Wakefield's Graduated Approach to SEND: A Local Partnership model

Guidance for all pupils with SEND: Implementation of Wakefield's Graduated Approach to SEND

2025

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Wakefield's Graduated Approach to SEND

Guidance for all pupils with SEND: Implementation of the Local Partnership Wakefield's Graduated Approach to SEND in all Wakefield settings.

The Graduated Approach Document is a structured guide to assess, identify, and meet the needs of pupils with Special Educational Needs and Disabilities (SEND). It follows the Graduated Approach outlined in the SEND Code of Practice (2015), ensuring a systematic process of Assess, Plan, Do, Review. This cyclical process supports early identification and tailored intervention, promoting inclusion and progress for all learners.

The document aligns with national best practice, meets the requirements set out by Ofsted regarding evidence of input and impact, and supports compliance with key legislation, including the Children and Families Act 2014, which emphasises the importance of person-centred approaches and integrated support, and the Equality Act 2010, which places a duty on schools to make reasonable adjustments and prevent discrimination against pupils with SEND.

The Graduated Approach Document reflects the four broad areas of need identified in the SEND Code of Practice:

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

For each area, the document outlines the presenting needs, recommended strategies, and targeted interventions to support pupil progression and engagement. It also supports settings in maintaining robust evidence of their inclusive practices, ensuring they can demonstrate the effectiveness of provision and its impact on pupil outcomes.
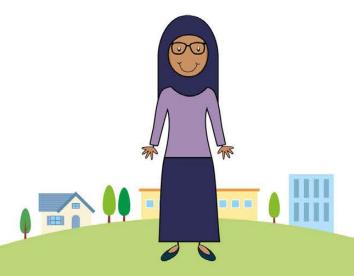
This approach also reinforces the expectations set out in the Teachers' Standards (2011), particularly:

- **Standard 5:** *Adapt teaching to respond to the strengths and needs of all pupils*
- **Standard 6:** *Make accurate and productive use of assessment*
- **Standard 8:** *Fulfil wider professional responsibilities*, including working collaboratively with colleagues, parents/carers, and external professionals.

Assess, Plan, Do Review Cycle this is a four-part cycle through which earlier decisions and actions are reviewed with growing understanding of the pupil's needs. This includes what supports the pupil in making good progress and securing good outcomes (SEND Code of Practice 2015).

The Ranges are not designed to be followed in a strict linear sequence. Many pupils may present with needs that span multiple Ranges or areas of development. Schools and settings should use the Ranges as a flexible framework to guide identification and to help prioritise the pupil's most significant area of need. It is essential to recognise that a pupil's needs may evolve over time—particularly during transitions or in response to different environments, curriculum or expectations.

The Ranges are a guide. They provide a framework for the level of support expected for the child and will support professionals to gather information for a graduated approach to SEND. After intervention, pupil progress will be monitored and presenting need may change to reflect this. Pupils may move between ranges; effective intervention may result in a pupil no longer requiring additional support beyond quality-first teaching.

Where appropriate, schools and settings should ensure that wider professionals have input into the assessment around presenting need. Professionals will consider holistic needs to include family and community context within their assessment and approach and will consult adults who know the child well, to ensure a comprehensive and person-centred approach to planning and provision.

Identifying the Needs of the Child

1. **Refer to the Adaptive Teaching Techniques** to support the early identification of need. This resource provides guidance on recognising emerging barriers to learning and tailoring provision accordingly.

2. **Review the overview descriptors** of the child or young person (CYP) and determine their **primary area of need**, aligned with the four broad categories outlined in the SEND Code of Practice:

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

3. **Cross-reference the identified need** with the recommended teaching strategies, interventions, and classroom adaptations listed in the resource materials. Ensure that strategies are age-appropriate, personalised, and evidence-informed.

4. **Implement the identified strategies** within an **Assess, Plan, Do, Review (APDR)** cycle. This includes:

   - **Assess:** Gather evidence of the CYP's strengths and barriers to learning (e.g. observation, assessment data, pupil voice).

   - **Plan:** Collaborate with relevant staff and, where appropriate, parents/carers to plan targeted support and set outcomes.

   - **Do:** Deliver the agreed support consistently and monitor its application in daily teaching.

   - **Review:** Evaluate the impact of the support on pupil progress and well-being, and refine the approach as needed.

Wakefield Early Years: The Graduated Approach

5–19 years Graduated Approach Document

Wakefield Early Years: The Graduated Approach

A guide for the Early Years Foundation Stage

Introduction

The Statutory framework for the early years foundation stage (EYFS) sets the standards for learning, development and care for children from birth to five. The framework covers the education and care of all children in early years provision, including children with Special Educational Needs and Disabilities (SEND).

The Early Years Graduated Approach is designed to provide tailored support for young children in their early years of education and development. The Graduated Approach to Early Years is for children up to the end of their reception year in school. It aims to provide guidance on a clear approach to identify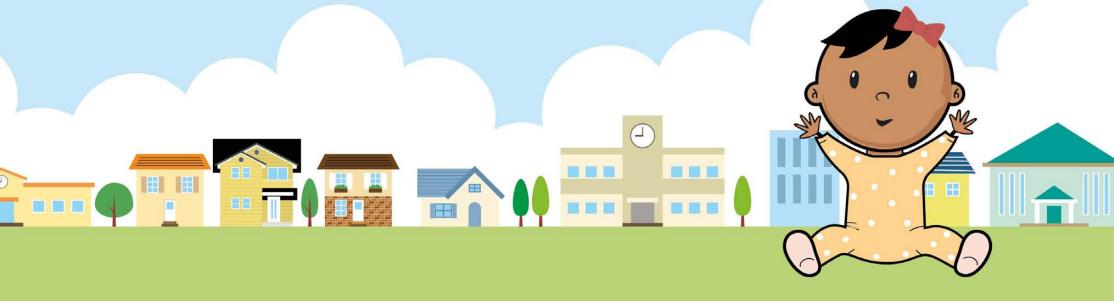ing and responding to children with SEND. The approach aligns with the principles of early intervention, ensuring that children's needs are identified and addressed promptly, promoting their learning, development, and well-being. Children who receive early intervention and support for emerging SEND have a greater chance of being exposed to positive experiences and opportunities that can significantly impact their development and preparation for adulthood. This starts in a child's earliest years.

There are four guiding principles that underpin practice in early years settings:

- **Unique Child** - Every child is a unique child, who is constantly learning and can be resilient, capable, confident and self-assured.

- **Positive Relationships** - Children learn to be strong and independent through positive relationships.

- **Enabling Environment** - Children learn and develop well in enabling environments, in which their experiences respond to their individual needs and there is a strong partnership between practitioners and parents and/or carers.

- **Learning and Development** - Children develop and learn in different ways, and at different rates.

Most children can thrive in mainstream settings and make progress when provided with high-quality teaching, including effective differentiation—often referred to as Quality First Teaching (QFT). This involves carefully planned, meaningful experiences and provision that are based on observations of each child's starting points and interests to support their learning. Supportive and sensitive interactions play a key role in this process. By raising the overall quality of teaching for all children in a setting, the need for additional or different support is often reduced.

Every child deserves the best possible start in life and the support that enables them to fulfil their potential. Children develop quickly in the early years and a child's experiences between birth and age five have a major impact on their future life chances. A secure, safe and happy childhood is important in its own right. Good parenting and high-quality early learning together provide the foundation children need to make the most of their abilities and talents as they grow up.

The Early Years Foundation Stage (EYFS) sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's `school readiness` and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life.

DfE Statutory Framework for the early years foundation stage 2021.

Wakefield Early Years: The Graduated Approach

There are several Key Documents Supporting Teaching and Learning for SEND in EYFS.

1. EYFS Statutory Framework

- Sets out the legal foundation for all early years provision, including inclusive practice.
- Requires practitioners to identify and respond to individual needs, including those with SEND.
- Promotes equal access to learning and development opportunities.

2. SEND Code of Practice (0–25 years)

- Provides statutory guidance on identifying, assessing, and supporting children with SEND.
- Introduces the Graduated Approach (Assess, Plan, Do, Review) to tailor support.
- Emphasises early identification, partnership with parents, and coordinated multi-agency working.

3. Development Matters / Birth to 5 Matters

- Offer non-statutory guidance to support inclusive teaching and learning.
- Help practitioners differentiate learning and track progress for children with SEND.
- Encourage a strengths-based, child-led approach to planning and assessment.

4. Equality Act 2010

- Legally requires settings to make reasonable adjustments for children with disabilities.
- Ensures children with SEND are not disadvantaged and can fully participate in learning.

5. Role of the SENCO

- Every setting must have a Special Educational Needs Coordinator (SENCO).
- The SENCO leads on inclusive practice, supports staff, and liaises with external professionals.

These documents work together to ensure that teaching and learning in EYFS is inclusive, responsive, and tailored to meet the diverse needs of all children, including those with SEND.

The process of identification of special educational needs and disability may take different forms, such as identification of needs by General Practitioner (GP), health visitor (HV) or a childcare provider.

Health Visiting 0-5 Years

A Health Visitor will usually visit you and your baby at six key stages from 0-5 years, just to check you and your baby are healthy and developing well. Health Visitors will see you before your baby is born, shortly after your baby's birth, and at 6-8 weeks, 3-4 months, 9-12 months and 2-2 ½ years. Your child will then see their School/ Setting nurse for routine health checks and for any further support that they may need.

Between the ages of 2 and 3, all children attending Early Years settings undergo a review of their progress. The review will be completed by the person who knows your child the best.

Family Hubs and Team Around The Early Years

Family Hubs are a one-stop shop that parents, carers, and young people can walk-in, email, or telephone to access whole family support. You can find your nearest Family Hub by visiting: www.wakefieldfamiliestogether.co.uk

Parents and families can also ask for early help from a child's nursery, childminder, or health visitor and request a 'Team around the Early Years' (TAEY) meeting. The TAEY is an offer of early help to families that brings together a team of professionals to help you to access support when you find it hard to cope with the demands of family life.

The Team around the Early Years (TAEY) delivery model is a baby, child and family-centred, nursery, childminder or Health Visitor led early intervention support programme that responds to identified need at the earliest opportunity. The TAEY works with families to build their resilience and independence to find solutions that focus on early help and prevention which over time will reduce an over reliance on services. The TAEY is made up of a team of core early years professionals working with nurseries and childminders to provide coordinated services with and for children 0-5 years, and their family.

The shared aim of the TAEY is to refocus resources further "upstream" to improve outcomes for babies and very young children:

This includes:

- Early identification of emerging needs of children 0-5 years and their family to reduce the chance of problems getting worse.

- Supporting families to identify and appreciate their strengths, access their existing supportive networks, or build new ones where needed to improve the family's resilience and outcomes

- Interventions that support a child's development so that they are ready to learn when they start School/ Setting.

- Working alongside early years providers and Health Visitors to support families at a universal level.

Wakefield Portage Service

Portage is a service within the Early Years Foundation Stage for children with additional needs. It is a home teaching service for pre-School/ Setting children who show some degree of developmental delay. The children may have learning or physical needs because of a specific condition or there may be no obvious reason to explain why they learn more slowly.

The Service helps parents to teach their own children in their own homes with support from a trained home visitor who visits the family on a weekly basis. The UK National Portage Association website can be found at: www.portage.org.uk

Who is the Portage Service for?

The Wakefield Portage Service is appropriate for children:

- **From birth to 3½years**

- **Who show a delay in at least 2 areas of development**

- **Who live in the Wakefield district**

- **Parents/carers must be willing to take part in the Service and make the time available for the weekly visit, daily practice of the activity and completion of the activity charts.**
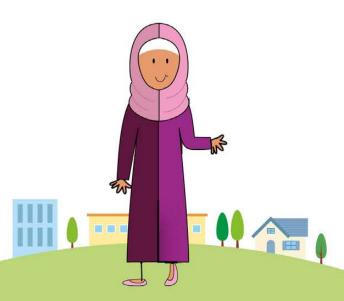
After Portage Involvement

Portage will remain involved as long as it is needed. This may be for a short period of intervention, or until the child enters a nursery/childminders. The Portage Home Visitor (PHV) will support with transition by sharing with setting staff, the teaching methods and progress that has been made and/or making a referral to the Early Years Special Educational Needs and Disabilities (SEND) Team.

