autism>) and Understanding Autism, Asperger's and ADHD at The University of Derby (Understanding Autism and ADHD). Courses covering a range of topics are also available through the National Autistic Society NAS Training
- Training through Autism Education Trust AET Training
- Small social group interventions, for example, [Circle of Friends](#)
- Modelling play
- Communication board or choice board for play times [Choice Boards Twinkl](#)
- Identifying one or two peers with shared interests.
- Use Picture Exchange Communication System (PECS) if recommended by a specialist [PECS UK](#)
- Turn taking groups [Developing Turn Taking](#)
- Ensure staff monitor at break and lunchtime and intervene with strategies to support peer interactions, e.g. teaching of structured games.
- Provide support or alternative provision for break times (such as activity clubs or social groups).
- Use of Social Stories to support the child to understand about change and social expectations – [Carol Gray Social Stories](#) and [AUTISM & Social Stories](#)

- SPELL framework – SPELL Framework – “SPELL is The National Autistic Society’s framework for understanding and responding to the needs of CYP on the autism spectrum.”
- Complete the Autism Education Trust Competency Framework (NAS Competency Framework) – a self-evaluation tool
- Use the Progression Framework AET
- Modelling and role play
- Give visual prompts, symbols, and gestures
- AGN Reasonable Adjustments Possible at School (autisticgirlsnetwork.org)
- Calm learning environment (noise temperature, lighting, layout)
- Clear communication of expectations
- Clear positive support to resolve playground and or peer group disputes
- [Use of Coventry Grid to Assess Needs of Child with AUTISM](#)
- Use the CYP’s name to draw their attention, followed by key word instructions, for example ‘Jamie...stop’.
- Be aware of the impact of non-verbal communication e.g. inc. body language, tone of voice and gesture.
- Model functional language, for example ‘hello, please can I play?’, ‘Help me’.
- Ensure staff support all CYP to label their own and others’ emotions.
- Communication friendly spaces. Communication Friendly Spaces ELKLAN
- Have an awareness of tone of voice (calm, not too loud)
- Ensure visual prompts and supports are present, relevant, and visible (e.g., turn taking board, photographs of staff/CYP and classroom expectations). Widgit
- Encourage, provide opportunities for, and facilitate peer support, such as talking partners. Ensure the CYP clearly understands their role within the activity and there are opportunities for them to contribute. Talking Partners
- Model social language and phrases within the relevant contexts.
- Access to a low arousal/safe/sensory space when needed.

- Comic Strip Conversations can also be used to support a CYP’s understanding of events and the impact of actions – [Comic Strip Conversations – 5 Point Scale](#) – “the 5-point scale and other systems to teach social and emotional concepts to individuals on the autism spectrum.”
- [Free Social Skills Downloads](#) – has dozens of free autism social skills teaching resources, most with free pdf downloads.
- Social skills groups using resources such as [TalkAbout](#) which is a practical resource which is aimed at supporting the development of social communication skills such as; listening, conversational skills, body language, awareness and assertiveness
- Make effective use of staff at unstructured and informal teaching times (such as playtime), to model and facilitate the teaching of social skills (for example, turn taking, play skills and sharing).
- Small social group intervention using Socially Speaking – [Socially Speaking. Social Skills Intervention](#)
- Small group Lego Therapy interventions – aims to develop social communication skills in autistic CYP, such as sharing, turn-taking, following rules, using names and problem-solving. [Lego Therapy training](#)
- 1:1 or small group support through Attention Autism – <http://ginadavies.co.uk/>
- 1:1 use of Intensive Interaction to support children working below their peers- [Intensive Interaction](#)
- Application of the SCERTS Model – <http://scerts.com/> is a framework that directly addresses the core challenges faced by CYP and persons with autism and related disabilities, and their families.
- Identipaly intervention <https://uk.sagepub.com/en-gb/eur/teaching-play-to-CYP-with-autism/book236990>
- Duplicating favourite resources – one for the adult and one for the CYP.
- Provide regular mentor support, including adults or peers. [Peer Mentoring Kidscape](#)

- Preparation for change through visual timetable, social story, or good communication with parents.
- Provide social interaction programmes/small group work as an integral part of the curriculum.
- Provide an exit option or a way of asking for help/alerting adults to distress.
- Use role play and drama, use of props (for example, puppets)
- Modelling story using photos, videos, and sounds can be used to talk through what might be happening and to assist the imagination
- Familiar adults introduce simple pretend play
- Storytelling.
- Singing and improvisation.
- Photos to talk through what is happening
- Harness the use of the group's interests when considering your approach.
- Sensory breaks such as a walk around the classroom, calm box, or regulatory activities
- Flexibility with the uniform policy including shoes.
- Flexible approach to transitions for example, between lessons, to and from the setting at the start and end of the day and during the daily routine.
- Be aware of the significance of sensory processing needs on eating. This can include food colour, texture, taste, meal size, mixing of foods on plates
- Be aware of the impact of any sensory differences, including within the interoceptive sensory system. Sensory Processing Awareness Training
- Access to a safe place with clear and shared boundaries agreed with all staff and CYP.
- Calm learning environment
- Positive praise to improve self-esteem as a learner and as an individual
- Use of unconditional positive regard.
- Provide adults to be available to support the CYP's emotions, for example the use of a feelings/sensory corner.

- Ensure staff monitor key transition points e.g., home/school break and lunchtime with strategies to reduce anxiety.
- Intervention using books such as [The AUTISM and Me Picture Book](#) and [The Superhero Brain](#) can be used in liaison with the family to support the development of the young person's awareness and understanding of their own diagnosis
- 1:1 or small group intervention the AUTISM Girls' Wellbeing Toolkit [The AUTISM Girls Wellbeing Toolkit](#)
- Sensory circuits type programmes. [Sensory Circuits NHS](#)
- Provide regular, timetabled, and supported access to activities to meet sensory needs.
- Explicitly model and teach personalised sensory regulation strategies, using visuals as appropriate. See video explanations of strategies and supporting visuals at [YouTube Sensory Regulation activities NHS](#)
- Provide targeted and time limited support at times of stress or anxiety (e.g., transition into school, transition at home-time, PE).
- Access to an area that would be provide a quiet space or sensory activities
- The Occupational Therapy team has free downloadable help sheets on a range of topics including messy play, dressing skills, fine motor skills and toilet skills [OT support NHS](#)
- Adults to regularly model the use of alternative strategies to express feelings of anger or frustration for example screaming outside, pushing against the wall, banging a drum etc.
- A clear plan of action agreed with parents regarding physical intervention if appropriate [DfE Guidance on Reasonable Force](#)
- Consider changing the adult supporting the CYP as part of a planned approach. Ensure this is seen as a positive and effective strategy.
- Support the use of a personalised [5 Point Scale](#) – to teach identification of emotion and regulation
- Complete an executive function assessment ([Executive Function Assessment](#))

- Provide emotional language. When the CYP is calm, name their emotions and those of others in a natural way.
- Use of Zones of Regulation – Zones of Regulation to support the child identifying emotions
- Complete an environmental audit NAS Environmental Sensory Audit and implement any changes that are required.
- Minimise distractions.
- Explore the use of sensory resources and strategies, such as movement breaks, seating aids (e.g., inflatable wedge, Move 'n' Sit cushion, air cushions, foot fidgets etc.) and fidget items. Move N Sit cushion
- Ensure visual information is informative but minimal. RAG rate timetable to see areas of motivation and trigger
- Consistency of approach in supporting the CYP through sharing successful strategies across the school

- Use a visual Consequence Flow Chart to support the CYP to understand the results of his/her words and actions, whether these are positive or negative.
- Mirror, copy and mimic the CYP's play as a way into reciprocal interaction to show it is valued.
- Use an ABC chart to assess whether there is a trigger to any changes of behaviour such as key transition points.
- Model the use of alternative strategies to express feelings of anger or frustration for example screaming outside, pushing against the wall, banging a drum etc.
- A clear plan of action agreed with parents regarding physical intervention if appropriate
- Consider changing the adult supporting the CYP as part of a planned approach. Ensure this is seen as a positive and effective strategy.
- Ensure all adults are aware of the need for the CYP to process and respond before any type of discussion or reflection takes place,
- Support the use of a personalised [5 Point Scale](#) – to teach identification of emotion and regulation
- Complete an executive function assessment ([Executive Function Assessment](#)) and use resources such as *Solving Executive Function Challenges: Simple Ways to Get Kids with Autism Unstuck and on Target*

Sensory & Physical



SENSORY PROCESSING

A sensory processing difficulty affects how your brain processes sensory information. Sensory information includes things that you see, hear, smell, taste, and touch. It can affect just one or more senses. The disorder can cause it takes little or more stimuli to impact the CYP.

When overwhelmed a CYP may respond with “fight”, “flight” or “freeze” responses and everyday life may become overwhelming.

Example of difficulties that could be observed:

- The CYP may seek sensory information and comfort- e.g., enjoys banging and touching people, objects, seeks noise, music, licks / mouths objects
- The CYP may retreat from sensory information e.g., avoids loud noises, lights, touch
- CYP becomes overstimulated by noise, busyness, lights etc.
- The CYP may display lack of concentration and the ability to regulate reactions. This may vary throughout the day
- The CYP may fidget and find it difficult to find a comfortable position
- CYP may have sensory difficulties around using the toilet or good hygiene
- CYP displays high levels of anxiety and worry about attending school
- CYP may take longer to calm down following exciting activities or change
- CYP is easily distracted by sudden noises or small noises around them
- Prefers to be on the move, may take risks on the playground such as climbing high
- Will lean against people, objects even when not tired
- May struggle to move safely around objects/people
- May need reminding to dress appropriately for the weather, or drink regularly in hot weather
- May find great discomfort in the feel of certain textures in clothes.
- Intense dislike of certain smells

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING	Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)
<p>This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.</p>	<p>Continue with any relevant strategies from OAP.</p>
<ul style="list-style-type: none"> ➤ Conduct a whole school sensory audit AET Sensory Audit for Schools and Classrooms ➤ Conduct sensory audit: How to conduct the Planning Wheel The Planning Wheel ➤ Conduct the AET Sensory Assessment Checklist ➤ Reduction of noise/lights in classroom such as felt pads on the bottoms of chairs, carpets, subdued lighting or drawn blinds/curtains Sensory audit for schools ➤ Consider the seating arrangements in class and how this might impact on the CYP- give them a choice as to where in the room minimises sensory input ➤ At key points of the day, complete interoception activities Ideas for Interoception Activities ➤ Access to noise cancelling headphones Flare Loop ➤ Consideration given to the background colour and fonts on the whiteboard ➤ Increase prediction of what will happen next through visual schedules and timers NAS Visual Support Ideas E.g. Sand timers ➤ Wear sunglasses/caps to reduce light ➤ Adjustments to accessing the curriculum. For example, if music lesson are particularly challenging, schools can contact Inspiring Music for support inspiringmusic@centralbedfordshire.gov.uk ➤ Movement around the school takes place before or after normal transition time ➤ Use of YouTube yoga sessions for whole class movement breaks/sensory breaks: Cosmic Kids Yoga ➤ Soft start to the school day to avoid entering with the majority of CYP 	<ul style="list-style-type: none"> ➤ Access to a sensory area Sensory Room ➤ Frequent movement breaks throughout activities OT advice on Movement Breaks ➤ Small group activities based on sensory play Sensory Play (food) Sensory Play Ideas ➤ Access to a quiet area that the CYP can use when overstimulated or overwhelmed ➤ https://theschooltoolkit.org/ ➤ Sensory circuits after each break/unstructured time to help regulate before class-based activities NHS Sensory Circuits advice ➤ Alternate supervised activities during break/lunchtimes using sensory based emotional regulation activities e.g. sensory circuits ➤ Additional time for transitions across the buildings ➤ https://www.theotttoolbox.com/teacher-toolbox/ ➤ Targeted support from a teaching assistant to access learning that will also meet sensory needs ➤ Separate learning spaces for noisy activities ➤ Supported timetabled breaks to regulate after overstimulation ➤ Support to access social activities

- Whole staff training to enable awareness of sensory processing: [NHS Sensory Processing Awareness Training](#) [Making Sense of Sensory Behaviour](#)
- Sensory Training: [Sensory Differences Training](#)
- Sensory Circuits ideas:
 - [Sensory Motor Circuits](#)
 - [How to Complete Sensory Circuits YouTube](#)
 - [Overview of Sensory Circuits YouTube](#)
 - [Sensory Circuits \(book\) Jane Horwood](#)
- Consider interoception [What is Interoception?](#) activities: [Interoception Activity Ideas](#)
- Consider “Heavy Work” activities for children who respond to big movement to regulate: [Heavy Work Activities ideas](#)
- Cut out labels, wear seamless socks, consider what materials may better support the CYP [Sensory clothing YouTube](#)
 - [Sensory Uniform AUTISMA](#)
 - <https://autismsuppliesanddevelopments.com/sensory-clothing/>
 - <https://adaptiveclothing.uk/products/sensory-school-trousers>
 - Try clothes that are oversized or tighter than normal
- Use of BluTak or fidget toys to allow sensory seeking behaviours: [Sensory Toys Amazon](#)
- Build movement breaks into the task schedules and give visual timetable to allow CYP to see how long they have between movement breaks [OT advice on Movement Breaks](#)
- Monitor how long a child can sit for before fidgeting
- Consider TheraBand [TheraBand's](#) and wobble cushions [wobble cushion](#) to give sensory feedback
- Consider a standing desk [IKEA standing desk](#)
- Plan breaks away from noisy environments and allow calming activities before returning
- Allow access to chew toys: [Chew Toys](#)

- Weighted blankets [Weighted Blankets](#) for CYP who require pressure
- Refer to OT strategies and consider which should be applied to the CYP's situation: [OT Sensory Processing Strategies](#)
- Consideration of wall coverings and displays that may overstimulate the CYP thereby reducing visual clutter
- Reasonable adjustment to school uniform rules e.g., allowing trainers that are black, Velcro shirts etc.
- Set up "No Scent Zones" around school. Inform practitioners to avoid perfumes etc that might cause distress to child Alternately, you might think to provide scented materials for activities
- Consider the proximity others to the CYP. A separate table may be appropriate
- CYP to be at back or front of line
- Prompts to remind CYP to wear appropriate clothing e.g., put coat on when cold

THE CYP MAY
RETREAT FROM
SENSORY
INFORMATION E.G.,
AVOIDS LOUD NOISES,
LIGHTS, TOUCH



Area of Need: Hearing Impairment

TYPES OF HEARING LOSS

- **Conductive hearing loss** occurs in either the outer or middle ear. It may be for example wax blocking the ear canal, glue ear, malformation of the middle ear bones, or a perforated ear drum. It is usually treatable by medication or surgery. Conductive loss may be mild, moderate, and fluctuating or long term.
- **Sensorineural hearing loss** occurs in and beyond the inner ear. This is permanent and not usually treatable; many people with this hearing loss in both ears wear hearing aids. A Sensorineural hearing loss may be mild, moderate, severe, or profound.
- **Mixed hearing loss** is a sensorineural hearing loss with an additional conductive overlay.
- **Non-organic hearing loss** (or functional hearing loss) is taken to mean a hearing difficulty which cannot be accounted for by an organic cause.
- **Auditory processing disorder** (APD) is where you have difficulty understanding sounds, including spoken word; this can also affect people with normal hearing.