Transition

Children with SEND often benefit from an enhanced transition, which may include additional visits to the new school, setting, or room, as well as the use of visual supports and resources to help them prepare. It is vital that key information is shared—with signed parental consent—with staff in the receiving room, class, school, or setting to ensure a smooth and supportive transition.

Transition for Children with an EHCP

When children have an Education Health Care Plan and are due to start in Reception, the process of identifying and naming a school will be led by the SEN Casework Officer, through the EHCP review process, in partnership with parents and carers.

Preparation for Adulthood

Preparation for Adulthood begins in the Early Years. In the Early Years, Preparation for Adulthood focuses on developing the foundational skills children need for independence, communication, social interaction, and learning. Through play-based learning, consistent routines, and targeted support, children begin to build the confidence, resilience, and self-help abilities that will support their long-term development and eventual transition into school and later life stages.

It is important to constantly keep in mind how the work we do to support children and young people is about preparing them for their future. Preparation for Adulthood (PfA) is an approach that keeps the child or young person at the centre of our work. It values their hopes, aspirations and ambitions from early years to adulthood. The PfA approach looks at outcomes and focusses on the child or young person to steer and drive the provision that needs to be put in place to support their aspirations.

Employment

Good Health

Independent Living

Friends, Relationships and Community

Evidence of Graduated Approach: How can we track and record progress and outcomes?

Range A	Range B	Range C
- One Page Profile (OPP) - Assess, Plan, Do, Review (APDR) record - Supporting Me to Learn Plan (SMTLP) or School/ Setting/ setting equivalent – including short term targets - In addition to: 1. Individual Record of Development in the Prime Areas 2. Individual Record of Development in the Specific Areas 3. Record of implemented resources/ strategies 4. Progress Check at Age 2	- Assess, Plan, Do, Review (APDR) record: Supporting Me to Learn Plan (SMTLP), My Support Plan (MSP), One Page Profile (OPP) 'How best to support my child,' by parents / carers - Characteristics of effective teaching and learning - In addition to: - Individual Record of Development in the Prime Areas - Individual Record of Development in the Specific Areas - Record of implemented resources/ strategies - Progress Check at Age 2 - Record of Parental Views - Record of child/ young person's views (if possible) - Record of desired outcomes for child/ young person - Log of meetings with parents – minimum of three meetings within a 12-month period, to support APDR cycle - Record of external support, contact or advice	**Evidence of Graduated Approach: How do we track and record progress and outcomes?** - Assess, Plan, Do, Review (APDR) record: My Support Plan (MSP) - One Page Profile (OPP) 'How best to support my child,' by parents / carers - Characteristics of effective teaching and learning - In addition to: - Individual Record of Development in the Prime Areas - Individual Record of Development in the Specific Areas - Record of implemented resources/ strategies - Progress Check at Age 2 - Record of Parental Views - Record of child/ young person's views (if possible) - Record of desired outcomes for child/ young person - Log of meetings with parents – minimum of three meetings within a 12-month period, to support APDR cycle - Record of external support, contact or advice **If the impact on the child's access to learning remain and/or progress has not been made, consider submitting a request for Education and Health Care assessment.** **Or** for a child with an Education Health and Care Plan (EHCP): - EHC Plan (reviewed annually – Every 6 Months for Early Years children, and updated if appropriate) - Previous My Support Plan now becomes **"EHCP"**, which is a working document and acts as an ongoing record which is updated regularly.

Cognition and Learning

Range A

Presenting Need

Needs

- Children with Cognition and Learning difficulties may face barriers that affect:
- Their ability to access to the provision and learning opportunities within the Early Years Foundation Stage (EYFS).
- Their development of skills related to the three elements of effective learning – engagement, motivation and thinking, which can hinder their overall progress.
- Evidence in some delay in meeting expected milestones with School/ Setting's assessment tools.

Differences in Playing and Exploring (Engagement)

- Child performs multi-step play actions (e.g. put gravel in a dumper truck + drive it along the floor + dump the gravel out) on toys in at least two different areas.
- Child may demonstrate schematic play preferences by repeating patterns (actions) in their play (e.g. transporting, rotating, connecting, positioning, trajectory, orientation).
- Child may be reluctant to explore new areas and sticks to preferred activities (e.g. vehicles, sand).

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that Practitioners are advocating for every child as a unique child, as outlined in The Unique Child and Inclusive Practice.
- Key person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record first concerns.
- Setting SENCO to observe and support in identifying strengths, interests, differences, and needs and the provision that should be in place. This should be recorded on a OPP and/ or SMTLP/ Setting's equivalent.
- Work in partnership with the child's parents/ guardian in planning for the child in the setting and at home.
- Start the 'Assess, Plan, Do, Review' process.
- Continue to track and monitor the child's progress using setting's assessment tool.
- Consider SEND training opportunities for staff members.

Provision

- Use Characteristics of Effective Teaching and Learning to assess how children are choosing to learn and where they like to go both indoors and outdoors.
- Consider how the child plays and explores, the child's motivation for learning, and ability to think critically and independently.
- Find out the motivators for the child, the child's interests and use this information to plan next steps for learning.
- Consolidate learning by ensuring that the activities that the child enjoys remain available and are easily accessible.
- Extend and adapt activities as children's interests and thinking develop and change.
- Consider the environment. Help the child to focus by keeping distractions to a minimum, e.g. support play in a quiet area within the setting.
- Provide developmentally appropriate activities and ensure that the child is able to access them at his/ her own pace, thereby enabling the child to achieve success.
- Provide activities which are stimulating and encourage children to use all their senses.

Range A

Presenting Need

- Struggles to join in with others without support (Refer to Communication and Interaction section).

- Differences in Motivation and Attention

- Child may move quickly between activities only engaging and attending for a short time.

- Child attends and engages with familiar people in regular practiced routines and structured activities.

- Child's difficulties with sustaining, focus, attention and engagement impacts on their access to learning at a small group and whole class level.

- Child may have certain fascinations or special interests which they focus on intensely and which may impact on their access to the provision and learning opportunities.

- Child lacks motivation or shows reluctance to explore or engage in play.

- Explores and engages in independent learning in preferred areas, may not engage in new learning activities without adult support / direction.

Assessment and Planning

- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

- Child may be discussed anonymously, at termly planning meeting consultation, with WISENDSS.

- If, after completing at least one APDR cycle, the child's needs persist and continue to impact their access to learning, they may move on to Range B for further support. Alternatively, the setting may need to consider different types of provision to better support the child's needs at Range A. However, if there is clear progress and the child's needs are no longer affecting their access to learning, the setting may decide that continued APDR cycles are not necessary.

Provision

- Stimulate the child's curiosity by introducing new activities or changing familiar activities, e.g. Lego in the sand tray, cars in the play dough etc.

- Provide treasure baskets with contents regularly changed for the children to explore.

- Encourage the child to explore both indoors and outdoors and develop a sense of curiosity, e.g. muddy puddles etc. The child's motivators can be used to encourage access.

- Encourage problem solving by asking questions, e.g. 'what will happen if…?' Allow the child time to respond.

- Use simple language at a level that the individual child is able to understand and respond to.

- Support language with visual props e.g. story sacks, puppets etc.

- Adults to provide visual model of activity (i.e. "how to…") and /or be present to scaffold the child's engagement and interaction in the activity.

- Plan and provide additional opportunities for repetition and overlearning of language and concepts to support with understanding and recall.

Range A

Presenting Need	Assessment and Planning	Provision

Differences in Thinking Skills

- May have differences with understanding, language recall, and expressive language at an age-appropriate level (refer to Speech, Language and Communication section). This will impact on their ability to understand and respond during individual, small group and whole class activities. For example:
  - Difficulty following more than one instruction at a time.
  - Takes longer to process information and respond to questions.

Difficulty in learning new vocabulary

- Able to retain basic concepts (e.g. size, shape, colour, number) at an age-related level with repetition and planned opportunities for overlearning.

- Struggles to remember key information (e.g. names of people, details in stories, daily routines).

- Difficulty applying learning from one activity to another. (E.g. A child learns how to count objects accurately during a small group activity using counting bears, but when playing independently in the home corner, they are unable to apply the same counting skills to count plates or cups).

- Struggles with problem-solving or sequencing tasks without support.

Further Information

- Development Matters - Non-statutory curriculum guidance for the early years foundation stage

- Birth to 5 Matters – https://birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf

Further Information to share with parents

- Look Say Sing Play: to build your baby's brain every day (www.nspcc.org.uk/keeping-children-safe/support-for-parents/look-say-sing-play/)

Range B

Presenting Need

Needs

- Evidence in delay in meeting expected milestones with School/ Setting's assessment tools.

- Child's cognition and learning difficulties are having an impact on their ability to access the setting and EYFS Curriculum.

Differences in Playing and Exploring (Engagement)

- Child plays and explores with objects and toys in the 'expected' way, using different one-step actions on a variety of toys (e.g. pushing a doll's pram, rolling dough, painting with a brush).

- Child may combine play actions (e.g. put people on a toy bus + push the bus) to perform two-step play actions on toys.

- Child may begin to perform a few multi-step play actions (e.g. put gravel in a dumper truck + drive it along the floor + dump the gravel out) on toys in one or two preferred areas.

- Child may demonstrate schematic play preferences by repeating patterns (actions) in their play (e.g. transporting, rotating, connecting, positioning, trajectory, orientation).

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in The Unique Child and Inclusive Practice.

- Continue to track and monitor the child's progress using setting's assessment tool, where appropriate. Settings may also use the Department for Education Help for early years providers: SEND assessment guidance and resources (help-for-early-years-providers.education.gov.uk/support-for-practitioners/send-assessment).

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share concerns. Record parent views in the "Parent's Views" section of the SMLTP and OPP.

- Ensure that the child's unique strengths, interests, differences, and needs are discussed and documented in the SMTLP.

- Setting SENCO to continue to observe and support in identifying strengths, interests, differences and needs and the provision that should be in place.

- Monitor and review the SMTLP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the 'Assess, Plan, Do, Review' process.

Provision

Continue with any relevant strategies from Range A, plus:

- Consider what gains the child's interests and high levels of involvement and wellbeing.

- Ensure that at each session attended, the child accesses an individually supported learning opportunity, small group time and support during child-initiated play.

- Ensure there are plenty of opportunities to repeat activities.

- Encourage children to use a range of stimulating open ended resources that encourage children to use all their senses.

- Continue to create interesting experiences that develops a child's curiosity and motivation to explore.

- Develop 'joint attention' by following the child's interests, joining them in their play, and modelling language appropriate to the child's level of development.

- Provide opportunities to explore and manipulate play equipment and materials.

- Develop a bank of clearly marked sensory resources that can be used at different times to develop the child's awareness and exploration of the senses.

Range B

Presenting Need

- Child is reliant on adults enticing and engaging their interest in new and extended play experiences.
- Requires frequent adult support to engage in tasks or access the curriculum.

Differences in Motivation and Attention

- Child may 'flit' between areas or 'visit' areas engaging only briefly with limited attention to objects and activities (less than one minute).
- Child may have certain fascinations or special interests which they focus on intensely and which impacts on their access to the provision and learning opportunities.
- Child may appear passive at times and lacks motivation to explore or engage in play.
- Difficulties with attention such as observing peers play.
- Child's difficulties with sustaining, focus, attention and engagement impacts on their access to learning at a small group and whole class level.
- Shows little independent learning and often waits for adult-direction.

Differences in Thinking Skills

- Child's self-directed play may include rigid preferences such as:
- Fascination with certain objects or movements.
- Repetitive play actions / routines in preferred areas of provision.

Assessment and Planning

- If the child's needs continue to impact their access to learning, consider starting an MSP.
- The child may be discussed anonymously with external professionals, such as WISENDSS. Based on these discussions and in consultation with parents, a referral to the external service may be considered if appropriate.
- Ensure that any suggested specialist advice or advice from WISENDSS is incorporated into the child's MSP and SMTLP.
- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.
- Consider SEND training opportunities for staff members.
- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

Provision

- Introduce unexpected objects, place toys in unusual places, and/or introduce treasure boxes of interesting objects for children to explore.
- New learning needs to be broken down into small steps.
- Plan for repetition and/or pre/post teaching to support with understanding and recall.

Range B

Presenting Need	Assessment and Planning	Provision
• Routines in setting e.g. going to sand pit on arrival, moving onto water tray then repeating. • Fixed play e.g. the child may not respond to adults attempts to extend existing play or explore new materials. • Child may show anxiety or confusion when routines change or when things don't go as child expects (e.g. fancy-dress day or drawing not being perfect). • Difficulty in selecting, recalling or using words accurately for both meaning and function. • Child may imitate play actions immediately following an adult model but struggles to recall and use these in their own self-directed play. • The child struggles to retain basic concepts at an age-related level despite repetition. • Demonstrates poor working memory – forgets what they are doing mid-task. • Difficulties generalising learning from one context to another (e.g. Will make a cake in home corner, but not transfer to playdough or sand area). • May have difficulty with understanding spoken language and expressive language at an age-appropriate level (refer to Speech, Language and Communication section). This will impact on their ability to understand and respond during individual, small group and whole class activities.		

Range C

Presenting Need

Needs

- Evidence in significant delay in meeting expected milestones with School/ Setting's assessment tools.
- Child's cognition and learning difficulties are having a severe impact on their ability to access the setting and EYFS Curriculum.
- Children whose presenting needs align with descriptors in Range C are also likely to have needs in:
    - Speech, Language and Communication
    - Communication and Interaction

This will impact on their ability to access individual, small group and whole class activities. Please refer to these sections of the Graduated Approach.

Differences in Playing and Exploring (Engagement)

- Child explores the environment using their senses (own body>materials>objects>toys). This may include:
    - Using body actions (e.g. rocking, bouncing, twirling).
    - Engaging in hands-on activities with materials (e.g. touching, seeing and manipulating).
    - Performing 'actions' on objects (e.g. banging, throwing, shaking).
    - And combining actions together (e.g. objects in and out of containers).

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are an advocate for every child as a unique child, as outlined in The Unique Child and Inclusive Practice.
- **If child is new to setting and WISENDSS are not yet involved, SENCO to seek advice from WISENDSS outside of your planning meeting cycle.**
- If a child is new to the setting, give consideration to the child's transition from the home/previous setting.
- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record concerns.
- SENCO to support Early Years Practitioner/ Teacher in identifying the child's unique strengths, interests, differences and needs and corresponding strategies and provision the child needs. This should be recorded on a OPP, SMTLP and/ or MSP.
- Monitor and review the MSP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least once per term as part of the 'Assess, Plan, Do, Review' process.
- SENCO to liaise with and refer to external professionals for support and ensure that any suggested advice is incorporated into the Child's MSP.

Provision

Continue with any relevant strategies from Range A and/or Range B levels, plus:

- Strategies used when supporting children with high level needs are individualised and it is expected that they would come from the advice given by the specialist services that support the child and the family and from WISENDSS Early Years advisory teachers.
- If the child has an EHC Plan the setting should ensure that planning and interventions relate to the outcomes set out within the plan. Progress should be monitored in relation to the outcomes specified in the EHC Plan.
- Intensive Interaction techniques: Echo child's vocalisations: when child makes vocalisations, join in sensitively, echoing back these, if the child tolerates, you may want to exaggerate the intonation. Mirroring actions: follow child's lead and if the child tolerates, start to copy some of their actions.
- Trial different motivating objects, toys and actions using 'People Play Games' which appeal to the child's preferences to develop engagement. Use a Hanen 'R.O.C.K' approach (Repeat what you say and do, Offer opportunities, Cue, Keep it fun/going), to plan predictable routines, once motivators have been identified.
- Direct adult modelling to develop and extend play skills and ideas.
- Consistently use objects of reference for key routines (such as carpet time, outside, home time and interactive play session).

Range C

Presenting Need

- Child's exploratory play is limited to a few preferred movements, actions, experiences, using a narrow range of materials, objects or toys.

- Child may explore and play with objects and toys in the 'expected' way in a few preferred areas (e.g. banging a drum, pushing a car).

- Child may demonstrate schematic play preferences by repeating patterns (actions) in their play (e.g. transporting, rotating, connecting, positioning, trajectory, orientation).

- Child is beginning to show an interest in how objects and toys work (such as 'cause and effect' toys).

- Child is fully reliant on adults enticing and engaging their curiosity in play experiences to expand their play interests and actions.

Differences in Motivation and Attention

- Child may be very absorbed in their movements or play actions and may remain in the same area and/or engage in them for sustained time periods.

- Difficulties disengaging and shifting attention to something or someone beyond their immediate focus such as noticing peers playing alongside or adults modelling play.

- Child may constantly 'flit' between areas or 'visit' areas without engaging in sustained play. They give fleeting attention to objects and activities and may only focus for a few seconds at a time.

- Child may have certain fascinations or special interests which they focus on intensely and which impacts on their access to the provision and learning opportunities.

Assessment and Planning

- Ensure any advice, support and guidance given by external professionals, is incorporated into your planning for the child.

- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.

- If the child's needs are significant and concerns remain, consideration may be given at the MSP review, as to whether an EHC Needs Assessment is to be requested.

- Ensure that all staff have SEND training to support the child within the setting.

- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

Provision

- New learning needs to be broken down into small steps and over shorter adult inputs.

- Plan multiple opportunities to practice and repeat familiar routines, activities and games to support with understanding and recall.

Range C

Presenting Need	Assessment and Planning	Provision
• Child may appear passive with limited motivation to explore or engage in play. • Child's difficulties with sustaining, focus, attention and engagement impacts on their access to learning at an individual, small group and whole class level. • Demonstrates low levels of independence in all areas of learning. **Differences in Thinking Skills** • Child may have intense, fixed play interests (e.g. may only choose to spend time in the sandpit and becomes anxious if unable to access this activity). • Child is on own agenda throughout the session and is predominantly self-directed. • Child may show distress or confusion when routines change or when learning expectations are introduced (e.g. When directed by an adult to either a preferred or new activity not of their choosing). • Difficulty in understanding non-verbal signals, language, routines and sequences (refer to Speech, Language and Communication section). • Child may notice and imitate play actions immediately following an adult model but struggles to recall and use these in their own self-directed play. • Child may have little or no awareness of basic concepts (e.g. object permanence - understanding that objects still exist even when they are out of sight, cause and effect).		

Communication and Interaction

Range A

Presenting Need	Assessment and Planning	Provision
Needs Children with Social Communication and Interaction difficulties, including Autism, have a difference in the way they process information which affects how they may communicate and interact with people and the outside world. The Autism Education Trust (AET) describes the main three differences learners may experience: • Social Understanding and Communication. • Flexible Thinking, Information Processing and Understanding. • Sensory Processing and Integration. • Evidence in some delay in meeting milestones with School/ Setting's assessment tools. • Speech and Language Therapy (SALT) may be involved and a SALT programme in place. **Differences in Flexible Thinking, Information Processing and Understanding** • Child enjoys and responds better to visual information rather than auditory/language based. • Child understands words which are part of a familiar everyday routine (but might not understand if different words are used). • Child has two-word understanding or beyond.	• Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in The Unique Child and Inclusive Practice. • Key person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record first concerns. • Setting SENCO to observe and support in identifying strengths, interests, differences, and needs and the provision that should be in place. This should be recorded on a OPP and/ or SMTLP/ Setting's equivalent. • Work in partnership with the parents/carers in planning for the child in the setting and at home. • Start the 'Assess, Plan, Do, Review' process. • Continue to track and monitor the child's progress using setting's assessment tool. • Use SLCN toolkits to assess language and communication needs (such as ICAN, WellComm Assessment, The Communication Trust, NELI etc). • Consider SEND training opportunities for staff members, such as AET modules: Making Sense of Autism or Good Autism Practice.	• Use guidance from the Inclusion Development Programme: Supporting Pupils on the Autism Spectrum (https://birthto5matters.org.uk/wp-content/uploads/2021/03/Inclusion_Development_Programme_Autistic_Spectrum.pdf). • Inclusion Development Programme: Supporting Children with Speech, Language and Communication Needs. • Place yourself where children can see your face clearly and you can see them. • Keep all distractions to a minimum. • Allow extra time for processing information, answering and completing tasks. • Allow for frequent practice through recall and repetition. • Give a warning when an activity is coming to an end and to support the transition (this may need to be a visual warning, e.g. Traffic Light System). • Introduce new activities and experiences sensitively and in smaller amounts, e.g. small tray of sand presented individually. • Support development of sharing and turn taking in small groups and on individual basis if required. • Offer child choices, e.g. from two songs, stories, drinks - support choice making visually with objects/pictures/symbols. • Use specific praise (labelled praise), e.g. "good sitting" or "good drinking" etc.

Range A

Presenting Need

- May be reliant on watching what others do instead of following what has been said.
- May respond to questions inappropriately or talk about something unconnected.
- Difficulty sustaining attention on verbally interactive games or group activities
- Can maintain interactions with peers in predictable situations linked to their interests but struggles with interactions during unstructured times.
- May have difficulty finishing desired activities.
- Shows sign of emotional dysregulation when familiar routines change without warning or at transition times (routine/environment /people)

Differences in Social Understanding and Communication

- Communication is largely based on meeting needs but may also be for social purposes (e.g. to comment, refuse /protest, to greet, draw attention and to gain information).
- Child uses words and phrases with communicative intent.
- Copies and uses language modelled within practiced play and social routines.
- May have gaps in their vocabulary and/or vocabulary linked to special interests, and/or use lifted phrases from favourite books or programmes.

Assessment and Planning

- Support children and their families to access suitable support via the Early Help Family Hubs (www.wakefieldfamiliestogether.co.uk/family-hubs) and The Growing Healthy 0-19 Service App.
- Access Wakefield 0-19 Public Health Nursing Service: Growing Healthy Wakefield 0-19 Service (https://hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield)
- Setting to liaise closely with the linked Health Professional, check if ELIM (Early language identification measure) was completed at 2–2.5 Year review.
- SENCO to liaise with Speech and Language Therapy Team if involved to include current advice within APDR process (email: children.salt@midyorks.nhs.uk or Tel: 01977 465417)
- Child may be discussed anonymously, at termly planning meeting consultation, with WISENDSS.
- If, after completing at least one APDR cycle, the child's needs persist and continue to impact their access to learning, they may move on to Range B for further support. Alternatively, the setting may need to consider different types of provision to better support the child's needs at Range A. However, if there is clear progress and the child's needs are no longer affecting their access to learning, the setting may decide that continued APDR cycles are not necessary.

Provision

- Carry out the Every Child a Talker Enabling Environments Audit and provide the necessary resources to promote communication and language: foundationyears.org.uk/files/2011/10/ecat_guidance_for_practitioners_31.pdf
- SENCO to carry out the Early Years Standards Framework from the Autism Education Trust and provide the necessary resources to promote communication and language (autismeducationtrust.org.uk/sites/default/files/2021-09/Early-Years-Standards-Framework.pdf).
- Staff within setting to assess knowledge and skills in supporting children with the Early Years Competency Framework (autismeducationtrust.org.uk/sites/default/files/2023-06/aet-early-years-competency-framework.pdf).
- Create a predictable and consistent environment, ensuring routines are followed.
- Have visual prompts on display.
- Support child-initiated activities focussing on communication and language by joining in with child chosen activities, following their lead and playing alongside.
- Keep language clear and unambiguous.
- Model language.
- Plan differentiated small group activities and resources, e.g. ICAN: Babbling Babies, Toddler Talk or Chatting With Children

Range A

Presenting Need	Assessment and Planning	Provision

Presenting Need

- Difficulty with starting, maintaining or ending conversations and play with peers.
- Difficulty sharing spaces, objects or people with others.
- Difficulty in taking turns – both non-verbal and verbal, sustaining attention on social activities and interactions beyond their interests.
- Difficulty with social relationships, appropriate/ inappropriate interactions with peers.
- Errors in understanding subtle non-verbal and social cues, including feelings, negatively influencing relationship development.
- Anxiety or frustration behaviours when coping with intense communication situations e.g. direct questions, unpredictable routines, talk partners.