HEARING LOSS TERMS

- **Bilateral:** both ears have a hearing loss.
- **Unilateral:** one ear has a hearing loss; the other ear has hearing within normal limits.
- **High frequency:** the hearing loss at high frequency is significantly worse than that at low frequency.
- **Low frequency:** the hearing loss at low frequency is significantly worse than that at high frequency.
- **Progressive:** hearing loss becomes significantly and permanently greater over a period.
- **Fluctuating:** the degree of hearing loss varies significantly over relatively short periods of time e.g., glue ear.
- **Sudden:** hearing loss is of sudden onset e.g., meningitis.
- **Traumatic:** hearing loss is due to a physical trauma e.g., head injury, barotrauma (diving, flying).

Modified from BATOD (into straightforward Language) [Audiology Refreshers](#)





HEARING IMPAIRMENT

Example of difficulties that could be observed:

- | | |
|---|---|
| <ul style="list-style-type: none">› Confirmed hearing impairment diagnosed by audiologist› Difficulty has a significant impact on learning as assessed by a Specialist Teacher of the Deaf› Requirement for hearing aids and FM system where appropriate› CYP shows fatigue towards the end of the day› CYP is slower or finds it difficult to process and understand verbal instructions› May miss information, cues of verbal instruction› May have difficulty with processing auditory information including verbal and nonverbal information› Has a delay in the use and understanding of language | <ul style="list-style-type: none">› Struggles to hear with background noise› CYP shows increasing frustration and/or difficulty in forming relationships with his/her peers and shows a tendency towards being socially isolated› CYP shows increasing difficulty in managing behaviour linked to the difficulties with listening and hearing or making him/herself understood› Evidence that the CYP is finding it increasingly difficult to undertake tasks or participate in activities dependent upon listening and hearing. |
|---|---|

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- › Child is encouraged to use hearing aid as instructed by audiologist
- › Reduce background noise
- › Using CP's name before giving instruction
- › Speaker should speak clearly without exaggeration
- › Use of written information to support understanding of verbal instruction
- › When asking CYP questions, use appropriate and possibly simplified language, and give additional time to respond
- › Repeat contributions from other children if the child has been unable to see/hear them
- › Provide key words and vocabulary
- › Cue in the CYP when speaking and ensuring they are watching you

Examples of Ordinarily AVAILABLE SEN SUPPORT

(additional to and different from)

Continue with any relevant strategies from OAP.

Targeted and ongoing advice from the Hearing Impairment Service [HI Service Local Offer](#) should be requested for all children with a diagnosed HI regarding appropriate classroom management strategies

- › Use of hearing aids and Personal Wireless system (Radio Aid) devices to support hearing in school, and training on its use
- › Access to speech and language support [NHS Speech and Language](#)
- › Use of soundfield system

- Careful seating so that the CYP is facing you and able to see the instructor
- Classroom laid out to support good acoustics and lighting
- Quiet/private space for hearing aid test box checks and for management of hearing and Personal Wireless System (radio aids)
- Teachers should try to stay in one place when talking so that the CYP has good view of face at all times, avoiding covering the mouth
- Timetabled learning breaks
- Encourage CYP to pay close attention to the speaker's face
- Use of concrete materials and examples to support understanding
- Risk assessment around emergency situations
- Use of classroom display, pictures, word banks, visual dictionaries
- Encouragement of BSL ethos in school [BSL training](#)
- Home school diary
- Teacher checking CYP understanding at beginning of tasks
- Access arrangements for exams and assessments <https://www.jcq.org.uk/>
- TV/Film/Video audio subtitles
- Flexible grouping strategies in class to encourage building self-esteem and confidence
- Buildings may need minor adaptations to accommodate needs such as consideration over sound muffling materials such as carpets [CBC Access Initiative Grant](#)
- CYP is encouraged to ask for repetition and support when needed
- Additional time may be required when completing tasks

- Opportunities for targeted and small group work focused on interventions as advised by external HI services such as:
 - Use/care/security of equipment
 - SLCN and active listening skills
 - Social language skills
- Timetabled, supervised learning breaks
- Timetabled, regular, pre-teaching of concepts and vocabulary
- TA support to provide signing support through bespoke advice from HI services
- Specific staff training on hearing impairments and strategies to support CYP [Deaf and HI Services](#)
- Regular checks of personal hearing aids (depending on age and use of equipment), as advised by the Qualified Teacher of the Deaf.
- Staff trained to be complete daily functional tests of Personal Wireless System (radio aids), personal hearing aids and sound field systems
- "Clicker" or "Widgit" type software to support understanding of vocabulary purchased specifically for CYP [Clicker Widgit](#).
- In class support directly working with CYP through note taking and discussion
- Continuous and ongoing assessment from the HI service and/or Teacher of the Deaf
- Access to an Educational Audiologist with specific advice and strategies to support
- Access to an appropriate space in the school for the QTOD to check equipment and complete assessments on CYP
- Safe storage of equipment
- Access to adult signer/communicator to access the curriculum
- Modification of materials used in class to ensure visual access
- Modification of Materials used in class to ensure language is accessible
- Communication support from an adult at unstructured times
- Teacher led small group work
- Access to a deaf peer group
- Curriculum delivered through sign language or alternative modes of communication

Area of Need: Vision Impairment

A child or young person has a vision impairment when their level of vision is not fully corrected by wearing glasses / lenses or they have a vision impairment diagnosis that cannot be corrected by wearing glasses / lenses e.g., they have a vision processing difficulty caused by the brain. Their diagnosis will be a recognised vision impairment and will have been made by a health or eye care professional. Vision impairments range in their impact on the person mild vision loss, partial vision loss to profound and total vision loss (blindness). Vision impairment can be congenital (present at birth) or adventitious (acquired in life). Some vision impairments become apparent later in childhood or can develop and progress over time.

Some people have vision impairment along with other sensory impairments or other health diagnoses.

Mild vision loss Within the range 6/12 – 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)

Moderate vision loss Less than 6/19 – 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)

Severe vision loss Less than 6/36 – 6/120 Snellen/Kay (LogMAR 0.8 – 1.3)

Profound vision loss Less than 6/120 Snellen/Kay (LogMAR 1.32+)

VISION IMPAIRMENTS
RANGE IN THEIR IMPACT ON
THE PERSON MILD VISION
LOSS, PARTIAL VISION LOSS TO
PROFOUND AND TOTAL VISION
LOSS (BLINDNESS).



VISION IMPAIRMENT

Example of difficulties that could be observed:

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Visualising Visual Impairment YouTube ➤ Visualising Visual Impairment 2 ➤ Reduced distance or near vision in one of both eyes ➤ Movement about room and environment is challenging for child. ➤ Reduced visual access can reduce the child's ability to see facial expressions / gestures etc, which can impact social interaction ➤ May complain of headaches and/or rub eyes ➤ May tire and lose concentration easily | <ul style="list-style-type: none"> ➤ Physical independence may be impaired and requires input and programmes from relevant professionals ➤ Unable to discern between colours (if linked to VI diagnosis and not colour blindness in isolation) ➤ Child appears not to be visually accessing ordinarily available learning resources and lesson materials. ➤ Clear evidence that without materials modified and / or assistive technology for visual or tactile access, the child's progress will be impeded. |
|---|--|

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Check that vision tests are up to date
- Teacher/key person should liaise with parent to share concerns
- Ensuring the child is wearing the correct eye wear as prescribed by ophthalmologist/optician/VI specialists, and that is cleaned regularly
- Seating near front of room facing the speaker
- Subtitles on screen or audio visuals/description
- Calling child's name before speaking to them and ensure you are child's level face to face
- Ensure the child is close to practitioners demonstrating activities
- Use of big movement
- Enlarged print needed on occasion to be able to read text
- Adapt environment to be able to move about safely:

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

Targeted advice and ongoing support should be requested from the Vision Impairment Service [VI Service on Local Offer](#) [VI Service Referral Form](#) Follow advice and support provided by VI Service 0300 300 8038 visualteam@centralbedfordshire.gov.uk

- Homework is scaffolded and needs considered before setting
- All adults working with the CYP should be aware of the recommendations that are being made to support them and thoroughly read reports provided by the VI Service
- Transitional visits to the school before starting
- Key adults to work directly with the child who are trained in VI [Training for professionals supporting learners with VI](#)
- Support from adult to move about environment

- Consideration should be given to lighting
- Ensure class tidies up after themselves
- Ensuring pathways are clear
- Ensuring steps are clearly marked, highlighting posts and handrails Funding can be requested via [Schools Access Initiative Programme](#)
- Ensuring that all environments are kept as consistent as possible
- Writing slope [Writing Slopes](#)
- Touch typing when required to improve recording of work [Doorway Online](#)
- Use of magnification and accessibility features on iPads and computers
- Additional time to complete tasks and assessments/exams
- Adapted PE activities. [YouTube PE games for the Visually Impaired](#)
- Post and pre teaching to ensure concepts are understood
- Use of real objects to support concept development and understanding
- Reading apps
- Minimum glare and use of blind to support access to appropriate lighting
- Change of background colour on board or paper for greater contrast
- Access to bright and clear educational toys and materials
- Use of strategies to encourage social inclusion e.g., buddy system, circle of friends
- Support with transitions to next stage of education
- Labels in classroom
- Plain, uncluttered background for all work and activities
- Background noise is kept to a minimum and good classroom control is maintained
- Adults use pens providing good contrast on boards

- 1:1 support in practical lessons such as PE, technology etc. for health and safety reasons
- Support through specialist equipment to aid mobility [Sensory Services Beds Borough](#)
Enlarged text for all reading materials Literature can also be accessed from RNIB Bookshare. UK education collection | RNIB Bookshare, accessible books for print disabled learners. Schools can sign up for any child in their setting that has a print-disability.
Guide Dogs Books: CustomEyes Books | Guide Dogs
Living Paintings: About us – Living Paintings for Blind Children and Adults
- Some books can be requested from the VI Service via visualteam@centralbedfordshire.gov.uk. Where this has been recommended by their TVI/ QTVI this will be noted in their reports.
- Use of visualisers, low vision aids and tablets to see text
- Providing a range of sensory activities that involve the child using tactile and concrete materials.
- Tactile image library: Welcome to the Tactile Library Web Site | Tactile
- RNIB Tactile Image library (Image Central): Images central | UK education collection (rnibbookshare.org)
- Use of positive handling strategies and plans to support the child navigate the environment
- Use of braille, text to speech technology. Child requires specialist assistive technology to visually access and record their work – Advice from VI Service who will apply on behalf of the child, local authority to provide equipment if child meets criteria.
- Child and / or staff require training to use specialist assistive technology – Advice and training provided VI Service.
- Social skills and awareness interventions to support development of their restricted access to facial expression and body gesture



- Counselling and SEMH support:
Look UK: [Look UK](#)
RNIB: [RNIB](#)
RNIB sight loss counselling: [RNIB Counselling](#)
- Child needs a long cane or symbol cane and mobility training – Habilitation officer referral speak to your TVI/QTVI.
- Child requires school to have adaptations to create visually accessible environment e.g., paint edging and highlighting to steps / posts / handrails – funding may be required for more extensive adaptations. Advice can be sought from the School Access and Initiative Programme: [School Access Initiative Grant](#)
- Child needs adult support mobilising – funding required for adult support (TA).
- VI Service may provide a limited number of materials e.g., modified test papers (with mutual agreement), school to provide day to day lesson resources
- Readers and scribes during tests, assessments and exams
- Instruction and delivery of braille / pre-braille skills under the direction or via the work of a TVI/QTVI
- Access to a Perkins Brailier [Perkins Brailier](#) or other braille technology as advised by the VI Service
- Assistance at break or lunchtimes for mobility/safety

Area of Need: Physical Need

Physical and medical disabilities may arise from physical, neurological, or metabolic causes that only require appropriate access to educational facilities and equipment; others may lead to more complex learning and social needs. For some CYP with the most complex physical needs, the LA will consider a multi-disciplinary assessment to be necessary. However, for many children with a lesser level of physical needs, intervention at OAP and SEN Support will be appropriate.