Differences in Sensory Processing and Integration

- Child may demonstrate sensory seeking behaviours throughout the day such as excessive movement; running; jumping; climbing.
- Child may demonstrate some distressed behaviours linked to levels of sensory input e.g. loud noises, people being too close.
- When dysregulated, child may require sensory input or removal of sensory input to regulate their emotions.

Provision

- Give time to children who have difficulty speaking or who need time to process thinking.
- Plan story times that encourage the children to join, e.g. use short, well illustrated stories and props, story sacks etc.
- Provide resources that are clearly labelled with pictures or objects of reference and display visual timetables.

Further Information

- The Communication Trust: Early Identification Framework

Further Information to share with parents

- ICan's Ages and Stages and Talking Point
- ICAN Parents
- ICAN Talk Together booklet – helping young children develop the skills for talking Talk Together
- The Communication Trust TCT resources (www.icancharity.org.uk)
- National Literacy Trust's Talk To Your Baby initiative
- Look Say Sing Play: to build your baby's brain every day (https://learning.nspcc.org.uk/research-resources/ leaflets/look-say-sing-play-early-years-resources-parents)
- Small Talk

Range B

Presenting Need

Needs

- Evidence in some delay in meeting milestones with School/ Setting's assessment tools.

- Child's social communication differences are having an impact on their ability to access the setting and EYFS Curriculum.

- May have a diagnosis of Autism.

- May be supported by Speech and Language Therapy Team.

Differences in Flexible Thinking, Information Processing and Understanding

- Child understands familiar routines e.g. shoes on – outside, bath time – bed.

- Child understands some simple, repeated single words that are directed to them such as "stop" or "no".

- Likely to understand the names of familiar objects and people by finding and getting them when named without visual cues.

- Child is focused on their own goal and pursuits but accepts direction to motivating, familiar activities within their routine.

- Child's self-directed play may include rigid preferences such as:

- Fascination with certain objects or movements.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in The Unique Child and Inclusive Practice.

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share concerns. Record parent views in the "Parent's Views" section of the SMLTP and OPP.

- Ensure that the child's unique strengths, interests, differences, and needs are discussed and documented in the SMTLP.

- Continue to liaise with the setting's linked Health Professional, as appropriate.

- Setting SENCO to continue to observe and support Early Years Practitioner/ Teacher in identifying strengths, interests, differences and needs and the provision that should be in place.

- Use SLCN toolkits to assess language and communication needs (such as ICAN, Well Comm - WellComm Assessment, The Communication Trust, NELI etc)

- If required, refer to Speech and Language Therapy Team, if referral criteria are met (see information from SLT service) and attach copies of SLT Service Referral Checklist/ Screening tool, if undertaken to support request. Implement advice, strategies and programme from SLT and include on child's SMTLP.

Provision

Continue with any relevant strategies from Range A level, plus:

- Put in place the interventions and strategies from any Speech and Language Therapy Plans.

- Identify times and areas of targeted individual support.

- Strong emphasis on, and consistent use of, visual support which is appropriate to the child's level of language abilities and cognitive development e.g. objects of reference/photographs/symbols.

- Daily small group session to focus on development of social skills.

Adult-led Support

- Simplified language and clear, consistent instructions.

- Use of gestures or Makaton signs to support understanding.

- Modelling and repeating language in context.

- Small group language enrichment activities, such as singing, rhymes, and story groups.

- Encouraging turn-taking and interaction through structured play.

- Planned opportunities for communication and interaction in all areas of learning.

- Activities tailored to children's interests to stimulate language.

Range B

Presenting Need

- Repetitive play actions / routines in preferred areas of provision.

- Routines in setting e.g. going to sand pit on arrival, moving onto water tray then repeating.

- Fixed play e.g. the child may not respond to adults attempts to extend existing play or explore new materials.

Differences in Social Understanding and Communication

- Communication is based on getting their needs met and may include vocalisations and words. Communication can also include gestures, objects, signs and pictures.

- May have some vocalisations or words to protest or reject.

- May attempt to copy some words modelled to make requests.

- Child interacts with familiar people in regular practiced scenarios.

- Continues to enjoy interactive games but may attempt to use words or vocalisations during these.

- Starts to share their interests with others (e.g. looking between you and an object, lifting up an object for you to see, 'bringing and showing').

Assessment and Planning

- Monitor and review the SMTLP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the 'Assess, Plan, Do, Review' process.

- If the child's needs continue to impact their access to learning, consider starting an MSP.

- The child may be discussed anonymously with external professionals, such as WISENDSS. Based on these discussions and in consultation with parents, a referral to the external service may be considered if appropriate.

- Ensure that any suggested specialist advice or advice from WISENDSS is incorporated into the child's MSP and SMTLP.

- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.

- Consider SEND training opportunities for staff members.

- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

Provision

- Adapted curriculum that considers individual speech and language needs.

- Inclusion of repetition and routine in daily activities.

Further Information

- Free Makaton Resources – To access the Free resources, an account must be made via the website: https://makaton.org/TMC/Resources/Free_resources_.aspx?hkey=263ce9a0-6db0-497e-a3e7-6b6bb80dde23&WebsiteKey=2d2ed83b-15c1-4b7f-b237-8ca41598fd50

- Literacy Trust Early Years Strategies (https://literacytrust.org.uk/early-years)

- Sign Along

- Autism Education Trust

Further Information to Share with Parents

- Network Autism

- For children with an ASD diagnosis or awaiting multi-disciplinary assessment for Autism: www.ambitiousaboutautism.org.uk/what-we-do/services/i-am-a-parent-carer/parent-toolkit

Range B

Presenting Need	Assessment and Planning	Provision
• Child can shift their attention from what they are doing towards others playing nearby. • Child shows an interest in peers and plays alongside but may not attempt to join in. • May use the same toys / resources alongside other children but are still focused on their own play activity. • May start to imitate another child or run after them in physical games such as chase. • Evidence of misunderstandings, anxiety or communication behaviour changes that negatively impact the child's equal access to the curriculum and social learning, influenced by related social, emotional, and mental health factors. **Differences in Sensory Processing and Integration** • Child consistently demonstrates sensory seeking behaviours throughout the day such as excessive movement; running; jumping; climbing. • Child consistently demonstrates some distressed behaviours linked to levels of sensory input e.g. loud noises, people being too close. • When dysregulated, child requires sensory input or removal of sensory input to regulate their emotions.	• If appropriate, complete initial sensory processing audit (e.g. Autism Education Trust's Sensory Assessment and/or environmental audit checklist) to highlight sensory issues impacting on communication and interaction with others.	

Range C

Presenting Need

Needs

- Evidence in significant delay in meeting milestones with School/Setting's assessment tools.

- Child's social communication differences are having a severe impact on their ability to access the setting and EYFS Curriculum.

- May have a diagnosis of Autism.

- May be supported by a specialist SALT or other external professionals.

- Children whose presenting needs align with descriptors in Range C are also likely to have needs in:

  - Speech, Language and Communication

  - Cognition and Learning

This will impact on their ability to access individual, small group and whole class activities.

Please refer to these sections of the Graduated Approach.

Differences in Flexible Thinking, Information Processing and Understanding

- Child's understanding of words is extremely limited.

- Child may not yet give attention to verbal language directed at them.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in The Unique Child and Inclusive Practice.

- **If child is new to setting and WISENDSS are not yet involved, SENCO to seek advice from WISENDSS outside of your planning meeting cycle.**

- If a child is new to the setting, give consideration to the child's transition from the home/previous setting.

- Consistent support from a Key Person(s), such as Early Years Practitioner/ Teacher, who will also liaise with the setting SENCO.

- SENCO to support Early Years Practitioner/ Teacher in identifying the child's unique strengths, interests, differences and needs and corresponding strategies and provision the child needs. This should be recorded on a OPP, SMTLP and/ or MSP.

- Monitor and review the child's MSP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least once a term as part of the 'Assess, Plan, Do, Review' process.

- SENCO to liaise with and refer to external professionals for support and ensure that any suggested advice is incorporated into the MSP.

Provision

Continue with any relevant strategies from Range A and/or Range B levels, plus:

- Strategies used when supporting children with high level needs are individualised and it is expected that they would come from the advice given by the specialist services that support the child and the family and from WISENDSS.

- If the child has an EHC Plan the setting should ensure that planning and interventions relate to the outcomes set out within the plan. Progress should be monitored in relation to the outcomes specified in the EHC Plan.

- Use an Intensive Interactive approach to build early relationship and communication skills.

- Consider using Total Communication Approach to support language and understanding.

- Use of personalised visual communication systems or AAC (Augmentative and Alternative Communication) methods where appropriate (e.g. communication books or devices), following advice from professionals.

- Daily repetition and practice of key vocabulary or social phrases.

- Regular, focused 1:1 or very small group language sessions.

- Scaffolded peer interactions, with adults guiding play and communication.

Range C

Presenting Need

- Child is beginning to show some understanding of simple familiar directions such as "put it in the bin" when accompanied by some visual prompts (e.g. adult pointing to the bin).

- Child does not respond to their name.

- Child is focused on their goals and pursuits, which adults cannot shift them from without causing high levels of distress.

- May have extremely restricted interests, rigid preferences, and limited play development negatively impacts relationship building, evidence of social isolation by self or others.

Differences in Social Understanding and Communication

- Child is unaware / has an emerging awareness that their communication and behaviour can directly influence another person.

- Child is reliant on adults placing meaning on their behavioural signals to interpret their wants and needs.

- May prefer to do things for themselves and meet their needs independently.

- May communicate to get their needs met (e.g. food / toy / enjoyable activity / to fix something).

- Child is likely to be more object-focused, rather than people-focused e.g. will take a toy without understanding that others are using it.

Assessment and Planning

- Ensure any advice, support and guidance given by external professionals, is incorporated into your planning for the child.

- Adults trained in supporting social communication difficulties (e.g. using intensive interaction techniques).

- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.

- If the child's needs are significant and concerns remain, consideration may be given at the MSP review, as to whether an EHC Needs Assessment is to be requested.

- Ensure that all staff have SEND training to support the child within the setting.

- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

Provision

- Access to a low-arousal, structured environment to reduce sensory overload.

- All support and strategies must be used consistently. All staff should know, understand and agree on strategies to be used

Further Information

- Autism Education Trust

- National Autistic Society

- Total Communication Approach - overview (sense.org.uk/information-and-advice/ways-of-communicating/total-communication/?gad_source=1&gad_campaignid=12234650577).

Further Information to Share with Parents

- Space 4 Autism (parent support): https://space4autism.com

- Ambitious about Autism: Parent toolkit – For children with an ASD diagnosis or awaiting multi-disciplinary assessment for Autism: ambitiousaboutautism.org.uk/what-we-do/services/i-am-a-parent-carer/parent-toolkit.

- Signpost parents to Wakefield WESAIL SENDIAS for strategies to support with home, legal support and information on support groups

Range C

Presenting Need	Assessment and Planning	Provision
• Child uses non-verbal communication such as gesture, eye contact, bodily proximity, reach towards what they want or lead you to something they want. • Child expresses themselves using 'happy' or 'sad' vocalisations which require high levels of adult interpretation. • Interactions are fleeting and likely to be adult focused than with children. • Seems to want to play alone and may appear uninterested in / or unable to tolerate people around them. • Child is not showing an interest or acknowledgement of peers around them. • May start to show an awareness of other children and move nearer to watch what they are doing, but may not be ready to join in. • Finds it difficult to disengage and shift attention to something or someone beyond their immediate focus. • May start to orientate and shift attention from what they are doing to someone or something in their environment (e.g. by looking towards or turning their head) if related to their interests. • Child may find it difficult to sustain attention.		