A medical diagnosis does not necessarily imply a special educational need although it can present a significant barrier to learning, achievement and participation. Many CYP with physical and medical disabilities will be able to participate in most aspects of an ordinary classroom and make progress in line with their peers but may need support through effective high-quality teaching. Children with medical needs should be supported through a health care plan that is created with the medical practitioners involved with the CYP and the school.



**A MEDICAL DIAGNOSIS DOES NOT
NECESSARILY IMPLY A SPECIAL
EDUCATIONAL NEED ALTHOUGH
IT CAN PRESENT A
SIGNIFICANT BARRIER
TO LEARNING, ACHIEVEMENT AND
PARTICIPATION.**



DIFFICULTIES WITH FINE AND GROSS MOTOR SKILLS

Example of difficulties that could be observed:

- Handwriting
- Gripping pencils or use of equipment
- Accessing the toilet
- Working to time limited activities

- Working in groups
- Working at a desk for long periods of time
- Getting changed for PE lessons

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Dyspraxia checklist [Dyspraxia Checklist](#)
- Writing slopes. [Writing slopes](#)
- Pencil grips [Google Pencil Grips](#)
- Postural seating (as advised by OT)
- Complete an assessment for developmental coordination [Developmental Coordination Questionnaire](#)
- Ensuring that resources are within easy reach of a child
- Training on hypermobility [NHS Hypermobility](#)
- Training on motor coordination: [Coordination and Motor Skills Training](#)
- Heavy lined paper to allow for handwriting [Raised line paper](#)
- Training on dysgraphia [Dysgraphia training](#)
- Attach paper to desk to avoid the CYP having to hold the paper
- If the child is left-handed, ensuring that they can use the equipment comfortably [Left Handed Shop](#)
- Adapted pens/pencils [Handwriting advice NHS](#) and [Pens to support handwriting](#)

Examples of Ordinarily AVAILABLE SEN SUPPORT

(additional to and different from)

Continue with any relevant strategies from OAP.

Consider referrals to Occupational Therapy [OT link to referral form](#) , and Physiotherapy [Local Offer Physiotherapy](#) (via GP) Add in OT referral form as word doc

- Look at this website for a list of resources on handwriting, using IT to write, dressing skills etc: [NHS OT resources pack](#)
- Fine motor skills programmes e.g. Speed Up [Speed Up Handwriting/Fine Motor Programme](#) [NHS Development of Pencil Skills](#) [NHS Development of Scissor Skills](#)
- Touch Typing interventions BBC dance mat
- Handwriting development interventions add in Handwriting Development doc in word [Write from the Start handwriting programme](#)
- Additional classroom resources such as adapted scissors, chairs, cutlery
- Additional time to dress/undress and navigate buildings
- Use of technology to support access to the curriculum e.g., speech to text, text to speech software
- iPad/touch screen technology to support access to learning materials

- Appropriately heighted chairs/tables (as advised by OT)
- Additional time to complete tasks
- Encourage correct posture [Posture and Seating Information NHS](#)

- Adult support with practical work such as in technology lessons or safe movement about school
- Access arrangements for CYP in exams/assessments <https://www.jcq.org.uk/>
- Use of scribe in lessons
- Support with dressing/undressing after PE [Development of skills- socks](#)
- Small group sessions to target gross of fine motor skills
- 1:1 Support or small group support with the development of cutlery skills [NHS Advice re Cutlery Skills activities](#)



DIFFICULTIES AROUND FATIGUE BECAUSE OF A PHYSICAL DISABILITY

Example of difficulties that could be observed:

- › Tiredness in class
- › Movement around the school
- › Struggling to complete work within the designated time allocated (this may also impact exams)
- › Mood changes
- › Increased anxiety
- › Dependency on accessibility support

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- › Adaptations to the curriculum to allow for fatigue
- › Ensuring that resources are within easy reach of a child with mobility difficulties
- › Training on hypermobility [NHS Hypermobility](#)
- › Consideration over location of rooms and whether they are easy for the child to access
- › Adapted/reduction of homework demands to accommodate fatigue
- › Access to support and railings in corridors, toilets etc.
- › Reduction of written work through scaffolding, sentence starters, highlighting activities or cloze passages:

[E.g., of cloze passages](#)

[E.g., of sentence starters](#)

[How to Highlight Effectively Study Tips](#)

- › Timetabled learning breaks to combat fatigue
- › Additional time/rest breaks to complete tasks
- › Strategic use of a Buddy system to support the CYP back into school after periods of absence

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- › Sensory circuits and physiotherapy exercises (as advised by therapist)
- › Adapted activities in PE [NHS Development of Ball Skills](#)
- › Support from an additional adult to access PE activities
- › Additional time to dress/undress and navigate buildings
- › Safe space to allow quiet/down time
- › Use of technology to support access to the curriculum e.g. speech to text, text to speech software [How to use Google Docs speech to text](#)
- › Small group or 1:1 support with self-image and confidence/frustration such as: [Volcano In My Tummy Resource](#)
- › Social stories to support child in requesting support or independence in wider world [Social Stories](#)
- › Access arrangements for CYP in exams/assessments <https://www.jcq.org.uk/>
- › Use of scribe in lessons
- › Support to catch up on work missed through absence due to ongoing health condition/periods in hospital. [Medical Needs Team CBC](#)
- › Suitable rest areas



DIFFICULTIES WITH ACCESSING BUILDINGS AND CURRICULUM BECAUSE OF A PHYSICAL DISABILITY

Example of difficulties may include:

- | | |
|--|---|
| <ul style="list-style-type: none">› Difficulty climbing stairs› Unable to navigate a classroom because of furniture› Inability to dress and undress independently› Fatigue from exertion› Movement creates pain› Frustration with physical disability | <ul style="list-style-type: none">› Difficulty reaching resources to support learning› Difficulty with fine and gross motor skills› Illegible handwriting› Slow handwriting› Inability to record work through writing› Unable to complete self-care activities such as cleaning after toileting or feeding |
|--|---|

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- › Consider the organisation of seating and the classroom set up to ensure free movement and sufficient working spaces
- › Audit of working spaces and Accessibility Plan [“Does your school need adapting?” NHS audit pack](#)
- › Consideration over location of rooms
- › Ensuring that resources are within easy reach of a child with mobility difficulties
- › Training on hypermobility [NHS Hypermobility](#)
- › Appropriately heighted chairs/tables (as advised by OT)
- › Access to disabled toilet
- › Access to support and railings in corridors, toilets etc.
- › Risk assessments for school visits and extra-curricular activities

Examples of Ordinarily AVAILABLE SEN SUPPORT

(additional to and different from)

Continue with any relevant strategies from OAP.

- › Sensory circuits and physiotherapy exercises (as advised by therapist)
- › Adapted activities in PE [NHS Development of Ball Skills](#)
- › Support from an additional adult to access PE activities
- › Additional time to dress/undress and navigate buildings
- › Use of technology to support access to the curriculum e.g. speech to text, text to speech software
- › Access to handrails/ramps and lifts
- › Adapted toilets and steps to access bathrooms facilities such as sinks, taps etc.
- › Small group or 1:1 support with self-image and confidence/frustration
- › Social stories to support child in requesting support or independence in wider world [Social Stories](#)

- Reduction of written work through scaffolding, sentence starters, highlighting activities or cloze passages:

[E.g. of cloze passages](#)

[E.g. of sentence starters](#)

[How to Highlight Effectively Study Tips](#)

- Movement around buildings before/after rest of school population.
- Additional time to complete tasks
- Encourage correct posture [Posture and Seating Information NHS](#)
- Access to storage of equipment rather than carrying throughout the day
- Option to sit on chair rather than floor during assembly
- Consider space in classroom to accommodate hoists, wheelchairs etc.
- Arrangements are made to administer medication through a Care Plan [DfE template for Medical Care Plan](#)
- Medicines are kept safely and in line with statutory guidance [DfE Supporting Pupils at School With Medical Conditions](#)

- Access to space for therapeutic input and physical therapy
- Stair lift to access all buildings
- Access to changing bed/shower
- Adult support with practical work such as in technology lessons or safe movement about school
- Adults support with feeding and drinking because of risk to life [NHS Advice for position on feeding/drinking](#)
- Adult support to navigate the buildings safely between lessons or during unstructured times.
- Specialist transport for extra-curricular visits or trips
- Specific training in managing health needs for adults working directly with CYP
- Training in manual handling for adults supporting CYP [National College training for manual handling](#)
- Access arrangements for CYP in exams/assessments <https://www.jcq.org.uk/>
- Use of scribe in lessons
- Access to specialist furniture e.g., tables, chairs, hoists as advised by therapists
- Support to catch up on work missed through absence due to ongoing health condition/periods in hospital. [Medical Needs Team CBC](#)
- Support with dressing/undressing after PE [Development of skills- socks](#)
- Small group sessions to target gross of fine motor skills
- Personal Evacuation Plan (PEP) in case of emergencies in school [The Key PEP Template](#)
- Adult support to transport food at lunchtime e.g., assistance with trays and seating
- Access to specialist equipment for manual handling/changing etc. as advised by therapist
- A flexible approach to the timetable to ensure all therapies are accessed off school site
- CYP requires significant support to manage a medical condition

- › Consider a referral to the continence service: [Continence Service Referral](#)
- › Additional time to dress/undress and navigate buildings
- › Referral to the school nursing team: [School Nursing Team](#)
- › CYP requires intimate care to toilet <https://eric.org.uk/>
- › Small group or 1:1 support with self-image and confidence/frustration
- › Social stories to support child in requesting support or independence in wider world
- › Stair lift to access all buildings
- › Access to changing bed/shower
- › Adults support with feeding and drinking because of risk to life [NHS Advice for position on feeding/drinking](#)
- › Specific training in managing health needs for adults working directly with CYP
- › Access arrangements for CYP in exams/assessments <https://www.jcq.org.uk/>
- › Support with dressing/undressing after PE [Development of skills- socks](#)
- › 1:1 Support or small group support with the development of cutlery skills [NHS Advice re Cutlery Skills activities](#)

Multisensory Impairment

Multi-sensory impairment (also known as Deafblindness) refers to when a CYP has a combination of vision and hearing impairments and is considered a disability on its own right. Although most people with multi-sensory impairment have useful residual senses, either vision or hearing or both, the combination of impairments of vision and hearing can cause far more difficulty than might be expected from the impact of each separately and is likely to have a significant impact on the learner's access to information, communication, and mobility, affecting everyday life.

Access to information, communicating with people, and getting about independently can be much more challenging. The impacts for CYP in education can be wide-ranging and often specific to the CYP themselves, therefore the educational needs should be evaluated on a case-by-case basis.

Being deafblind doesn't mean a CYP is totally deaf and/or totally blind. It refers to an impairment of both hearing and vision and many people who are deafblind have some residual / functional sight and some hearing. Even with mild sight and hearing impairments, with the combination of both, the person will experience challenges because of how sight and hearing interact and how having both sight loss and hearing loss impacts them. Impacts can include difficulties with communication and social interactions, development, learning, education access.

CYP may not always be diagnosed early in life if they have a genetic condition which means that sight and hearing loss occur over time, have an infection, or experience trauma. A diagnosis can come later in childhood or into teenage years, but it is typically diagnosed at a very young age, and as such, CYP who have multisensory impairment normally have an EHCP before starting education and have already accessed specialist support services and a specialist setting.

For advice about multi-sensory impairment, schools and settings should contact the relevant services and specialist outreach teams. Teachers and SENCOs should read carefully through reports from the relevant services and ensure that ALL adults working with the CYP are aware of the recommendations that are being made to support them.

Further information about multi-sensory impairment or Deafblindness can be found here:

SENSE – <https://www.sense.org.uk/>

DEAFBLIND UK – <https://deafblind.org.uk/>

Information about deafblindness – <https://www.nhs.uk/conditions/deafblindness/>

Services can be access here:

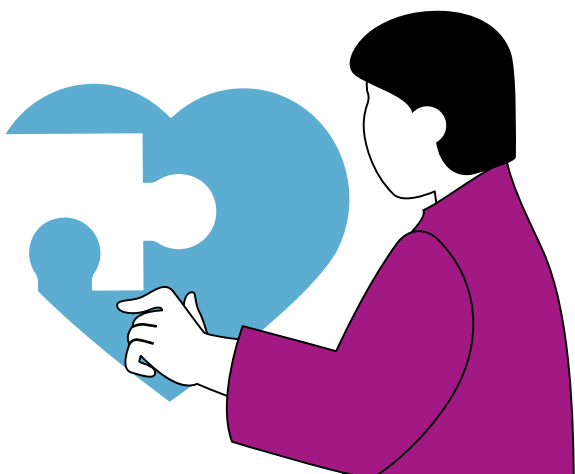
Hearing Impairment Service: [HI Service](#)

Vision Impairment Service: [VI Service](#)

Social, Emotional, and Mental Health

Area of Need: CYP and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as presenting externalised behaviours that others may find challenging to manage. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other CYP and young people may have difficulties that impact their ability to concentrate over extended periods of time or filter out distractions, these can be attributed to differences related to neurodiversity (for example, ADHD) or developed as coping mechanisms following early life difficulties, though for some young people they may be because of a heightened level of anxiety or lack of sleep.

THESE BEHAVIOURS MAY REFLECT
**UNDERLYING
MENTAL HEALTH**
DIFFICULTIES SUCH AS ANXIETY
OR DEPRESSION, SELF-HARMING,
SUBSTANCE MISUSE, EATING
DISORDERS OR PHYSICAL SYMPTOMS
THAT ARE MEDICALLY UNEXPLAINED.



Social, Emotional and Mental Health Difficulties

'It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning (1,2) as well as their physical and social health and their mental wellbeing in adulthood (3,4,5). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1020249/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Some CYP and young people will receive a diagnosis because of receiving support for the difficulties they experience. These may be but are not limited to attention deficit hyperactive disorder (ADHD), attachment disorder, autism, or pervasive developmental disorder, PDA, ODD, EBSNA, an anxiety disorder, or- more rarely- schizophrenia or bipolar disorder.

All schools should have policies relating to Social, Emotional, and Mental Health difficulties, which should be available on the school website and accessible via the Local Offer. These policies should reflect and embed current government and Department of Health guidance, such as 'Future in Mind, Promoting, protecting, and improving our CYPs mental health and (oppositional defiance and more severe conduct problems including aggression), self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained.

The SEND Code of Practice states that:

"Persistent disruptive or withdrawn behaviours do not necessarily mean that a CYP has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues" (Paragraph 6.21).

All staff must interpret all behaviours as communication, for example 'testing boundaries' may be communicating that lack of confidence, not yet feeling safe, inconsistent boundaries and responses and struggles with transitions. Through use of ordinary provision and through adopting a Graduated Approach, these behaviours should be approached considering the context and individual needs of the CYP.

"Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to CYP having SEN, but it can have an impact on wellbeing and sometimes this can be severe. Schools should ensure they make appropriate provision for a CYP's short-term needs in order to prevent problems escalating." (SEND Code of Practice 2015, 6.2



BEHAVIOUR

Example of behaviour may include:

- › Repetitive low or high-level disruption, impacting the learning of others
- › Attachment seeking behaviours (attention seeking)
- › Behaviour may present as intentional
- › CYP may lack self-control.
- › CYP may destroy their own work
- › CYP may divert/avoid discussions
- › Impulsivity
- › Inattentiveness
- › Physical or verbal abuse towards peers/adults
- › Difficulties following and accepting adult instructions/direction
- › Purposeful defecation
- › Selective mutism
- › Self-exiting the classroom
- › Inability/refusal to take responsibility for actions
- › Self-negating comments
- › Difficulties following and accepting adult direction
- › They may display Anti-authoritative/oppositional/defiant behaviour [Teaching professionals PDF \(pdasociety.org.uk\)](#)
- › Internalization
- › 'Controlling' behaviours
- › Inability to accept praise
- › Physical assault
- › Hiding
- › Screaming
- › Untimely talking/laughing/crying
- › Bullying
- › Challenges around the ability to initiate, develop and sustain mutually satisfying personal relationships.
- › Difficulties around the awareness of others and empathise with them.
- › Challenges around the ability to play and learn, with attainments that are appropriate to age and intellectual ability.
- › Lack of understanding linked to moral sense and right and wrong.
- › Challenges around the ability to face and resolve problems, setbacks, and learn from them.
- › Reduced ability to acknowledge or accept responsibility for his/her own actions in a heightened emotional state
- › Damage to property
- › Absconding
- › Persistent lateness
- › False allegations
- › Throwing objects/carrying weapons
- › Spitting
- › Shouting
- › Screaming

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING	Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)
<p>This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.</p>	<p>Continue with any relevant strategies from OAP.</p>
<ul style="list-style-type: none"> ➤ Use of whole school approaches to promote wellbeing and resilience which has a clear behaviour policy underpinned by a clear ethos and values ➤ Use of relational approaches to build, maintain and repair relationships HOME / Paul Dix Free to use resources can be found at www.Livesinthebalance.org to identify unmet needs that can be identified by the child and adult working together ➤ Ensure all staff are consistent in their approach with the CYP ➤ Whole school, small group and 1:1 work completed on anti-bullying as a part of the wider PSHCE curriculum. ➤ Explicitly teaching de-escalation and self- management strategies. De-escalation Strategies YouTube ➤ Where appropriate, use humour or competitive statements (e.g., “I bet you can’t...”) to diffuse situations ➤ Be aware of the impact of any sensory differences, including within the interoceptive sensory system. CYP may need to be taught explicitly to link bodily sensations to emotions and physical states. Some useful resources are: <i>Introception: The Eighth Sensory System</i> (by Kelly Mahler) and (Introception Resource with free downloadable resources). ➤ Home school link books ➤ Staff training on Therapeutic Thinking to apply a whole school approach to identifying an unmet need. ➤ Build a relationship with the CYP. Take time to find CYP’s strengths and praise these – ensure that the CYP has opportunities to demonstrate their skills to develop their self-confidence ➤ Emphasis on choice rather than control and ‘take up time’ to respond to choose whenever possible 	<ul style="list-style-type: none"> ➤ Consider whether referrals need to be made to the outreach team or specialist services for further support: Special School Outreach Outreach Local Offer CHUMS Bedfordshire Services CHUMS Jigsaw Jigsaw Outreach Service CAMHS CAMHS 4YP 4YP – For Children & Young People Charity ➤ Undertake training in Therapeutic Thinking as provided by the local authority Register for CBC Training ➤ Schools might consider accessing funding through the Early Intervention grant panel if additional support / funding is required above the notional budget Early Intervention Grant Application ➤ Explicitly teach CYP through 1:1 or small group intervention to label, identify and scale emotions, to develop their emotional vocabulary. Some suggested resources to support this are Zones of Regulation (Zones of Regulation) ➤ CYP may attend sensory circuits daily, this may be more than one scheduled session Sensory Circuits Resource ➤ The CYP may require additional levels of support required at unstructured and transition times. ➤ Identification of key adult to build positive and trusting relationship – check in times linked to this. ➤ Support available for staff working with CYPs with SEMH via group or individual supervision or debrief sessions. ➤ Adapt curriculum and allocate resources with adult support ➤ Implement structured 1:1 or small group interventions, create safety.

- Use of distraction techniques
 - Change the topic of conversation
 - Have games on hand that might interest them
 - Suggest a quick, timed break
 - [Distraction Techniques Twinkl](#)
- Create a sense of belonging by giving responsibility with tasks such as taking notes or a giving child opportunity to hand out equipment
- Legitimise movement by getting CYP to take a message, collect an item, use a 'fiddle toy' [Fidgets in the Classroom](#) if necessary.
- Use movement breaks where appropriate and schedule them when needed [Movement Breaks NHS](#)
- Following an incident of unexpected behaviour, endeavour provide an opportunity to develop an understanding of the reasons for the behaviour and ensure that the CYP feels listened to.
- Consideration and reasonable adjustments will be made where a consequence is deemed to be appropriate. For example, where unstructured times are removed, consider suitable physical outlets for CYP before returning to the classroom
- Consequences should include a teachable moment (using a relational approach) and logically follow the young person's behaviour.
- Growth mindset/grounding activities [Growth Mindset YouTube](#)
- When staff notice signs that the young person is becoming dysregulated, reduce demand or provide a quick break. Be flexible and consider adapting the demand, challenge, timescale, or output expectations within the task.
- Consider introducing a Peer Mentoring programme [Peer Mentoring Training with Kidscape](#)
- Remind the young person about expected and unexpected behaviour for the context, along with probable outcomes." At ... we behave like....". This could include teaching the perspective and likely reactions of others. Be consistent in this approach.
- Devise a risk management plan agreed with parent/carers, which includes proactive strategies, early interventions to reduce anxiety/harm and reactive strategies to ensure a consistent approach

- Implement a "proud book" detailing all the CYP's achievements/ pieces of work. Use photos where appropriate.
- Supported clubs / activities to be offered during unstructured times.
- Emotional coaching [What is emotion coaching?](#)
- Nurture groups [What is a nurture group?](#)
- [IPSEA Advice around using off site provisions to support improving behaviour.](#)
- 'The Huge Bag of Worries' (Virginia Ironside); 'The Red Beast' (K Al-Ghani) and 'How are you feeling today?' (Molly Potter) Anxiety, anger, recognising and understanding emotions Worksheets and story books to explore anxiety, anger etc.

- Use a flexible approach “*I want you to be in class and join in/ access your learning*” is the consistent message; the approach to support this happening may vary or be flexible depending on individual needs. Use choices to allow the CYP some control with the same result, for example “*Would you like to talk to me now or in 5 minutes?*”.
- Tell the pupil explicitly that you care about them – repeat this multiple times a day if needed.
- Maintain relaxed and approachable body language. For example, crouch down and talk to CYP discreetly.
- Explicitly teach the impact of words on others: [*Words Matter Resource*](#) and [*What we Say Comic Strip*](#)
- Be explicit, letting the CYP know what is expected of them.
- Monitor incidences of dysregulation so that you have a good understanding of the frequency and location of triggers. Consider the use of ABC charts to think about what the communication of the behaviour is. [*ABC chart*](#)
- Employ a clear plan of action, agree with parent carers to encourage, and support pro-social behaviour. This could be through a Personal Support Plan (PSP). [*The Key PSP template*](#)
- Staff may be team teach trained linked to positive handling and restraint. [*Team Teach Training*](#)
- [*Therapeutic Thinking*](#) is CBC’s preferred approach to supporting positive behaviour management in schools and settings, and is based on the following principles:
 - Shared focus on inclusion of all children and young people within their educational settings
 - A shared set of values and beliefs
 - Open and shared communication
 - A shared commitment to diversion and de-escalation
 - Shared risk management
 - Shared reparation, reflection and restoration

- Support parents/carers to understand emotional wellbeing and mental health. Signpost to support for parent/carer mental health if appropriate. – [Social Care and Early Help](#)
- The use of physical resources, e.g., ICT or sensory items to meet individual SEMH needs.
- Don't take hurtful comments/behaviour personally and give adults supervision after serious incidents
- Avoid using delayed consequences. Consequences must be immediate.
- Provide immediate, positive feedback and attention.
- Validate feelings and emotions.
- Think aloud, *"I am wondering if X is angry because..."*
- Use co-regulation strategies. [Co-regulation](#)
- Be explicit, *"I am here for you. I will not go away. I care too much to leave you right now."*
- What we say about children affects our belief systems and what children hear us say becomes their inner voice.
- Worry box – [How to Make a Worry Box](#)
- Say what you want the CYP to do, rather than what you don't – *'N, I want you to keep your hands in your lap' instead of 'N, stop bothering P'.*
- Label the behaviour but not the pupil – not *'You are being a big bully'* but *'N, bullying is not allowed in our school'.*
- Remind pupils of a rule, rather than telling them off – *'N, our rule is we put up our hand to answer' or make a point of praising a pupil who is keeping the rule – 'A, I like the way you put your hand up when you knew the answer'.*
- Devise a private signal system to let the pupil know when they are off-task or behaving inappropriately.
- Photocopy good pieces of work for them to take home.
- Take special steps to build the relationship with the pupil:
 - Take extra care to greet the pupil each day and say a word or two individually to them.
 - Have lunch with the pupil from time to time. Try to involve them in a lunchtime or after-school club that you run.

- Invite them to help you with daily tasks.
- Listen without giving advice or opinions; show that you understand how the pupil feels . . . *'That must have made you very angry/upset.'*
- When things go wrong, reject the behaviour, not the pupil . . . *'This is not the behaviour I expect to see from someone as kind and helpful as you.'*
- Don't be afraid to tell the pupil you like them and that what happens to them matters to you . . . *'You really matter to me and it's important to me that you do well this year.'*



ATTENTION DIFFICULTIES

Example of attention difficulties may include:

- They may be easily distracted or attention seeking, they may have poor concentration despite structured and time limited tasks
- CYP may require and seek additional support from an adult,
- CYP may struggle to remain on task and follow instructions.
- CYPs organisation may be impacted and their ability to concentrate impaired.

- Evidence of the CYP/young person's underachievement in a number of curriculum areas, not predicted by reference to his/her general ability.
- Complete disengagement and withdrawal in a classroom setting.

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Chunk instructions [What is chunking? Twinkl](#)
- Support with visual cues. Offer regular breaks with opportunities to access physical or sensory activities.
- Organise resources so that they are easily accessible and ready to use.

Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Consider a referral to investigate whether there is a neurodiverse condition that needs exploring [Paediatric Referral Portal](#)
- Implement, monitor and review advice from external agencies such as Jigsaw outreach [Jigsaw Outreach](#)

- Provide opportunities for practical learning activities and use multi-sensory resources. Where possible, personalise learning to reflect the young person's interests.
- Use visual supports (such as timetables, written words, etc.) to reinforce classroom expectations, directions and routines. [Visual timetables for all ages / Tes](#)
- Create a predictable and consistent environment, with positive routines and rituals.
- Ensure the transition from whole class teaching to independent or group learning is taught, clearly communicated, and supported.
- Use a visual timer [Classroom Timers – Fun Timers \(online-stopwatch.com\)](#) to measure and extend time on tasks. Offer increased structure and predictability to reduce anxiety.
- Use the young person's name, or use light touch, when addressing them or gaining attention. For example, a gentle hand on the CYP's shoulder to check understanding.
- Communicate in a calm, clear manner. Keep instructions, routines, and rules short, precise and positive.
- Listen to the CYP, giving them an opportunity to explain their behaviours.
- Be aware of your own body language and how it could be interpreted.
- Complete a baseline and formative assessment such as dyslexia screening; systematic approach to monitor and track progress; assessment of particular areas of need

- Some CYP will require a more planned and personalised curriculum such as a more play-based curriculum to engage them better in learning
- Small group work teaching at regular points throughout the week
- Additional adult support for 1:1 or small group work to improve concentration



ATTACHMENT DIFFICULTIES

Example of challenging behaviour may include:

Attachment difficulties where early experiences of relationships significantly affect a CYP later emotional and social development.

If a child has attachment difficulties or have experience an Adverse Childhood Experiences (ACEs), they may present with the following:

- Difficulties recognising and managing different emotions.
- Reduced capacity to make and keep healthy friendships and other relationships.
- Struggle to manage behaviour in school settings. The CYP may present as angry and defiant, aggressive behaviour may be exhibited, as well as fear and extreme sadness.

- They may fail to control emotions or show empathy.
- Difficulties with low self-esteem and the perceived risk of failure may be evident.
- Struggle to take responsibility for their actions.
- The CYP may not respond well to public praise.
- Difficulties expressing or controlling their emotions and forming positive relationships, which might affect their mental health
- They might display independent behaviour to protect themselves from the emotional pain of not having their needs met

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Consider any changes and transitions carefully.
- Build relationships with the child
- Give immediate positive reinforcement and specific praise
- Keep instructions simple
- Maintain clear routines and expectations
- Consider what the child's behaviour is telling you
- Support from pastoral and Lead Teacher of Looked after children where relevant.
- Relationships are key [*Supporting SEMH in the classroom*](#)

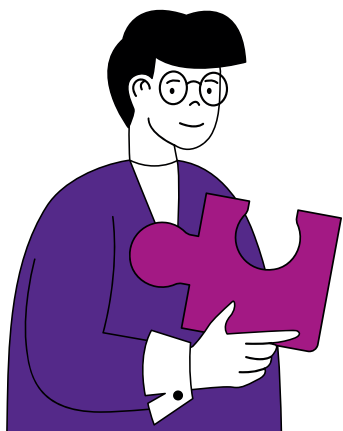
Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Short-term ELSA (Emotional well-being support) <https://www.elsanetwork.org/>
- Short-term Mindfulness Intervention [*Mindfulness Twinkl Resource*](#)
- Access to Safe spaces for regulation/co-regulation
- Social skills training, such as, TalkAbout programmes, LEGO therapy [*NAS Lego Therapy TalkAbout*](#) (speak to your link EP for training offers available)
- Key adult support – this should be regular and timetabled wherever possible (especially if new to school) e.g. meet/greets, check-ins, mentoring
- Access to Theraplay and therapeutic provisions where appropriate. <https://theraplay.org/>

- › Ensure that all staff working with the child are aware of the child's needs and understand the strategies in place. Inconsistency can be disastrous for children with attachment disorder.
- › Be available to hear the child. A child with insecure attachment can feel helpless, disempowered, and disregarded. [Trauma Informed Practice](#)
- › Take time to celebrate every success, giving specific praise. Help them to recognise their good qualities.
- › Note down triggers for challenging behaviour to build a picture. Examples could be breaktime or transitions.
- › Adapt curriculum and allocate resources (adult support, or physical resources, e.g., ICT or sensory items) to meet individual SEMH need
- › Assist CYP to identify a member of staff who can carry out close liaison between home and school to ensure consistency across setting
- › Be aware of the young person's individual needs and life experiences to enable the curriculum to be adapted appropriately.
- › Offer activities/areas for CYP to access during unstructured times.
- › Complete a strength and weaknesses questionnaire: [SDQ](#) Use the following link to score the document. [SDQ Scoring](#)
- › Use a PACE approach [PACE – A Therapeutic Approach – Help Children Live Better](#)
- › Solution focused approaches
- › Ensure that all staff are aware of who the designated Teacher for LAC (Looked After Children), PLAC (Post Looked After Children) and ACWASW (A Child with a Social Worker) are

- › Access to a sensory area/room
- › Use of SEAL resources to support emotional literacy on a small group or 1:1 basis. You need to register for the resources, but they are free to use <https://sealcommunity.org/>
- › Contact the Virtual School for training information around attachment Virtualschooladmin@centralbedfordshire.gov.uk





CHALLENGES IN MAKING AND MAINTAINING HEALTHY RELATIONSHIPS

Examples of difficulties making and maintaining healthy relationships may include:

- Difficulties establishing relationships with others in a range of different educational settings. They may also have some anxiety about attending schools. They may appear to be on the peripheral of activities. For e.g., withdrawing, refusing, avoiding, lack of engagement, risk of harm to themselves, others, or property.
- Has emerging problems with peer group relationships that affect classroom dynamics and require teacher intervention
- Evidence of the CYP/young person's unwillingness to acknowledge or accept responsibility for his/ her own actions.

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Facilitate peer support, for example, implementing a buddy or mentoring system with another young person. [Peer Support Training Programme](#)
- Provide supported peer interaction play opportunities to develop social and communication skills and self-confidence.
- Provide a meet and greet for a CYP and check their emotional wellbeing; this provides an opportunity for any changes in the day to be explained ahead of time, for any concerns and worries to be aired by the child to a trusted adult, and for the day to start off on a good footing.
- Structured lunchtime clubs with careful grouping
- Giving purposeful role to child such as peer mentor to younger children
- Giving role in school such as "runner", register monitor etc.
- PSHE programmes around "differences"
- Careful grouping during work in class that requires pair or group work
- Giving specific role to child during group work

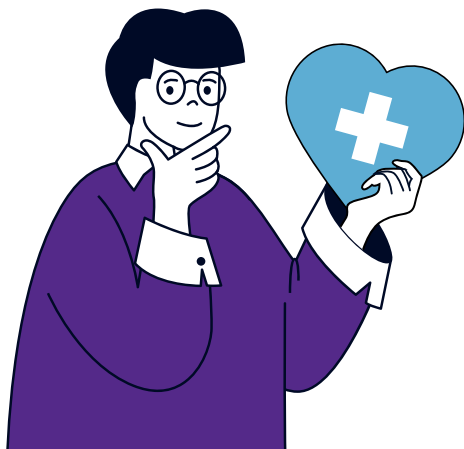
Examples of Ordinarily AVAILABLE SEN SUPPORT (additional to and different from)

Continue with any relevant strategies from OAP.

- Implement an individual or small group tailored social skills intervention
- 1:1/small group in school counselling/pastoral support, consideration given to Lego/art or play therapy. [NAS Lego Therapy training](#)
- Structured groups – social skills groups, nurture groups for e.g. Circle of friends [Circle of Friends](#) /TalkAbout [TalkAbout](#) /Lego Therapy
- Assigned trusted adult to seek out support
- Access to the School counselling services and the CAMHS in school worker [CAMHS MHST](#)
- Young people may benefit from spending time engaging in wellbeing activities, such as physical activity, spending time outside, spending time alone/quiet, spending time engaging in special interests, opportunities to express anxieties (which may be non-verbal, such as writing, drawing or through music), spending time with animals and mindfulness.

- Consider whether it would be helpful to identify a key point of contact for parents/carers in school, such as a family worker or a pastoral member of staff. Some young people may benefit from daily or weekly timetabled sessions with a learning mentor or trusted adult in school.
- Support parents/carers to understand emotional wellbeing and mental health. Provide advice on relevant techniques and resources for the young person and signpost to support for parent/carer mental health if appropriate. – [Social Care and Early Help | Central Bedfordshire SEND Local Offer](#)

- Alternative Provision Social Skills Groups and Mentoring Programmes e.g. Seeds of Change <https://theseedsofchange.co.uk/> , The Autism Beds Farm <https://www.autismbedfordshire.net/support-for-children/farm-project/>
- [Drawing and Talking – Home page](#)
- Schools might consider accessing funding through the Early Intervention grant panel if additional support / funding is required above the notional budget [Early Intervention Grant](#)



**HAS EMERGING PROBLEMS WITH PEER
GROUP RELATIONSHIPS
THAT AFFECT CLASSROOM DYNAMICS
AND REQUIRE TEACHER INTERVENTION**



PRESENTING AS SIGNIFICANTLY UNHAPPY OR STRESSED

Examples of unhappy or stressed behaviour

- Risk taking behaviour that has the potential to harm themselves or others.
- Anxiety and/or low mood impacting on ability to participate, engage and maintain attention.
- Some self-esteem and/or resilience difficulties leading to avoidance of new experiences/fear of failure
- Emotional functioning affected to a level where there is self-harm occurring.
- Harmful or unsocial behaviour in different settings, which may pose a risk to self or others
- Reduced ability to acknowledge or accept responsibility for his/her own actions in a heightened emotional state

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Provide opportunities for young people to discreetly ask questions or make comments about their learning, for example, writing their thoughts on a post-it note.
- Be aware that some young people may not react positively to explicit praise depending on their self-concept, so be flexible and use a personalised approach where needed.
- When staff notice signs that the young person is becoming dysregulated, reduce demand. Be flexible and consider adapting the demand, challenge, timescale, or output expectations within the task.
- Communicate positive achievements – no matter how small – with the pupil and home and encourage home to do the same. Could be in the form of a 'Golden moments' or 'Positive book'.
- Consider whether it would be helpful to identify a key point of contact for parents/carers in school, such as a family worker or a pastoral member of staff.

Examples of Ordinarily AVAILABLE SEN SUPPORT

(additional to and different from)

Continue with any relevant strategies from OAP.

- Use visual strategies such as Social Stories/Articles and Comic Strip Conversations to develop young people's understanding of specific social situations. Social Stories – [Social Stories by Carol Gray](#) and [Comic Strip Conversations – Social Stories \(Autism\)](#)
- Small groups or 1 to 1 work with ELSA / Learning Mentor, nurture groups or equivalent ([ELSA](#)).
- Discreet teaching of the use of the Incredible 5-point scale [The Incredible 5-Point Scale | PDA Society Resources](#)
- A [5 is Against the Law!](#) is a helpful resource to support this. [5 Is Against the Law](#) working in small group or 1:1 with additional adult
- Use appropriate emotional awareness and regulation workbooks or programmes within individual or a small group. [Circle of Friends Resources](#)
- Put in place a personal safety plan, self-harm passport etc. [CAMHS](#)

- Increase visual structure within activities to enable the young person to understand timescales and reduce anxiety. [Visual supports \(autism.org.uk\)](https://www.autism.org.uk/resources/visual-supports)
- Provide a safe area for CYP to calm down or concentrate when required. Create a quiet, calm space with the CYP where they can go when they feel overwhelmed and store belongings.
- Use an anxiety scale [The Incredible 5-Point Scale](#) during post incident reflection to measure and track level of anxiety at times of heightened emotion
- Plan for transition between activities, rooms, and outside play including 'what works well' in terms of in scaffolded and support professionals meeting to unpick the behaviour.
- Individual or small group use of low-level emotional health interventions such as: relaxation exercises, safe place imagery, positive affirmations, thinking errors, positive events log, anxiety scale, worry charts, motivational rewards, celebration book etc. [Free Resources Elsa Support](#)
- Time Out Card (link)
- Zones of Regulation (link)
- [Mental Health Resources For CYP and Young People | YoungMinds](#)
- [Emotional Wellbeing Information Resource | Central Bedfordshire SEND Local Offer](#)
- [Where Tics may be evident, refer to guidance here: A Graduated Response to Tics and Tourette's](#)
- [Where selective mutism is evident, refer to guidance here: https://localoffer.centralbedfordshire.gov.uk/kb5/centralbedfordshire/directory/advice.page?id=IXvdKxC60cw](https://localoffer.centralbedfordshire.gov.uk/kb5/centralbedfordshire/directory/advice.page?id=IXvdKxC60cw)

- Assist CYP to identify a member of staff who can carry out close liaison between home and school to ensure consistency across setting. This may be a regular check in at the beginning /end of the school day and allocated 1:1 time throughout the school week.
- CYP requires continuing adult support within and outside the classroom context, e.g., a more personalised curriculum paying regard to specific areas of interest or strength and difficulty and scaffolded appropriately.
- Daily or weekly timetabled sessions with a learning mentor or trusted adult in school.
- 1:1/small group in school counselling/pastoral support
- Schools might consider accessing funding through the Early Intervention grant panel if additional support / funding is required above the notional budget [Early Intervention Grant Panel](#)
- Use the "Anxiety Analysis Tool" provided through [Therapeutic Thinking](#) (training needs to be undertaken) [CBC Training](#) to analyse trigger points creating anxiety



PATTERNS OF NON-ATTENDANCE

All schools have a statutory duty to provide full-time education for all pupils according to their age, aptitude, and ability, taking into account any special educational and health needs. There is currently no legal definition of what constitutes 'full-time' education. It may nonetheless be useful for it to be borne in mind that in LA maintained schools, children of compulsory school age normally receive around five teaching hours of education a day for 190 days a year.

A part-time timetable must have parental agreement as well as a specific end date.