Range C

Presenting Need	Assessment and Planning	Provision
Differences in Sensory Processing and Integration: • Child may spend a high proportion of time seeking/avoiding sensory experiences • Severe sensory processing needs such as: **Auditory Sensitivities** • Covering ears or crying in response to everyday sounds (e.g. vacuum cleaners, hand dryers, loud voices). • Extreme distress during group times, assemblies, or noisy environments. **Tactile Sensitivities** • Refusing to wear certain clothes due to texture (e.g. tags, seams, fabrics). • Distress during activities involving touch (e.g. messy play, sand, water). • Strong aversion to being touched, hugged, or having hands held. **Oral Sensitivities** • Extremely limited diet due to texture or taste aversions. • Avoiding tooth brushing, gagging easily, or chewing non-food items excessively (e.g. clothes, toys).		

Range C

Presenting Need	Assessment and Planning	Provision
Vestibular (Movement) Sensitivities • Fear of movement activities like swinging, climbing, or using slides. • Becomes dizzy or unbalanced easily. • Conversely, may seek excessive spinning, rocking, or jumping to regulate. **Proprioceptive Difficulties** • Crashing into objects or people. • Biting, pushing, or hitting without clear intent to harm (seeking pressure or input). • Difficulty with coordinated movements like running or using stairs. **Visual Sensitivities** • Avoiding bright lights or visually busy environments. • Difficulty with eye contact or tracking moving objects. • Overreaction to visual stimuli like patterns, flashing lights, or mirrors.		

Speech, Language and Communication

Range A

Presenting Need	Assessment and Planning	Provision
SPEECH DEVELOPMENT NEEDS • Evidence of some delay in meeting milestones with School/ Setting's assessment tools. Use the WellComm Assessment and the SLT Service Checklist / screening tool, to help identify what is developmentally appropriate for each child based on their individual needs. • Late babble development or limited range of sounds heard. • Missing speech sounds in words and sentences or unusual patterns of sounds used in words and sentences. • Speech may be unclear. Developmentally, 2-year-old children's speech is often hard for unfamiliar listeners to understand whereas 3-year-olds are becoming clearer every few months. The speech sound system does not fully mature until age 6 years for most children.	• Settings may further assess children's level of development using tools such as the DfE Help for early years providers: SEND assessment guidance and resources (help-for-early-years-providers.education.gov.uk/support-for-practitioners/send-assessment/how-to-use-the-assessment-tools), WellComm Framework, and SLT Service Referral Checklist/ Screening tool. • Key person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record first concerns. • Setting SENCO to observe and support in identifying strengths, interests, differences, and needs and the provision that should be in place. This should be recorded on a OPP and/ or SMTLP/ Setting's equivalent. • Work in partnership with the child's parents/ guardian in planning for the child in the setting and at home. • Start the 'Assess, Plan, Do, Review' process. • Provide access to whole setting training, particularly in terms of stages of typical language development or speech and language needs. • Child may be discussed anonymously, at termly planning meeting consultation, with WISENDSS.	• Cue in the child using their name. • Model language using an age-appropriate vocabulary and explain the meanings of new words • Explicitly teach key vocabulary including pre-teaching concepts. Present new information in small chunks and keep language simple. • Consider early years Word Aware programme for supporting vocabulary development. • Use the 'add a word' strategy to help the child extend their utterances. e.g. child says, "Dog." Adult says, "Brown dog." • Model and emphasise correct speech sound production, in a natural way e.g. if the child says 'tat', adult says 'cat'. Do not expect the child to repeat correctly - this may not be possible for them. • Use a wide range of communication to reinforce meaning of spoken words – gesture, sign, pictures and symbols. • Observe, wait and listen - This helps to respond in a way that is attuned to the child. • Consider signposting to the Family Hub Playful Learning sessions (wakefieldfamiliestogether.co.uk/family-hubs) and/or Library sessions: (wakefield.gov.uk/libraries-and-local-history/library-information/library-events) and/or Museums and Castles events (wakefield.gov.uk/museums-and-castles/museums-and-castles-events).

Range A

Presenting Need	Assessment and Planning	Provision
RECEPTIVE LANGUAGE NEEDS (What the child understands) **Differences in Child's Understanding and Language Recall.** • Distracted, lack of focus to complete tasks or over focus on peers as the child copies and follows others rather than understanding what is being said. • Errors or inability to follow spoken instructions at an age-appropriate level. • Difficulty in learning new vocabulary. • Errors in interpreting peers' or adults' non-verbal communication. • Difficulty in joint play with peers, especially play that relies on spoken language and recall of ideas. • Difficulty in recalling details of setting routines, names of people, details of stories.	• Be aware of bilingual children and where multiple languages are spoken at home – this may affect language and speech development. • Support children and their families to access suitable support via the Early Help Family Hubs and The Growing Healthy 0–19 Service App. • If, after completing at least one APDR cycle, the child's needs persist and continue to impact their access to learning, they may move on to Range B for further support. Alternatively, the setting may need to consider different types of provision to better support the child's needs at Range A. However, if there is clear progress and the child's needs are no longer affecting their access to learning, the setting may decide that continued APDR cycles are not necessary. • Settings may undertake a further assessment of children's level of development using the WellComm Framework; records should be maintained to monitor progress.	• Reduce asking questions. Instead, comment on what the child is doing, using age-appropriate language to provide meaningful language models. Sometimes it's more appropriate to reduce language and keep the commentary simple to support comprehension. provide meaningful language models, and keep the interaction flowing and positive. • Allow pauses for the child to comment and take a turn. • Ensure daily routines are opportunities for developing language and communication e.g. nappy changing, mealtimes etc. Signpost families to Home Learning Environment resources available: wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment. • Use consistent routines, language, visual images/symbols, gestures and expectations of behaviour across the whole setting to help with prediction, anticipation and understanding. • Provide resources that are clearly labelled with pictures or objects of reference.

Range A

Presenting Need	Assessment and Planning	Provision
EXPRESSIVE LANGUAGE NEEDS (The language the child uses) • Limited spoken language. May supplement with non-verbal communication such as pointing, gesture or leading an adult to what they want. • Atypical language development patterns such as persistent echolalia, use of unusual accent. • Late to use words. May rely heavily on symbolic sounds such as 'brrmm' or non-specific words such as 'that' or 'there'. • Narrow verbal vocabulary and difficulty using new words. • Errors in naming items or people. May display word-finding difficulties such as taking a long time to retrieve words, or confusing words with similar sounds or meaning. • Difficulty in sequencing their ideas (talking and/or gestures) into a logical order when commenting, explaining or re-telling. • Immature grammar development e.g. difficulty with use of pronouns or verb tenses.		• Display a whole class visual timetable and use this to work through the day together, removing each activity as it is completed. • Give plenty of time for the child to express themselves. • Extra time should be given for processing information, answering and completing tasks. • Create opportunities for the child to use language e.g. "1, 2, 3…." Wait for the child to say "Go." • Offer choices, e.g. by holding out and naming 2 items for the child to choose from. • Teach learning behaviours alongside behaviour management as well as consistency of selected approaches. Ideas are outlined in the Education Endowment Fund (EEF) report – guidance to improving behaviour in school which can be found on their website: https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/behaviour • Take time to explain changes to events or routines e.g. a change in sequence, a new event like a trip out, a change of staff. This explanation will support understanding, reduce anxieties and increase attention skills. • In unstructured play, adults should make time to prioritise responsive interactions, by following the children's lead. In these interactions the adults will be good communication partners demonstrating listening, reflecting, responding, joint play and co-operation.

Range A

Presenting Need	Assessment and Planning	Provision
Differences in Child's Communication Development • Difficulty sharing spaces, objects or people with others. • Difficulty in taking turns – both non-verbal and verbal, fleeting shared attention or rigid to own preferences only. • Displays of variable eye contact or eye gaze avoidance especially when in structured situations. • Difficulty with initiating or maintaining conversations, frequently going off topic. • Errors in understanding subtle non-verbal and social cues, including feelings, negatively influencing relationship development. • As a result of the above difficulties, the child may show anxiety or frustration behaviours when coping with intense communication situations e.g. direct questions, unpredictable routines, talk partners.		• At this stage, please remember that language development is more important than speech sounds. Children may not pronounce words correctly but getting their message across and communication being a positive experience is the most important thing. • Support with anxiety or frustration by pre-warning about transitions or changes, using visual timetables, first/then, simple social stories. Early social skills group work e.g. Time to Talk. • Undertake an appropriate WellComm intervention starting with the earliest point at which they are not demonstrating the expected skills. • Consider sharing activities from the WellComm Big Book of Ideas with the family. • Signpost families to Home Learning Environment resources available: wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment. • Signpost to bilingual / multilingual support: Supporting bilingual development – BBC Tiny Happy People: bbc.co.uk/tiny-happy-people/bilingual. • Consider a targeted referral to the Imagination Library for children not meeting Good Levels of Development at the 2 – 2.5 year review. Register for the Dolly Parton Imagination Library – Spectrum CIC: spectrum-cic.org.uk/our-social-value/dolly-parton-imagination-library/dolly-parton-imagination-library-registration-form.

Range B

Presenting Need

RECEPTIVE LANGUAGE NEEDS

Differences in Child's Understanding and Language Recall

- Evidence that the child is having difficulties keeping up with verbal information, taking longer than expected to process.

- Continued difficulty in understanding spoken language, at an age-appropriate level.

- Continued difficulty with age-appropriate non-literal language e.g. humour, idioms.

- Needing additional support for activities that require planning.

EXPRESSIVE LANGUAGE NEEDS

- Continued evidence of immature vocabulary, sentence use and structures and/or self-expression.

- The child has difficulty with getting peers to listen and follow their ideas, requires more time to express meaning and purpose.

- Difficulty in selecting, recalling or using words accurately for both meaning and function.

- Needing additional support for activities that require sequencing.

- The child may use non-verbal means such as leading the adult by the hand/arm to get what they want.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, 9

- High quality teaching with communication and interaction at the heart: EEF report on mainstream and SEND gives 5 recommendations that can be especially focused for communication and interaction needs:

  - A variety of scaffolding that is tiered to changes in needs, circumstance and competence,

  - Explicit instruction that is supportive of vocabulary, understanding and processing,

  - Sensitive use of technology that enhances communication with peers and adults,

  - Using cognitive and metacognitive strategies to empower the learners and

  - Flexible grouping for mixed communication and interaction opportunities (involves preparation for children with individual needs or communication aids).

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share concerns. Record parent views in the "Parent's Views" section of the SMLTP and OPP.

- Ensure that the child's unique strengths, interests, differences, and needs are discussed and documented in the SMTLP.

- Continue to liaise with the setting's linked Health Professional, as appropriate.

- Setting SENCO to continue to observe and support in identifying strengths, interests, differences and needs and the provision that should be in place.

Provision

Continue with any relevant strategies from Range A, plus:

- Put in place the interventions and strategies from any Speech and Language Therapy Plans. E.g. Following WellComm Framework.

- For speech development needs consider attention and listening or phonological awareness group activities.

- Consider early years Word Aware programme for supporting vocabulary development.

- Identify times and areas of targeted individual support.

- Provide opportunities for the child to initiate communication e.g. putting objects in sealed containers or out of reach. Avoid anticipating needs e.g. pause before zipping up the child's coat or opening a door they want to go through and allow a moment in which they may make the request (may be verbal or non-verbal).

- Strong emphasis on, and consistent use of, visual support which is appropriate to the child's level of language and cognitive development e.g. objects of reference/photographs/symbols/ picture timetables, picture instructions, choice boards, now/next, colour coding or transition objects.

- Modify their practice e.g. Reduce language and use key words for instructions and to comment, offer choices with reduced options to support children having difficulty making or expressing choices or preferences.