When might a part-time timetable be considered? A part-time timetable should only occur in exceptional circumstances, where every other avenue to ensure a pupil receives their full-time education has been exhausted.

Examples of non-attendance

- | | |
|---|---|
| <ul style="list-style-type: none">➤ CYP may not want to attend school, they may display signs of emotional based school avoidance (EBSNA)➤ Patterns of absence coinciding with the time of the day, lessons they struggle in, tiredness from lack of sleep caused by anxiety etc.➤ Medical absence (the Medical Needs Team can be consulted for advice and guidance)➤ Worry about parents being at home because of domestic violence | <ul style="list-style-type: none">➤ Anxiety entering the school building➤ Reluctant to separate from parent/career➤ Becoming socially isolated➤ Complaining of physical symptoms such as tummy ache, sickness, headaches and generally feeling unwell and attending the school's medical room frequently➤ Reluctance to attend specific lessons/times in the school day |
|---|---|

Examples of ORDINARILY AVAILABLE QUALITY FIRST TEACHING

This level of support should be available to all CYP with SEN or no SEN. This support may also be used with CYP accesses an EHCP.

- Using a quieter/calmer part of the school (e.g. learning support base or other) for the child to access teaching.
- Sending work home for completion, **only where non-attendance is being authorised by the setting**. CYP will require clear guidance and a communication method set up.

Examples of Ordinarily AVAILABLE SEN SUPPORT

(additional to and different from)

Continue with any relevant strategies from OAP.

- As a temporary fixed term, closely monitored intervention to address and manage the impact of significantly challenging behaviour or emotional or social needs, whilst alternative arrangements are being made to assess and meet the individual needs or to coordinate with therapeutic intervention or other services.

- Using Google Classroom or similar to deliver the above where there is appropriate technology available at home and the child can access it. [Google Classroom](#)
- Allowing the child to avoid lessons or elements of the school day they find particularly challenging. should always be considered by the school, parents, CYP and any other supporting professionals.
- Traffic light their timetable to identify which lessons they struggle with.
- Ensure that CYP is still included in additional school events such as awards evenings/parents' evenings/trips
- Establish communication between the CYP and Form teacher where appropriate to the context.
- Consider the other areas of the SEMH Graduated Approach which may be relevant linked to attachment or anxiety.
- Use of Buddy
- Meet and Greet
- Time out card
- Consider seating plans to allow the child to move out of the room quickly when anxious
- Plan for transition time between lessons, rooms, activities
- Contact [Medical Needs Education Team for advice or guidance as early intervention when the child starts to show signs on non-attendance](#)
- Work with parents promptly when attendance becomes an issue, to put together an Individual health care plan. Include other professionals e.g counsellors, CAMHS, Educational Psychologist and the school mental health support team. Explore barriers to attendance and work to break down these barriers. Explore push and pull factors for school and home for children who are experiencing EBSA.
- When attendance becomes an issue, maintain regular contact with the local authority where there is and EHCP to ensure this plan still meets need

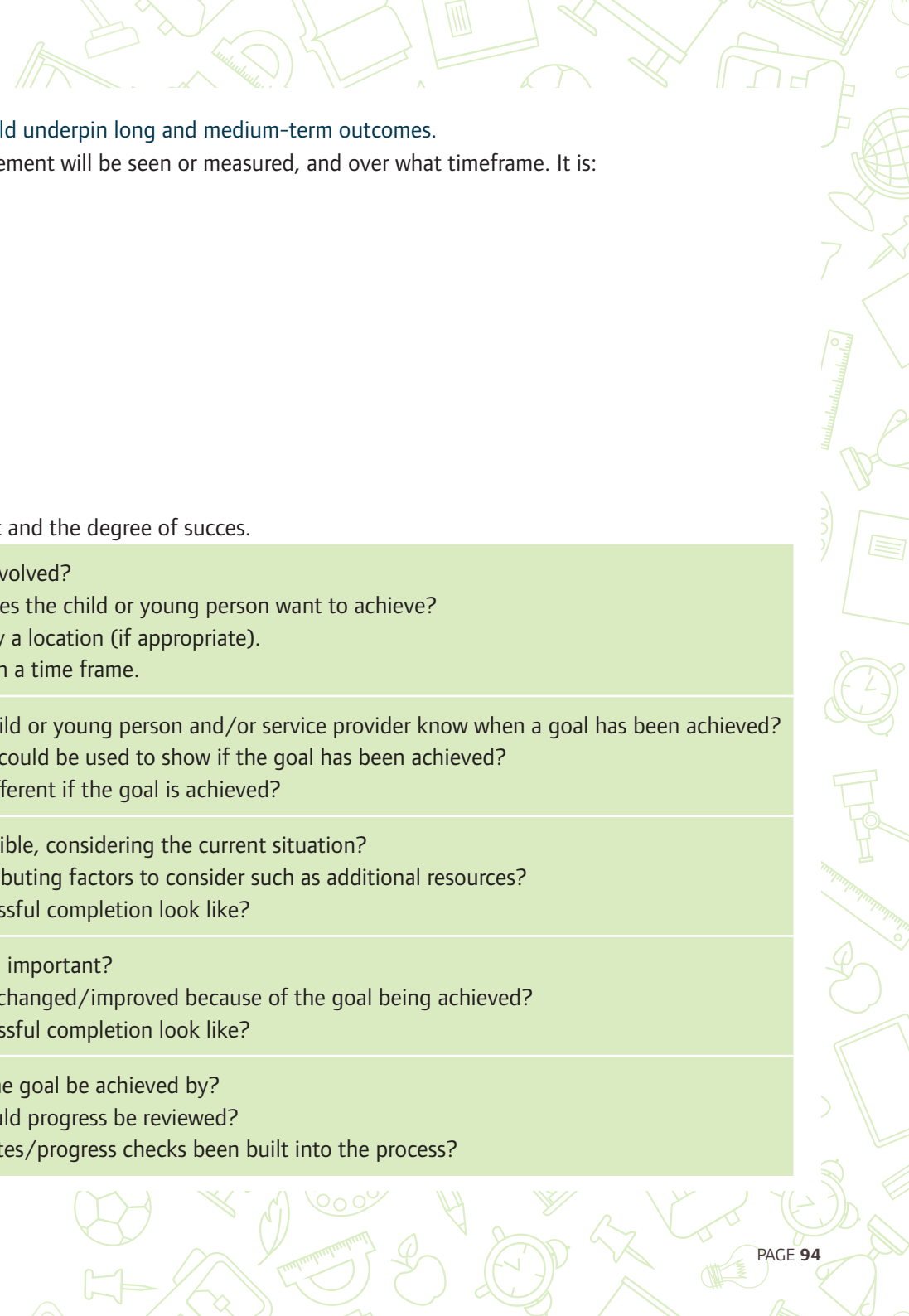
- In limited circumstances a part-time timetable may also be used as a method of supporting CYP back into settings full time [Provision Monitoring Referral](#) with the support and guidance of the MNT. A part time timetable must be reviewed regularly with the input of professionals where possible to provide advice.
- As part of a planned re-integration following an extended period out of school due to e.g., exclusion, non-attendance, school refusal, health issues, a managed move could be considered for a fresh start. [CBC Access & Inclusion Team](#)
- Meet and greet when they arrive in school
- Consider allowing the pupil to visit the site without lessons to get used to the environment during, before or after school.
- Staggered start and end to the day to avoid the busyness of movement around school
- Key person to share work with that they have completed at home for feedback and encouragement
- Supported space to go to when arrive in school to share anxieties about the day
- Social stories around the reintegration
- Reduced timetable in school based on a RAGging of timetable
- Referral to the section 19 team and provision and monitoring team. [Section 19 Referral](#)
- Pre-teaching for children who have a fear of failure
- When there is longer term illness due to a medical provision including EBSA, you may consider implementing the following whilst considering whether the child would be eligible for a medical need's referral [Medical Needs Education Team](#)
- Providing home tuition through an external provider [Alternative Providers CBC Approved](#)
- AV1 Robot [No Isolation AV1 Robot](#) to provide remote learning
- Key worker to meet and greet and coordinate work where appropriate.
- Reintegration timetable ensuring the child's voice is heard.
- Referral to CAMHS linked to EBSA [CAMHS](#)
- Use of the <https://luminova.app/> linked to graded exposure for 7–12-year-olds.

- Have regular parent and student meetings to review attendance/strategies and plan forward e.g. every 2 weeks. Set up a tailored approach to meet the pupils needs
- Re-integration plan could start with visit to school outside teaching day, working on a 1:1 basis in the building, seeing peers in a small group before reintegrating into groups, full lessons, and break/lunchtime
- Allowing the child to avoid lessons or elements of the school day they find particularly challenging. should always be considered by the school, parents, CYP and any other supporting professionals. Traffic light their timetable to identify which lessons they struggle with.
- Ensure that seating plans consider health needs of the child and group work is carefully considered to include a buddy
- Mini White board questioning to ensure discrete inclusion and sharing of thoughts

- Refer to resources linked to ELSA <https://www.elsanetwork.org/>
- Case Studies and examples can be found here highlighting successful reintegration: [DfE Case Studies](#)
- Work with the schools MHST (CAMHS) to ensure referrals for additional mental health support are made
- Ensure there is no undiagnosed SEN needs. Involve the Educational Psychologists through EP link visits
- Adaptation to the curriculum to meet any health needs
- Consider exam access arrangements where possible
- Add in 1:1 session out of a classroom environment and in replace of a classroom lesson. 1:1 coaching in core subjects can be implemented to help build resilience, confidence, and a relationship with a trusted adult.
- Assign a keyworker who the pupil can go to when they feel overwhelmed/ someone who can help them to access lessons/ meet and greet
- Introduce extra support staff to support emotional wellbeing and to explore learning needs.
- Pre teaching of new topics for children struggling with anxiety linked with failure/ attainment/ perfectionism
- Supply social stories around reintegration and any difficulties being experienced in school, allow ear defenders to be worn for YP with sensory difficulties, adjustment of uniform to assist with sensory needs
- Support emotional regulation by ensuring appropriately trained staff are assigned to support the child to regulate through co regulation and other techniques and an appropriate safe space is allocated to assist with regulation activities. Planned 1:1 session where techniques are outlined. Zones of regulation and emotions thermometers.
- Encourage attendance at school clubs to build relationships with peers and additional school exposure



SMART Targets



A SMART target is a goal that we want a CYP to achieve. **Short term SMART goals should underpin long and medium-term outcomes.**

Goals should define clearly and unambiguously what is to be achieved, how that achievement will be seen or measured, and over what timeframe. It is:

SPECIFIC

MEASURABLE



ACHIEVABLE



REALISTIC

TIMEBOUND

When goals are not SMART it becomes difficult to tell if they have been achieved or not and the degree of success.

SPECIFIC	<ul style="list-style-type: none">› Exactly what is it that you want to achieve?› Is it clear and understandable by all?	<ul style="list-style-type: none">› Who: Who is involved?› What: What does the child or young person want to achieve?› Where: Identify a location (if appropriate).› When: Establish a time frame.
MEASURABLE	<ul style="list-style-type: none">› What it is you need to do to achieve the goal?	<ul style="list-style-type: none">› How will the child or young person and/or service provider know when a goal has been achieved?› What evidence could be used to show if the goal has been achieved?› What will be different if the goal is achieved?
ACHIEVABLE	<ul style="list-style-type: none">› This must be something you can do over the period set	<ul style="list-style-type: none">› Is the goal possible, considering the current situation?› Are there contributing factors to consider such as additional resources?› What will successful completion look like?
REALISTIC	<ul style="list-style-type: none">› Are they likely to achieve the goal within the timeframe?	<ul style="list-style-type: none">› Why is this goal important?› What will have changed/improved because of the goal being achieved?› What will successful completion look like?
TIMEBOUND	<ul style="list-style-type: none">› If you don't know how much time you have, you don't know when to take action!	<ul style="list-style-type: none">› When should the goal be achieved by?› How often should progress be reviewed?› Have review dates/progress checks been built into the process?

AREA OF NEED	EXAMPLES OF SMART TARGETS
 <p>Cognition and Learning</p>	<p>By the end of Autumn Term, XXX will retell part of a story that a member of staff has read to him 4/5 times</p> <p>XXX will join in with the last few words of a familiar rhyme or song, as part of a small group 60% of the time by the end of the half term</p> <p>XXX will recognise the numbers 1-5 when asked by an adult 80% of the time by the end of the academic year</p> <p>XXX will know 36 of the 44 phonics sounds by the end of the Spring Term as measured using the school's phonics assessment</p> <p>By the end of term, XXX will pick up a 2D square shape when asked by an adult, from a group of 2 2D triangle shapes and 1 2D square shape of the same colour (on 2 out of 5 occasions).</p> <p>XXX will learn to type at 60 words per minute by the end of Spring Term</p> <p>XXX will correctly orient "b" and "d" in spelling 9 out of 10 times in unedited, spontaneously written, classroom papers. Additionally, [Child] will demonstrate this ability in all settings by Summer Term.</p>
 <p>Communication and Interaction</p>	<p>Using visual cues (e.g., sequencing cards) and a story, XXX will sequence the story correctly on 4/5 occasions by the end of Autumn Term</p> <p>By the end of Autumn Term, given 3-5 pictures, XXX will be able to explain the picture's similarities using simple sentences.</p> <p>By Spring Term XXX will be able to use the correct pronouns within sentences to describe themselves and others on 4/5 occasions.</p> <p>By December 2023 XXX will be able to answer, who, what and where questions in an age-appropriate story with 50% accuracy.</p> <p>By half term 2024, given 10 objects XXX will be able to identify the 3 requested objects</p> <p>By February XXX will interact in a play-based activity, with adult support, with a peer 2 times per day</p> <p>When taking part in an activity with a partner, XXX will maintain their attention to the joint activity for 3 minutes by March 2024.</p> <p>By the end of Summer Term, using facial photographs, XXX will be able to identify the emotions, happy, sad, angry and excited with 80% accuracy.</p>

AREA OF NEED	EXAMPLES OF SMART TARGETS
 SEMH	<p>By February XXX will be able to identify 3 of their triggers for anger when asked by an adult</p> <p>By the end of Summer Term XXX will be able to use 2 different calming strategies to calm themselves when they feel angry.</p> <p>By half term 2024XXX will ask an adult for help when she is feeling upset about a conflict on the playground</p> <p>By December 2023 when XXX is feeling anxious they will be able to recognise their unhelpful thoughts</p> <p>By Spring Term XXX will be able to choose the correct facial expression appropriate to the situation when using emotion card scenarios.</p> <p>In 4 weeks, XXX will be able to use a range of techniques to manage their anxiety and to prevent aggressive outbursts towards their peers and members of the public (PFA)</p> <p>By the end of Autumn Term XXX will develop and maintain two friendships across settings (e.g. volunteering and college/band and drama) and will report greater confidence in initiating conversations (PFA)</p> <p>In 3 weeks XXX will receive 5 achievement awards by the end of this term by attempting to answer 5 questions every day in class</p> <p>By the end of Year 7 XXX will ask for a movement break when they move to 3 on the 5-point scale</p> <p>By Summer Term, XXX will be able to join in a small group (2 other children) to work on a directed task for up to 10 mins.</p>
 Sensory and Physical	<p>XXX will put her shoes on the correct feet without aid, before going outside or home, 75% of the time by October half term.</p> <p>XXX will be able to write the letters of his name by overwriting by Easter 2023</p> <p>XXX will be able to catch a large ball 5 times out of 7 in two weeks, and a smaller ball within 4 weeks.</p> <p>XXX will be able to walk (without adult support) between lessons with a friend before the end of the Summer Term.</p> <p>XXX is able to communicate need for a sensory break to the class TA through the use of a time out card at least 3 times a day before July 2024</p>



Suggested Assessments

The below assessments have not been endorsed by the Local Authority but have been suggested by experienced SENCOs following their own use. Such assessments should be used in conjunction with observations from class teachers etc.

COMMUNICATION AND INTERACTION					
Name of Assessment	What does it assess?	More information....	What results does it produce?	Is training /a qualification needed to administer it?	Where can I get it?
Expressive Language Assessment Tool (ELAT)	S&L	Assesses children's expressive language skills. Breaks down areas of need so you can see what to target first.	Age bracket	Yes	Through training
Universally Speaking – The Communication Trust	SLCN	Checklist of statements to RAG rate what children should achieve, at each stage of their development, from 5-11 years.	RAG	No	<i>Universally Speaking</i>
WellComm screening	C&I	Assesses child's current level speech and language. Designed for early years (6 months – 6 years)	A detailed report	Training	GL Assessment <i>WellComm</i>

COGNITION AND LEARNING					
Name of Assessment	What does it assess?	More information....	What results does it produce?	What results does it produce?	Where can I get it?
Accelerated Reader	Reading	Reading programme with assessments built in	Reading age	Training	http://www.renlearn.co.uk/accelerated-reader/
Access Reading Test (ART)	Reading comprehension	Looks at strengths and weaknesses in four key aspects of reading comprehension: Literal comprehension, vocabulary, inference, and analysis	Reading age	Training	https://www.hoddereducation.co.uk/AccessReadingTest
British Picture Vocabulary Scale (BPVS)	Verbal reasoning	Understanding of vocabulary. Gives idea of general understanding of the world. Designed for 3 – 16 years.	Age equivalent results	No	GL Assessment BPVS
Cognitive Abilities Test (CAT4)	Cognitive ability	Reasoning with words, numbers, shapes, and designs. Designed for children and young people aged 6 17+ years.	Standardised score of levels of general ability	Yes	GL Assessment CAT4
Comprehensive Test of Phonological Processing (CTOPP-2)	Phonological processing	Phonological awareness, phonological memory, and rapid naming. 4 years to 24 years 11 months.	Standardised score	Yes	CTOPP Pearson

Dyslexia Screener	Screening assessment for dyslexic tendencies	Identifies dyslexic tendencies in pupils aged 5–16+ years and recommends intervention strategies	Standardised score	Training	<u>GL Assessment Dyslexia Screener</u>
Dyslexia Portfolio	Individual follow-up assessment to the Dyslexia Screener (see above)	For pupils who may have been screened as having dyslexic tendencies, Assesses individual signs of dyslexia	Standardised score for each area	No	<u>GL Assessment Dyslexia Portfolio</u>
Lucid – Rapid	Provides an indication of dyslexia	Quick group/class screening for dyslexia in pupils aged 4 to 15	Standardised scores, Age equivalents and centiles	No	<u>GL Assessment Lucid Rapid</u>
Nessy – Dyslexia Quest screening	Learning abilities associated with dyslexia	Assesses 6 cognitive ability areas including: Processing speed, phonological awareness, auditory sequential memory, visual word memory, visual sequential memory and working memory	Yes, in each area	No	<u>Nessy</u>
New Salford Sentence Reading Test	Reading – accuracy and an optional measure for checking comprehension	Consists of 3 equivalent sets of graded sentences. Suitable for less able readers from the age of 6 upwards.	Yes. Standardised scores, age equivalents and percentiles	No	<u>Salford Reading Test</u>

Phonological Assessment Battery (PHAB)	Phonological awareness and processing	Identifies children aged 6-14 years who have significant phonological difficulties in processing sounds in spoken language.	Yes Standardised scores, age equivalents and percentiles	No	<u>PhAB</u>
Sandwell Early Numeracy Test (SENT)	Numeracy	Assesses a pupil's ability with numbers, counting and language	Yes	No	<u>Sandwell Numeracy Test</u>
Wide Range Achievement Test (WRAT-4)	Basic academic skills	Word reading, sentence comprehension, spelling, and math computation	Yes	Yes	<u>WRAT4</u>
York Assessment of Reading for Comprehension (YARC)	Reading	Used to identify difficulties with word recognition, reading fluency or reading comprehension	Yes + Age equivalents and percentiles	No	<u>GL Assessment YARC</u>
Wide Range Intelligence Test (WRIT)	Intelligence test	Assessment of cognitive abilities that can be used with individuals from age 4. Assesses both verbal and nonverbal abilities, yielding a Verbal IQ and a Visual IQ, which generate a combined General IQ.	Yes	Yes	<u>Pearson WRIT</u>
Performance Indicators for Valued Assessment and Targeted learning (PIVATS)	System to assess learning and set targets for pupils below national expectations.	Measures small steps in attainment, within the PIVATS structure. P scales broken down into small steps up to the revised national curriculum Y4 age related expectations.	No	No	<u>www.lancashire.gov.uk/piv_ats</u>

SOCIAL, EMOTIONAL AND MENTAL HEALTH					
Name of Assessment	What does it assess?	More information....	What results does it produce?	Is training /a qualification needed to administer it?	Where can I get it?
The Boxall Profile	SEMH	Supports early identification, target setting, interventions, and monitoring progress.	Graphs	No	<u>Boxall Profile</u>
Strengths & Difficulties Questionnaire (SDQ)	SEMH strengths and areas of need	Checklist of statements for any age group. Breaks down strengths and weaknesses and highlights areas to work on in social skills groups etc. Can also be used as part of the process to refer to CAMHS.	Report with recommendations	No	<u>https://www.sdqinfo.org/</u>
SNAP assessment SNAP-B	SEMH	An online diagnostic assessment that profiles 17 Social, Emotional and Behavioural Difficulties which without identification may limit a CYP's potential to learn	A detailed report	No	<u>SNAP Diagnostic</u>



SENSORY AND PHYSICAL					
Name of Assessment	What does it assess?	More information....	What results does it produce?	Is training/a qualification needed to administer it?	Where can I get it?
DASH (Detailed Assessment of Speed of Handwriting)	Speed of hand-writing and handwriting difficulties – dysgraphia	Writing speed, free and copy speeds, identifies signs of dyspraxia or dysgraphia	Yes	Yes	<u>DASH Assessment</u>



Suggested Resources



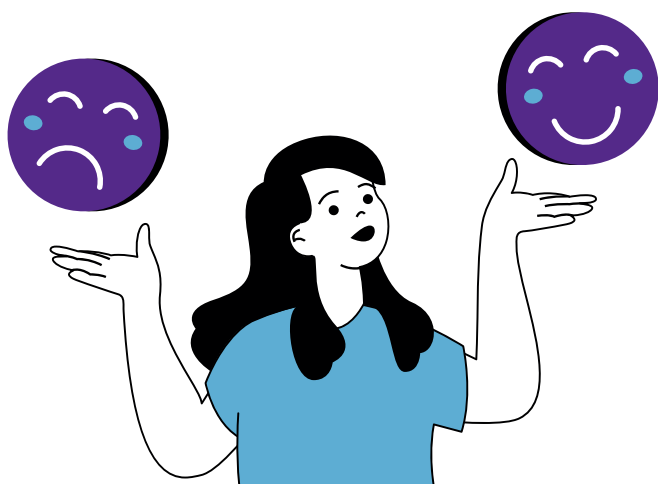
The following resources have not been endorsed by the Local Authority, but have been suggested by experienced, local Cheshire East SENCOs following their own use and/or by other local professionals. The table does not include specialist support services etc. These are referenced in the Graduated Approach tables and can be found in the [CBC Local Offer](#)

Name of resources	Area of need	What does it do?	Is training or a qualification needed?	Where can I get it from?
Beat Dyslexia	Reading, spelling, and writing/ handwriting	Step-by-step, multi-sensory programme consisting of 6 books from the earliest stages of letter recognition through to full literacy.	No	Beat Dyslexia Resource
Boost Reading	Cognition and Learning	Aims to improve reading skills	Yes	Boost Reading
Indirect Dyslexia Learning (IDL)	Reading and spelling	A cloud-based intervention software designed for pupils with dyslexic type tendencies.	No, but training is provided if you buy the programme.	https://idlsgroup.com/
Lexia Reading Core5	Reading and spelling	Interactive programme to improve reading skills	No	LEXIA
Numicon	Cognition & learning	Kinaesthetic Practical Maths intervention	No, but available and preferable	Numicon
Plus 1 & Power of 2,	Recall of number concepts	Coaching manuals reinforcing the building blocks of numbers and develops skills with mental calculations.	No	Power of 2

Read Write Inc.	Develops reading and spelling	Phonic based segmenting and blending. Repetitive reinforcement, intensive programme that follows structure. Major focus on reading and writing. Memory aid.	Training	<u>Read, Write, Inc</u>
Toe by Toe	Reading	An individual, systematic reading programme to improve accuracy and fluency.	No	<u>Toe By Toe</u>
Word Shark	Reading and spelling	Computer programme for reading and spelling. Pre-recorded words to target and promote high motivation and to assist those with Dyslexia	No	<u>WordShark</u>
Language Builders	Communication & Interaction	Series of books providing detailed advice and practical activities to support the communication skills of children and young people (number of versions available, e.g. secondary, hearing difficulties, post-16 etc.)	No	<u>ELKLAN</u>
'Socially Speaking' and 'Time to Talk' Books	Self-esteem, listening skills and expressive language skills.	Group activities to boost social ability, understanding and pragmatic skills. Consists of 3 units: let's communicate; let's be friends and let's practice	No	<u>Socially Speaking</u>
TalkAbout	Limited social skills and social understanding	Consists of 225 practical activities for social skills training. It includes general group activities that can be used as starting or finishing activities during the day.	No	<u>TalkAbout</u>
Talk Boost (KS1 and KS2) and Early Talk Boost	Communication & Interaction	Boosts language skills to narrow the gap with peers. Targeted and evidence-based intervention which supports children to make progress with their language and communication skills	Yes	<u>TalkBoost</u>

The Girl with the Curly Hair	Autistic girls	Explains autism to those with it and to anyone who reads it.	No	https://thegirlwiththecurlyhair.co.uk/
101 games for social skills	Social skills	Group activities to boost social ability and understanding.	No	<u>Social Skills Games</u>
Starving the Anger Gremlin	Anger/anxiety, and recognising emotions	Cognitive Behavioural Therapy Workbooks on Anger/ Anxiety Management for Young People	No	<u>The Anger Gremlin</u>
Speed up! Book	Physical – handwriting	A kinaesthetic programme to develop fluent handwriting	No	<u>Speed Up Handwriting</u>
Write Dance	Physical – handwriting	Programme which uses music and movement to introduce handwriting to children	No formal training	<u>Write Dance</u>
Write from the Start	Limited hand-eye co-ordination and pencil control	Consists of two pupil workbooks of graded activities to develop hand eye co-ordination, form constancy, spatial organization, figure-ground discrimination, orientation, and laterality.	No	<u>Write from the Start</u>
Nessy Fingers – touch typing programme	Word processing	Suitable for ages 7+ years. Consists of games and strategies to develop and practise basic touch-typing skills.	No	<u>Nessy Fingers Touch Typing</u>
Adverse Childhood Experiences (ACES)	SEMH	ACES are potentially traumatic events or situations. The training course is approximately 50 minutes	Yes	<u>ACEs (acesonlinelearning.com)</u>