Range B

Presenting Need	Assessment and Planning	Provision
Differences in Child's Communication Development • Continued difficulty with gaining and maintaining shared focus, shared thinking and social learning. • Evidence of misunderstandings, anxiety or communication behaviour changes that negatively impact the child's equal access to the curriculum and social learning, influenced by related social, emotional, and mental health. • Increasing difficulties with social relationships, appropriate/ inappropriate interactions with peers. • Needing additional support for activities that require planning and organising with other people.	• Use SLCN toolkits to assess language and communication needs, such as ICAN, Well Comm (support.gl-education.com/media/2883/wellcomm-early-years-sampler.pdf), The Communication Trust, NELI etc. • If required, refer to Speech and Language Therapy Team, if referral criteria are met (see information from SLT service) and attach copies of SLT Service Referral Checklist/ Screening tool, if undertaken to support request. Implement advice, strategies and programme from SLT and include on child's SMTLP. • A child scores red in 3 or more sections behind their chronological age, showing a delay of at least 18 months. Carry out a WellComm intervention starting with the earliest point at which they are not demonstrating the skills. If there is a similar delay when reassessed after 12 weeks then make a referral • A child scores red in 1 or 2 sections behind their chronological age and has not made progress when reassessed following 2 terms of regular intervention with the WellComm framework activities. • Ensure planning shows differentiation to meet the needs of the individual. This should reflect advice from any external professional and should be embedded consistently throughout the provision. • Intervention programmes should be delivered by or under the direction of appropriately trained and experienced staff. The SENCO should monitor the provision. Ensure timetabling allows for the required interventions to be implemented consistently.	• The environment should be organised to ensure it is conducive to developing key skills such as listening and attention. • Strategies that teach co-operation, social interactions, building self-esteem. Provide enhanced opportunities for practice. • Ensure transitions are carefully planned for and supported. • Play-based language development can be enhanced with pretend play (google.com/search?q=pretend+play), storytelling (google.com/search?q=storytelling), building activities (google.com/search?q=building+activities), and singing songs (google.com/search?q=singing+songs), encouraging children to use new words and build sentences during activities like role-playing, construction, or puppet shows. Settings and families can foster language by following a child's lead, using descriptive language and making the play fun and engaging. • Provide opportunities for overlearning. Pre-teach and re-teach key concepts and vocabulary including processes e.g. 'explore', 'fetch', 'collect', 'investigate'. • Signpost families to Home Learning Environment resources available: Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment/). • Undertake an appropriate WellComm intervention starting with the earliest point at which they are not demonstrating the expected skills.

Range B

Presenting Need	Assessment and Planning	Provision
	- Monitor and review the SMTLP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the 'Assess, Plan, Do, Review' process. - If the child's needs continue to impact their access to learning, consider starting an MSP. - The child may be discussed anonymously with external professionals, such as WISENDSS. Based on these discussions and in consultation with parents, a referral to the external service may be considered if appropriate. - Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home. - Consider SEND training opportunities for staff members. - Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield). - Settings may undertake assessments of children's level of development using the WellComm Framework; records should be maintained to monitor progress.	- Consider sharing activities from the WellComm Big Book of Activities with families. - Signposting to the Family Hub Playful Learning sessions (available now), or Playful Learning Talk sessions (expected to be available from January 2026): Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs) and/or Library sessions: (wakefield.gov.uk/libraries-and-local-history/library-information/library-events) and/or Museums and Castles events (wakefield.gov.uk/museums-and-castles/museums-and-castles-events). - Consider sharing PEEP Learning Together activities and resources with families. **Further Information** - Free Makaton Resources (https://makaton.org/TMC/Resources/Free_resources_.aspx).To access the Free resources, an account must be made via the website. - Literacy Trust Early Years resources (literacytrust.org.uk/early-years) - Sign Along (https://signalong.org.uk/free-resources) - Home Learning Environment resources (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) - Bilingual / multilingual support: bbc.co.uk/tiny-happy-people/bilingual and literacytrust.org.uk/early-years/bilingual-quick-tips

Range C

Presenting Need

Needs

- Evidence in significant delay in meeting milestones with School/ Setting's assessment tools.

- Continued, persistent needs of a child at 'Range B' after one cycle of the Assess, Plan, Do, Review process

- Child is supported by a specialist SALT and/or OT.

- Children whose presenting needs align with descriptors in Range C are also likely to have needs in:

  - Communication and Interaction
  - Cognition and Learning

- This will impact on their ability to access individual, small group and whole class activities.

- Please refer to these sections of the Graduated Approach.

SPEECH DEVELOPMENT NEEDS

- Persistent difficulty with oral sequencing skills.
- Speech disorder.
- Limited or no spoken language.
- Significant difficulties with oral muscle co-ordination or strength.
- Significant difficulty with processing age-appropriate speech sounds at sound, word or sentence level.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).

- **If child is new to setting and WISENDSS are not yet involved, SENCO to seek advice from WISENDSS outside of your planning meeting cycle.**

- If a child is new to the setting, give consideration to the child's transition from the home/previous setting.

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record concerns.

- SENCO to support Early Years Practitioner/ Teacher in identifying the child's unique strengths, interests, differences and needs and corresponding strategies and provision the child needs. This should be recorded on a OPP, SMTLP and/ or MSP.

- Monitor and review the MSP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least once per term as part of the 'Assess, Plan, Do, Review' process.

- SENCO to liaise with and refer to external professionals for support and ensure that any suggested advice is incorporated into the Child's MSP.

Provision

Continue with any relevant strategies from Range A and/or Range B, plus:

- Strategies used when supporting children with high level needs are individualised and it is expected that they would come from the advice given by the specialist services that support the child and the family and from WISENDSS.

- Put in place the interventions and strategies from any Speech and Language Therapy Plans. E.g. Following WellComm Framework.

- For speech development needs consider attention and listening or phonological awareness group activities.

- Consider early years Word Aware programme for supporting vocabulary development.

- Augmentative and alternative communications (AAC) may be required. Some children may be using low-tech systems such as Picture Exchange Communications Systems (PECS), or symbols/signs and other children may be using hi-tech such as specified apps on an iPad. Please consult with the Speech and Language Therapist or specialist teacher for advice and training in these communication aids.

- Use an Intensive Interaction approach to build early relationship and communication skills. Please consult with the Speech and Language Therapist or Advisory Teacher for advice and training.

Range C

Presenting Need

Receptive Language Needs

Differences in Child's Understanding and Language Recall

- Significant or persistent lack of understanding non-verbal signals, language, routines and sequences.
- Significant time taken to process spoken language in the moment.
- Evidence that the child lacks understanding/memory that severely restricts cross over learning into a variety of situations.
- Persistent difficulties with sustaining focus and engagement, severe impact on access to large group learning.
- Severe-profound language impairment.
- Receptive language needs include permanent sensory or physical impairments.

Expressive Language Needs

- Significant impact on expressing interests and needs especially with peers, Which may include processing spoken language at slow speed.
- Long term expressive language needs may mean the child needs to use alternative communication tools/skills e.g. Low or high tech AAC, Signing.

Assessment and Planning

- Ensure any advice, support and guidance given by external professionals, is incorporated into your planning for the child.
- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.
- If the child's needs are significant and concerns remain, consideration may be given at the MSP review, as to whether an EHC Needs Assessment is to be requested.
- Ensure that all staff have SEND training to support the child within the setting.
- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

Provision

- If the child has an EHC Plan the setting should ensure that planning and interventions relate to the outcomes set out within the plan. Progress should be monitored in relation to the outcomes specified in the EHC Plan.
- Consider using a Total Communication Approach to support language and understanding.
- All support and strategies must be used consistently. All staff should know, understand and agree on strategies to be used.

Further Information

- Total Communication approach - Sense (sense.org.uk/information-and-advice/ways-of-communicating/total-communication/?gad_source=1&gad_campaignid=12234650577).

Further Information to Share with Parents

- Signpost parents to Wakefield SENDIASS (WESAIL) (family-action.org.uk/services/wakefield-sendiass-wesail) for strategies to support with home, legal support and information on support groups.

Range C

Presenting Need	Assessment and Planning	Provision
• Persistent difficulties with sustaining focus and engagement, severe impact on access to large group learning or conversation. • Severe-profound language impairment. • Expressive language needs include permanent sensory or physical impairments. **Differences in Child's Communication Development** • Strong evidence of changes to behaviour due to lack of communication skills available, needing significant additional support through enabling environments. • Extremely restricted interests, rigid preferences, and limited play development negatively impacts relationship building, evidence of social isolation by self or others. • Needing significant additional support to cope with unstructured parts of the day. • Persistent difficulties with sustaining focus and engagement, severe impact on access to group learning/social learning.		

Social, Emotional and Mental Health

Range A

Presenting Need

Needs

- Evidence in delay in meeting milestones with School/ Setting's assessment tools.

- Continued, persistent needs of a child at 'Range 1' level after one cycle of the Assess, Plan, Do, Review process.

- Significant separation difficulties that persist.

- Reluctance to engage with activities, shown by withdrawing or through distressed behaviour.

- Frequent difficulties regulating own emotions and recognising those of others which may be evidenced by persistent significant difficulties in turn taking, sharing and social interaction.

- Sometimes withdraws and does not participate in activities. Changes in behaviour and/or play, and frequent increase in anxiety level.

- Attachment to key carers not securely established.

- Significant concerns raised regarding poor growth, weight gain/loss, and/or social, emotional and mental health that require advice from outside agencies or support from the DSL, that are impacting on the child's development.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that Practitioners are advocating for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters. org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).

- Key person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record first concerns.

- Setting SENCO to observe and support in identifying strengths, interests, differences, and needs and the provision that should be in place. This should be recorded on a OPP and/ or SMTLP/ Setting's equivalent.

- Work in partnership with the child's parents/ guardian in planning for the child in the setting and at home.

- Start the 'Assess, Plan, Do, Review' process.

- Continue to track and monitor the child's progress using setting's assessment tool.

- Consider SEND training opportunities for staff members.

Provision

- Use Characteristics of Effective Learning to assess how children are learning and where potential difficulties in this area might be (https://birthto5matters.org.uk/characteristics-of-effective-learning) .

- Use emotion coaching. Identify and support children with options for regulation e.g. a personalised regulation board. 'I can….. have a cuddle, sit with my snuggle blanket, play with my friends, sing a song, go outside etc.

- Consider how the child plays and explores, is motivated to learn, thinks critically etc.

- Consider the environment and provide an environment in which the child feels safe and secure; carry out an Environmental Audit.

- Use the Environmental Audit to consider the layout, noise levels etc. within the setting to reduce overstimulation.

- Ensure there is a quiet, calm space available at all times for the child to access, e.g. large cushions, cosy area.

- Staff consistently provide learners with positive messages when they are getting things right; they notice and show a genuine interest in their passions and successes, and provide enhanced opportunities for strengths to be noticed and celebrated.

Range A

Presenting Need	Assessment and Planning	Provision
	• Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield). • Child may be discussed anonymously, at termly planning meeting consultation, with WISENDSS. • If, after completing at least one APDR cycle, the child's needs persist and continue to impact their access to learning, they may move on to Range B for further support. Alternatively, the setting may need to consider different types of provision to better support the child's needs at Range A. However, if there is clear progress and the child's needs are no longer affecting their access to learning, the setting may decide that continued APDR cycles are not necessary.	• Well-designed approaches to support the social inclusion of individual learners with SEMH needs and the development of relationships with their peers. • An option for the child to bring something from home as part of the settling in process or as a link to the safety of home. • Ensure routines and transitions are consistent. • Consider using visual support to help the child understand the daily routine, visuals to support boundaries, and visuals to support expectations. • Use personalised planning for the child: provide resources, materials and activities which the child enjoys and engages with. • Social interactions and groupings are carefully considered and where needed, are supervised. This may include adult modelling and support with social interactions. • Opportunities to develop, build and sustain relationships and friendships with their peers through small group work e.g. nurture style provision.