ABC Behaviour logs	SEMH	Support to think about what the communication of behaviour.	No	<u>What is an ABC Behaviour Chart? – Answered – Twinkl Teaching Wiki</u>
Beacon House	SEMH	Enhance whole school staff awareness of attachment needs. Ensure staff are aware of current initiatives in relation to how attachment theory helps behaviour and learning, for example, using TES articles and resources.	No	<u>Home (beaconhouse.org.uk)</u>
ELSA	SEMH	ELSA is a recognised training course aimed at teaching assistants. The course lasts approximately 6 days and covers areas such as active listening and emotional literacy	Yes	<u>Resources for Emotional Literacy Support Assistants – ELSA Support (elsa-support.co.uk)</u>





Glossary



Term	Meaning
AA (Access Arrangements)	Special arrangements, or reasonable adjustments, which a small number of disabled students are entitled to in their public exams. <u>JCQ Access Arrangements</u>
ADHD (Attention Deficit Hyperactivity Disorder)	<u>NHS ADHD</u> Is a condition that affects people's behaviour where they are restless or inattentive and have trouble concentrating or may be impulsive.
AP (Alternative Provision)	Education arranged by settings or local authorities for pupils who, because of exclusion, illness, or other reasons, would not otherwise receive suitable education. This can include pupils receiving targeted support in their mainstream school, pupils directed to off-site provision to improve their behaviour, and provision for pupils on a fixed period exclusion.
Annual Review	Under the Children and Families Act 2014, local authorities must carry out a review of every Education Health and Care plan at least once every 12 months. <u>Annual Reviews in CBC</u> The LA must inform the parents about their decision as to whether to amend the plan or not
APDR (Assess, Plan, Do, Review)	APDR is a cycle to assess the progress and support in place for a child and forms the Graduated Approach to ensuring a child's needs are being met.
Area of Need	Area of Need is the name for the four broad categories used to describe a pupil's SEND. They are: communication and interaction cognition and learning social, emotional, and mental health sensory and physical
ARP (Additionally Resourced Provision)	Resourced provisions within mainstream schools are where pupils are withdrawn to receive specialist support for an identified SEN. Children who access an ARP are in receipt of an EHCP.

Autism (Autistic Spectrum Condition)	<u>NHS Autism</u> Autism is a neurodevelopmental condition that can affect the way people communicate with the world around them, including sensory impairment and the ability to cope with unfamiliar situations. ASD (Autistic Spectrum Disorder) is the diagnostic terminology. Where possible people should be asked how they prefer to be referred to in documents and conversations. A common preference is to use the term Autistic rather than 'having autism' or 'having ASC'. ASD is no longer used as it is promoting neurotypical over neurodiverse by referring to Autism as a 'disorder'.
ACES	Adverse Childhood Experiences. You can find out more about what type of experiences are included in this description here: <u>Adverse Childhood Experiences (ACEs) and Attachment – Royal Manchester Children's Hospital (mft.nhs.uk)</u> . There is an NHS Scotland video summarising some of the research here: <u>Bing Videos</u>
CAFA (Children and Families Act)	The Children and Families Act 2014 became law on 1st September 2014. Part 3 of the Act sets out the new law on SEND. <u>CAFA 2014</u>
CAMHS (Child and Adolescent Mental Health Service)	This service assesses and treats children and young people with emotional, behavioural, or mental health difficulties if they meet the criteria. <u>CAMHS</u>
Care Quality Commission (CQC)	The independent regulator of health and social care in England, responsible for registering care providers, monitoring, inspecting, and rating services, and taking action to protect people who use services. <u>CQC CBC</u>
CBC	Central Bedfordshire Council
CHUMS	A Tier 2 mental health and wellbeing support service for children and their families if they meet the criteria <u>CHUMS in CBC</u>
C&I (Communication and Interaction)	One of the 4 broad areas of need. These needs affect the ability to communicate with people and the world around you. It includes conditions that affect receptive and expressive language, and the ability to speak fluently.
C&L (Cognition and Learning)	One of the 4 broad areas of need refers to the ability to apply information, thinking skills and thought processes that are acquired through prior experiences.
Compulsory School Age	A child is of compulsory school age from the beginning of the term following their 5th birthday until the last Friday of June in the year in which they become 16, provided that their 16th birthday falls before the start of the next school year.

DFE	Department for Education
Direct Payment	A payment made directly to a parent or young person to purchase specific services. Under the Children and Families Act 2014 a Direct Payment may be made as part of a Personal Budget so that the parent or young person can buy certain services that are specified in their EHC plan.
Disagreement Resolution	Local authorities must provide independent disagreement resolution to help parents and young people resolve disputes with local authorities, schools and other settings about SEND duties and provision. Disagreement Resolution CBC
Early Help	Early Help is the name of an assessment and offer of support of a family to help identify needs and offer intervention at an early stage.
EBSNA	Emotionally based school non-attendance
EIG (early Intervention Grant)	A grant that schools can apply for to request additional funding for children at SEN Support. Early Intervention Grant Panel
EYFS (Early Years Foundation Stage)	The EYFS covers children from birth to age five. Many children attend an early education setting soon after their third birthday. The foundation stage continues until the end of the reception year.
EHCNA (Education Health and Care Needs Assessment)	The initial assessment carried out by the Local Authority, for deciding whether a child or young person needs an EHC plan. EHCNA in CBC
EHCP (Education Health and Care Plan)	An EHC plan details the special educational needs and provision that a child or young person has. It also includes the health and care provision that is needed. It is a legal document written by the local authority and is used for children and young people who have high support needs. EHCP in CBC
EHE (Elective Home Education)	Elective home education is a term used to describe a decision by parents to provide education for their children at home. A child who is EHE will not be on role at a school. Can also be called Home Schooling. EHE in CBC

EOTAS (Education Other Than at School)/EOTIS (Education Other Than in School?)	EOTAS may be provided where full time education would not be in the best interests of a child because of resources relating to their special education needs. Sometimes referred to as EOTIS.
First Tier Tribunal	The First Tier Tribunal is an independent legal body. The Tribunal hears appeals from parents of children with SEN, and young people with SEN, about EHC needs assessments and EHC plans.
GDD (Global Development Delay)	Can be diagnosed by a paediatrician and describes when a child takes longer to reach certain developmental milestones than other children their age such as walking, talking, and interacting with other socially and emotionally.
Graduated Approach	The SEND Code of Practice states that schools should follow a Graduated Approach when providing SEND Support. It is a model of action and intervention to help children and young people who have SEN. This is based on a cycle of Assess, Plan, Do, Review (APDR) Graduated Approach CBC
HI (Hearing Impairment)	Hearing impairment affects people and how well they can hear. CBC has a hearing impairment support service that schools and young people can access HI in CBC
High Needs Funding and High Needs Top Up Funding	High needs funding is the funding that local authorities use to pay for special school places. High needs top up funding is additional funding paid directly by the LA for some high need's pupils.
ICB (integrated Care Board)	ICBs are partnerships of organisations that come together to plan and pay for health and care services to improve the lives of people who live and work in the area. ICB CBC
IEP (individual Education Plan)	An IEP is a document (sometimes called a SEN/D Support Plan) that schools use to outline the provision that is in place for a child in school. It helps schools to implement the Graduated Approach to the support a child requires.

Key Stage	<p>A key stage is a stage of education. They are separated in age as follows:</p> <p>Key Stage 1, 5-7 years old, school years 1 and 2</p> <p>Key Stage 2, 7-11 years old, school years 3 – 6</p> <p>Key Stage 3, 11 – 14 years old, school years 7 – 9</p> <p>Key Stage 4, 14 – 16 years old, school years 10 – 11</p> <p>Key Stage 5, 16 – 18 years old, school years 12 – 13</p>
LA (Local Authority)	Local authorities are administrative offices that provide services in their local areas.
LAC	The term ‘looked after’ refers to children, under 18, who have been provided with care and accommodation by children’s services
Local Offer	Local authorities are required to set out in their Local Offer, information about provision they expect to be available across education, health and social care for children and young people in there are who have SEN.
Maintained	Schools in England that are funded by a local authority including any community, foundation or voluntary school, community special or foundation special school.
Mainstream	This is a school that provides education for all children, whether or not they have special educational needs or disabilities.
Mediation	A form of disagreement resolution for parents and young people considering appealing decisions around an EHC needs assessment and plans at tribunal.
MLD (Moderate Learning Disability)	Children with MLD are likely to have reduced intellectual ability, and difficulty with everyday activities.
MNET (Medical Needs Education Team)	Provides teaching and support for children and young people of statutory age who are unable to attend school due to illness. <u>MNET in CBC</u>
OAP (Ordinarily Available Provision)	OAP is universal support that ALL children in a school can access whether they have a SEND or not.

Outcomes	Outcomes describe the difference that will be made to a child or young person because of provision they receive. The outcome must be SMART
PDA (Pathological Demand Avoidance)	A persistent and marked resistance to demands https://www.autism.org.uk/advice-and-guidance/topics/behaviour/demand-avoidance
PD	Physical Disability
PEX	Permanent Exclusion. The removal from a school of a child for a severe breach of the school's behaviour policy.
Personal Budget	A personal budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person involved is securing the provision.
PfA (Preparing for Adulthood)	After Year 9 there is a focus on ensuring children and young people have the right support to be ready to be independent. There are 4 pathways- employment, independent living, good health and friends, family, and community.
PP (Pupil Premium)	Schools receive extra funding from the government to help improve the attainment of disadvantaged pupils. It is based on the number of children who receive Free School Meals and/or Looked After or previously Looked After. PP DfE
PRU (Pupil Referral Unit)	A school which is specially organised to provide education for pupils who would not receive suitable education because of exclusion.
Reasonable adjustment	Reasonable adjustments are changes schools and other settings are required to make which could include: changes to physical features – for example, creating a ramp so that students can enter a classroom or providing extra support and aids (such as specialist teachers or equipment)
Resourced or Resource Provision (also known in CBC as an ARP)	Resourced provision within mainstream schools is where pupils are either withdrawn to a resource for specialist input, or teachers from the resource deliver specialist help to the child within the classroom. A resource provision usually has a specialist focus such as hearing impairment or autism spectrum disorder.
SalT (Speech and Language Therapy)/ SLT	The NHS provides a service of advice and support from qualified therapists for children with speech and language difficulties. Therapists are sometimes referred to as SLT.

Section 41	Section 41 schools are school included on the Secretary of State Approved List of independent schools and institutions.
SEMH (Social Emotional and Mental Health)	One of the 4 broad areas of need. The term SEMH was introduced in the Code of Practice to describe conditions and the ability to manage emotions or behaviour that affect mental health, such as ADHD.
SEND COP (Special Educational Needs Code of Practice)	The SEND Code of Practice was created to provide guidance to organisations working with and providing support to children and young people with SEND. It outlines the legal requirements and statutory guidelines for schools, academies, and local authorities. <u>SEND COP</u>
S&P (Sensory and Physical)	One of the 4 areas of need; encompasses special educational needs and disabilities that affect the physical and sensory abilities of children, such as sensory processing, vision impairment, and hearing impairment.
SENCO/SEND CO	A SENCO is a qualified teacher in a school or maintained nursery who has responsibility for coordinating and overseeing the provision of SEND
SENDIASS (Special Educational Needs and disability Information, Advice and Support Service)	Is a statutory service that provides free, confidential, and impartial support for parents and young people with SEND. <u>https://cbsendiass.org/</u>
SEND Information Report	All schools must publish on their websites information about their policy and arrangements for supporting children with SEN. It must be kept up to date and reviewed at least annually.
SEND (Special Educational Needs and Disabilities)	“Special educational needs” is a legal definition and refers to children with learning difficulties or disabilities that make it harder for them to learn than most children the same age.
SEND Support	When a child is receiving support that is additional to and different from what other children receive as ordinarily available provision in the school.
SLCN	Speech Language and Communication Needs

SLD (Severe Learning Difficulties)	Sometimes referred to as PMLD (Profound Multiple learning Difficulties) when a person has a disability that significantly affects their ability to communicate and be independent.
SMART	SMART (Specific, Measurable, Achievable, Realistic and Time-Bound) targets are set on IEPs or SEN Support Plans to focus what the school wants to achieve through the provision they are implementing to support a child.
SNAP (Special Needs Action Panel)	SNAP is a proactive independent forum of parent/carers who have children with SEND. The panel works with the local authority to ensure that the voices of children and their parents/carers are heard when developing local provision. https://www.snappcf.org.uk/Partnership Agreement
SPLD	Specific Learning Difficulty. Refers to disabilities such as dyslexia or dyspraxia.
Suspension	The temporary removal of a child from the school for a significant breach of the school's behaviour policy.
VI (Vision Impairment)	Vision impairment affects children who have difficulties with sight VI in CBC
VS (Virtual School)	The Virtual School is a resource to support and challenge all involved in the education of children who are in care. It does not replace the school or educational provision of children in care. VS in CBC
WFM (Way Forward Meetings)	A Way Forward Meeting is offered to parents/carers when a request for an EHCNA is turned down. Its purpose is to inform parents of why the needs assessment was turned down, provide them with information about their legal rights to tribunal, and talk to professionals involved about what support could be implemented without an EHCNA.