Range A

Presenting Need	Assessment and Planning	Provision
		Further information • Social and Emotional Aspects of Development: Guidance for practitioners working in the EYFS (https://www.foundationyears.org.uk/files/2011/10/SEAD_Guidance_For_Practioners.pdf). • Sustained Shared Thinking and Emotional Wellbeing Workshop • Confident Capable and Creative Boys (https://birthto5matters.org.uk/wp-content/uploads/2021/03/Confident_Capable_Boys.pdf) • Emotion Coaching • Adverse Childhood Experiences (ACEs) free training (https://freecoursesinengland.co.uk/adverse-childhood-experiences). • Being, Belonging, Becoming leaflets - Surrey County Council • Positive parenting (nspcc.org.uk)

Range B

Presenting Need	Assessment and Planning	Provision

Presenting Need

Needs

- Evidence in some delay in meeting milestones with School/ Setting's assessment tools.

- Social, emotional and mental health is having an impact on the child's ability to access the setting.

- Continued, persistent needs of a child at 'Range A' level after one cycle of the Assess, Plan, Do, Review process.

- Child may be supported by social care and/or may be on a waiting list for CAMHs support.

- Significant separation difficulties that persist.

- Reluctance to engage with activities, shown by withdrawing or through distressed behaviours such as:

- Verbal e.g. refusals or protests.

- Physical e.g. moving away, leaving the classroom, hiding.

- Significant and frequent distressed behaviours requiring adult intervention e.g. positive handling via a trained member of staff.

- Child is reaching crisis point on a regular basis. When at crisis point, the child demonstrates distressed behaviours that affect the child's ability to access the curriculum, and on occasion affect the well-being of themselves and others.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).

- Continue to track and monitor the child's progress using setting's assessment tool, where appropriate. Settings may also use the Department for Education Help for early year providers: SEND assessment guidance and resources (help-for-early-years-providers.education.gov.uk/support-for-practitioners/send-assessment/how-to-use-the-assessment-tools).

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share concerns. Record parent views in the "Parent's Views" section of the SMLTP and OPP.

- Ensure that the child's unique strengths, interests, differences, and needs are discussed and documented in the plan.

- Setting SENCO to continue to observe and support in identifying strengths, interests, differences and needs and the provision that should be in place.

- Monitor and review the SMTLP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the 'Assess, Plan, Do, Review' process.

Provision

Continue with any relevant strategies from Range A, plus:

- Develop 'joint attention' by following the child's interests, joining them in their play, and modelling language appropriate to the child's level of development.

- Model appropriate interactions in play and provision that support successful interaction, e.g. 'Can I have a go?', 'Do you want some playdough?' etc.

- Use clear concise language, giving the child time to process.

- Provide opportunities for ownership via choice language and strategies such as choose boards.

- Ensure the setting has a quiet low stimuli area for the child to access adult led activities.

- There is a safe area learners can access e.g. when they become dysregulated, away from the attention of others.

- Flexibility during lessons for learners to gain respite if they are unable to regulate their emotions or level of anxiety.

- Adjustments are made to usual routines and expectations which may trigger anxiety and stress e.g. being able to opt out/short breaks from situations that cause particular stress.

- Use books and social stories to develop understanding of feelings and emotions and explore different situations, experiences and feelings.

Range B

Presenting Need

- Child requires enhanced adult support to become regulated after reaching crisis point.

- Significant difficulties regulating own emotions and recognising those of others which may be evidenced by persistent significant difficulties in turn taking, sharing and social interaction.

- Frequently withdraws and does not participate in activities. Significant changes in behaviour and/or play, and frequent increase in anxiety level.

Assessment and Planning

- If the child's needs continue to impact their access to learning, consider starting an MSP.

- The child may be discussed anonymously with external professionals, such as WISENDSS. Based on these discussions and in consultation with parents, a referral to the external service may be considered if appropriate.

- Ensure that any suggested specialist advice or advice from WISENDSS is incorporated into the child's MSP and SMTLP.

- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.

- Consider SEMH Specific SEND training opportunities for staff members.

- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).

Provision

- Create personalised social stories to explore the child's feelings and experiences and also to explore solutions or ways to feel positive or confident etc.

- Reinforce individual or small group interventions in emotional regulation and social skills by rehearsing and embedding them through the school day.

- Adults to use modelled appropriate language, 'I can see Alfie helping Jaden carry those blocks'

- Access to a nurturing curriculum where a strong emphasis is placed on helping learners develop an understanding of emotions and different emotional responses within a safe environment e.g. Nurture Group.

- Encourage explicit turn-taking to help encourage healthy interdependence.

- Opportunities are planned to encourage strengths and interests to maximise opportunities for success.

- Teaching and learning approaches avoid asking learners to communicate verbally where they experience anxiety around speaking. Learners are not asked to read aloud, answer the register, answer questions, etc, where anxiety poses a difficulty for communication.

- Ensure there is adequate uninterrupted time for the child to explore at their own pace and in a space they feel comfortable.

Range B

Presenting Need	Assessment and Planning	Provision
		- Where needed, a risk assessment which incorporates approaches supporting dysregulated emotions when they are heightened. - Support children to develop friendships and confidence in their social interaction and give lots of expressive, specific, positive praise e.g. "I saw you help put the car away" - Model and teach specific scripts for appropriate interactions with adults and learners. - Approaches and responses are differentiated according to the individual needs of learners who are experiencing SEMH difficulties in the same way as we differentiate for learning. - Staff use emotion coaching to communicate empathy to the learner, name and validate the emotion and support regulation to provide support for collaborative problem solving at a point at which the learner is sufficiently regulated and able to engage. - Staff provide clear and considered responses for behaviours of concern which considers what the behaviour is communicating. - Staff reflect on the context of a particular emotional response or behaviour to allow analysis of environmental and other factors which might be contributing to difficulties.

Range B

Presenting Need	Assessment and Planning	Provision
		• Repairing relationships is a key focus of intervention following any incidents or conflict e.g. restorative conversations through which the learner explores and receives guidance about how to put things right within relationships rather than just be expected to give an apology. This is delivered in a way that takes account of learner's needs including SLCN. **Further Information** • Social and Emotional Wellbeing: Early Years Guidance - NICE (www.nice.org.uk/guidance/ph40) • The Association for Infant Mental Health professionals in the UK • Social and Emotional Aspects of Development: Guidance for practitioners working in the EYFS • Pedagogic resources – Early Education **Further Information to Share with Parents** • Activities for babies, toddlers and children - BBC CBeebies Parenting (www.bbc.co.uk/cbeebies/parenting). • Hungry Little Minds – Simple fun, activities for kids aged 0–5: https://familytoolbox.co.uk/event-list/hungry-little-minds

Range C

Presenting Need

Needs

- Evidence in significant delay in meeting milestones with School/ Setting's assessment tools.

- Social, emotional and mental health is having a severe impact on the child's ability to access the setting.

- Continued, persistent needs of a child at 'Range B' level after one cycle of the Assess, Plan, Do, Review process.

- Involvement from CAMHs, social care, or psychological therapy services such as art/drama/play therapy.

- Severe attachment difficulties affecting development.

- Unable to complete activities without significant, consistent adult attention and intervention.

- Withdrawn from activities over a period of time and demonstrates severe changes in behaviour and frequent high anxiety levels.

- Child is reaching crisis point frequently and quickly. When at crisis point, the child demonstrates persistent distressed behaviours that affect:

  - The child's safety

  - Peers and adult's safety

  - Safety of equipment or materials.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are an advocate for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).

- **If child is new to setting and WISENDSS are not yet involved, SENCO to seek advice from WISENDSS outside of your planning meeting cycle.**

- If a child is new to the setting, give consideration to the child's transition from the home/previous setting.

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record concerns.

- SENCO to support Early Years Practitioner/ Teacher in identifying the child's unique strengths, interests, differences and needs and corresponding strategies and provision the child needs. This should be recorded on a OPP, SMTLP and/ or MSP.

- Monitor and review the MSP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least once per term as part of the 'Assess, Plan, Do, Review' process.

Provision

Continue with any relevant strategies from Range A and Range B, plus:

- Strategies used when supporting children with high level needs are individualised and it is expected that they would come from the advice given by the specialist services that support the child and the family and from the Early Years Complex Needs Team.

- Ensure a positive handling plan is in place if required.

- Carry out risk assessments on a regular basis and incorporate any actions and strategies into planning.

- Consider if support is needed to scaffold/support social interaction in play.

- If the child has an EHC Plan the setting should ensure that planning and interventions relate to the outcomes set out within the plan. Progress should be monitored in relation to the outcomes specified in the EHC Plan.

- As appropriate to age and stage, support to develop learner's self-advocacy in order to support their growing understanding of their own strengths and needs and the aspirations and outcomes they are working towards.

- A differentiated curriculum which takes account of the learner's strengths, is developmentally appropriate, targeted to address their specific SEMH needs and emotional regulation and promotes independence.

Range C

Presenting Need	Assessment and Planning	Provision
• Child is taking a long time to become regulated after reaching crisis point and requires intensive enhanced adult support to regulate their emotions. • Severe and persistent difficulties regulating own emotions and recognising those of others which may be evidenced by long term severe difficulties in social interaction that prevent learning. • Child may have suffered from acute trauma, or abuse which renders them extremely vulnerable and is impacting on the child's development. Needs a high level of multi-agency involvement over a sustained period.	• SENCO to liaise with and refer to external professionals for support and ensure that any suggested advice is incorporated into the Child's MSP. • Ensure that any suggested specialist advice is incorporated into the child's MSP e.g. from Occupational Therapists; CAMHS; WISENDSS etc.) • Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home. • If the child's needs are significant and concerns remain, consideration may be given at the MSP review, as to whether an EHC Needs Assessment is to be requested. • Ensure that all staff have appropriate SEMH SEND training to support the child within the setting. • Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).	**Further Information to Share with Parents** • Practical Guide for Parents and Carers: Making Sense of Sensory Behaviour (www.nhsggc.org.uk/media/1626/making-sense-of-sensory-behaviour_falkirk-booklet.pdf). • Signpost parents to Wakefield WESAIL SENDIAS for strategies to support with home, legal support and information on support groups (family-action.org.uk/services/wakefield-sendiass-wesail).

Physical and Sensory: Sensory Processing Difficulties

Range A

Presenting Need

Sensory Processing difficulties

- Child may display a lack of concentration and find it difficult to maintain attention - this may vary throughout the day.
- When dysregulated, child requires sensory input or removal of sensory input to regulate their emotions.

Seeking Sensory Information (hyposensitive)

- Enjoys banging toys and equipment/ hands on tables/ radiators.
- Enjoys loud noises/music.
- Likes reflective/spinning toys.
- Enjoys experiencing sensory play e.g. squeezing playdough, smearing, repetitive pouring etc.
- Licks or mouths play equipment or furniture.
- Child may move frequently and find it difficult to find a comfortable position.

Assessment and Planning

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that Practitioners are advocating for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).
- Key person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record first concerns.
- Setting SENCO to observe and support in identifying strengths, interests, differences, and needs and the provision that should be in place. This should be recorded on a OPP and/ or SMTLP/ Setting's equivalent.
- Work in partnership with the child's parents/ guardian in planning for the child in the setting and at home.
- Start the 'Assess, Plan, Do, Review' process.
- Consider with parents/carers if there are needs that may be addressed through an Early Help Assessment (EHA).
- In planning intimate care procedures refer to Continence Guidance: National Clinical Guideline Template (bbuk.org.uk)

Provision

Sensory Processing Provision:

Note: it is important to note that difficulties interpreting sensory information can have an impact on how we feel, how we think and how we behave e.g. sitting for long periods of time, a busy, noisy classroom etc.

- Look at how the child responds to your environment and make changes as appropriate e.g. lighting, noises, smells.
- In discussion with parents, talk about the child's likes and dislikes.
- Ask the parents about the materials that the child enjoys at home and provide these in the setting.
- Have a corner with sensory activities that the child can go to at any time.

Plan for:

- Movement breaks, particularly prior to and following periods of focused activity.
- Carpet spots / wobble cushion to remind children where to sit and provide sensory feedback for those seeking movement.

Range A

Presenting Need

Avoiding Sensory Information (hypersensitive)

- Dislikes of loud or sudden noises.
- Dislikes bright lighting.
- Prefers bland food.
- Avoids certain smells.
- Dislikes Messy Play.
- Can react negatively to another's touch.
- Will avoid wearing certain clothing because of how it feels e.g. jumper too scratchy.

Self-Help Skills

- The child may have frequent toileting accidents.
- The child may be unable to put their coat on or zip up their backpack.

Assessment and Planning

- Continue to track and monitor the child's progress using setting's assessment tool.
- Consider SEND training opportunities for staff members.
- Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).
- Child may be discussed anonymously, at termly planning meeting consultation, with WISENDSS.
- If, after completing at least one APDR cycle, the child's needs persist and continue to impact their access to learning, they may move on to Range B for further support. Alternatively, the setting may need to consider different types of provision to better support the child's needs at Range A. However, if there is clear progress and the child's needs are no longer affecting their access to learning, the setting may decide that continued APDR cycles are not necessary.

Provision

Seeking sensory information

If the child has become overstimulated and this is making them anxious and impacting on their behaviour, consider some of the following strategies:

- Use of fidget toys that children can squash, squeeze, manipulate and provide resistance to aid concentration.
- Providing a small calm, quiet space, e.g. a small pop-up tent.
- Heavy work, such as:
- Putting bikes in the shed, digging in the garden/sand.
- Putting on a heavy coat, backpack or blanket.

Avoiding sensory information

- Plan individual/small group activities focusing on sensory play.
- Build up tolerance to sensory plan activities slowly e.g. start off with dry sensory play and slowly add liquid.
- If children are unwilling to touch, offer alternatives such as tools, zipper bags filled with messy play, cling film over tables etc.
- Talk to children about what and why things happen, e.g. noises like the phone ringing, fire alarm

Range A

Presenting Need	Assessment and Planning	Provision
		Sensory resources: • A Practical Approach: Making Sense of Sensory Behaviour at Home - Falkirk • Rotherham Sensory Pack - School/ Settings • Angie Voss website: information on understanding and activities to support children's sensory needs (https://asensorylife.com/about-the-author.html)

Range B

Observations in Setting

Needs

- Evidence in some delay in meeting milestones with School/ Setting's assessment tools.
- Continued, persistent needs of a child at 'Range A' level after one cycle of the Assess, Plan, Do, Review process.
- Child may be supported by a specialist OT and/or paediatrician.

Seeking Sensory Information

- Enjoys banging toys and equipment/ hands on tables/ radiators, occasionally damaging property as a result.
- Places their ears close to speakers.
- Fascinated by reflective/spinning toys.
- Highly motivated by squeezing playdough, smearing, repetitive pouring etc.
- Frequently seeking oral input e.g., a dummy or a bottle.
- Child may move frequently and find it difficult to find a comfortable position.

Next Steps

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are advocating for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).
- Continue to track and monitor the child's progress using setting's assessment tool, where appropriate. Settings may also use the Department for Education Help for early years provider: SEND assessment guidance and resources (help-for-early-years-providers.education.gov.uk/support-for-practitioners/send-assessment/how-to-use-the-assessment-tools).
- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share concerns. Record parent views in the "Parent's Views" section of the SMLTP and OPP.
- Ensure that the child's unique strengths, interests, differences, and needs are discussed and documented in the SMTLP.
- Setting SENCO to continue to observe and support in identifying strengths, interests, differences and needs and the provision that should be in place.

Suggested Provision in Setting

Continue with any relevant strategies from Mainstream (Range A) level, plus:

- Implement strategies and advice given by professionals e.g. Occupational Therapists and the WISENDSS

Further Information

- A Practical Approach: Making Sense of Sensory Behaviour at Home - Falkirk
- Rotherham Sensory Pack - School/ Settings

Range B

Observations in Setting	Next Steps	Suggested Provision in Setting
Avoiding Sensory Information • Dislikes of loud or sudden noises e.g. freezing or covering ears when alarms sound. • Dislikes flashing lights. • Has a restricted diet and prefers bland food. Child is not keen on trying new foods. • Expresses discomfort at certain smells • Avoids messy play such as splashing or painting • Can react negatively to another's touch • refuses certain clothing because of how it feels e.g. jumper too scratchy **Self-Help Skills** • The child wears a nappy/pull-ups and is aware of bodily processes such as urination and defecation e.g. showing signs of discomfort when their nappy is soiled. • The child is beginning to take an interest in the toilet e.g. may watch others/sit on the toilet seat fully clothed. • The child may be unable to put their coat on or zip up their backpack.	• Monitor and review the SMTLP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the 'Assess, Plan, Do, Review' process. • If the child's needs continue to impact their access to learning, consider starting an MSP. • The child may be discussed anonymously with external professionals, such as WISENDSS. Based on these discussions and in consultation with parents, a referral to the external service may be considered if appropriate. • Ensure that any suggested specialist advice or advice from WISENDSS is incorporated into the child's MSP and SMTLP. • Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home. • Consider SEND training opportunities for staff members. • Support children and their families to access universal and targeted services as appropriate in their local Children's Centres.	

Range B

Observations in Setting	Next Steps	Suggested Provision in Setting

• **Children may be experiencing significant sensory processing difficulties, which are affecting their functional abilities – such as attention, emotional regulation, and motor coordination – and consequently limiting their access to the EYFS curriculum.**
 	
• The child may display high levels of anxiety which can only be resolved by higher or lower levels of sensory input.
 	
• The child's sensory difficulties may be part of a neurodivergence such as Autism.
 	
• The child may take a longer time to calm down once they become anxious
	• If appropriate, complete initial sensory processing audit (e.g. Autism Education Trust's Sensory Assessment and/or environmental audit checklist) to highlight sensory issues.
	
	• Consider with parents/carers a referral to Mid Yorks Children's Therapy service (physiotherapy and occupational therapy) as needed. Referral guidance can be found at:
	
	    • Children's Occupational Therapy - Mid Yorkshire Teaching NHS Trust (midyorks.nhs.uk/childrens-occupational-therapy).
	
	    • Children's Physiotherapy - Mid Yorkshire Teaching NHS Trust (midyorks.nhs.uk/childrens-physiotherapy).
	
	• Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).	

Range C

Observations in Setting

Sensory Processing Difficulty

- Evidence in significant delay in meeting milestones with School/ Setting's assessment tools.

- Continued, persistent needs of a child at 'Range B' level after one cycle of the Assess, Plan, Do, Review process

- Child may be supported by a specialist OT and/or paediatrician.

- Difficulties may affect the child's ability to access the Early Years Foundation Stage (EYFS) curriculum for the majority of the time in the setting

- The child requires a very high level of supervision and a highly individualised sensory curriculum.

- At this level the sensory difficulties are highly likely to be part of a neurodivergence/disability

Seeking Sensory Information

- Enjoys banging toys and equipment; frequently damaging property and at risk of harming themselves

  - Places their ears close to speakers

  - Fascinated by reflective/spinning toys.

  - Highly motivated by squeezing playdough, smearing, repetitive pouring etc.

  - Frequently seeking oral input e.g. eating non-food items (pica).

Next Steps

- Throughout, settings should adopt a celebratory approach to SEND in the early years and ensure that the practitioners are an advocate for every child as a unique child, as outlined in Birth to 5 Matters: Non-statutory guidance for the Early Years Foundation Stage (birthto5matters.org.uk/wp-content/uploads/2021/04/Birthto5Matters-download.pdf).

- **If child is new to setting and WISENDSS are not yet involved, SENCO to seek advice from WISENDSS outside of your planning meeting cycle.**

- If a child is new to the setting, give consideration to the child's transition from the home/previous setting.

- Key Person, such as Early Years Practitioner/ Teacher, to liaise with the setting SENCO and parents to share and record concerns.

- SENCO to support Early Years Practitioner/ Teacher in identifying the child's unique strengths, interests, differences and needs and corresponding strategies and provision the child needs. This should be recorded on a OPP, SMTLP and/ or MSP.

- Monitor and review the MSP, focussing on the child's progress and the impact of strategies and interventions used. This should be completed at least once per term as part of the 'Assess, Plan, Do, Review' process.

- Ensure close partnership working with parents. This includes sharing SMLTPs, My Support Plans, Professional Reports and strategies and interventions to use in the setting and at home.

Suggested Provision in Setting

Continue with any relevant strategies from Range A and/ or Range B levels, plus:

- Strategies used when supporting children with high level needs are individualised and it is expected that they would come from the advice given by the specialist services that support the child and the family and from WISENDSS

- If the child has an EHC Plan the setting should ensure that planning and interventions relate to the outcomes set out within the plan. Progress should be monitored in relation to the outcomes specified in the EHC Plan

- Incorporate Moving and handling plans and care plans into planning, as advised by professionals

- Carry out risk assessments on a regular basis and incorporate any actions and strategies into planning

Further Information

- A Practical Approach: Making Sense of Sensory Behaviour at Home - Falkirk

- Rotherham Sensory Pack - School/ Settings

Range C

Observations in Setting	Next Steps	Suggested Provision in Setting
• Biting others/leaving teeth marks in toys. • Requesting rocking/spinning/tipping with limited awareness of dangers nearby. • Climbing and jumping from a height. • Throwing themselves to the floor with force. **Avoiding Sensory Information** • High levels of anxiety at sudden noises, continued with the use of headphones. • Wearing sunglasses/covering their eyes when going from dark to light. • Very restricted diet e.g. 1-2 foods. • Disgust at certain smells, sometimes causing nausea. • Avoids touching water; becomes highly anxious when water droplets touch them. • Appears to be in pain when touched by others • Will remove all clothing/shoes **Proprioceptive Needs** • Child may not feel pain or may feel pain very easily and therefore need constant monitoring due to lack of self-safety skills. • Child may not realise that they are hungry or thirsty and may rely on an adult to monitor and interpret this need.	• SENCO to liaise with and refer to external professionals for support and ensure that any suggested specialist advice is incorporated into the child's MSP e.g. from Occupational Therapists; CAMHS, WISENDSS etc.). • If the child's needs are significant and concerns remain, consideration may be given at the MSP review, as to whether an EHC Needs Assessment is to be requested. • Ensure that all staff have SEND training to support the child within the setting. • Support children and their families to access suitable support via the Family Hubs – Wakefield Families Together (wakefieldfamiliestogether.co.uk/family-hubs), Education and Home Learning – Wakefield Families Together (wakefieldfamiliestogether.co.uk/pre-birth-to-5-years/education-early-language-and-home-learning-environment) and The Growing Healthy 0-19 Service App (hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-wakefield).	

Range C

Observations in Setting	Next Steps	Suggested Provision in Setting
Self-Help and Independence Skills • The child wears a nappy and is unaware of bodily processes such as urination and defecation. • The child is not yet demonstrating an awareness or an interest in the toilet for uses of personal hygiene. • The child relies on adults to place coats, scarves, and hats on.		

Guidance for Deaf Children

The following Range Descriptor Overview has been taken from the Guidance for Deaf Children and Young People section. For more detailed information, please refer to the full document.

Deafness

Range Descriptors Overview

Range 1
- Settings, parents/carers have any concerns about a CYP's hearing from their presentation.
- CYP has not been provided with audiological equipment.
- Requires no advice or involvement from the Deaf Team.
- Needs can be met through Quality First Teaching & Deaf Friendly teaching strategies.
- May require a risk assessment.

Range 2
- The CYP has a clinical diagnosis of deafness. Audiological equipment may or may not be used.
- May require support with managing their audiological equipment.
- Audiological equipment is suitably removing communication & access barriers.
- Advice & strategies offered by a QToD removes communication & access barriers.
- May require access arrangements/reasonable adjustments.
- May require multi-agency working.
- Requires a risk assessment.

Deafness

Range 3

- The CYP has a clinical diagnosis of deafness.
- Requires a quiet space for interventions & small group work that is free from visual & auditory distractions as practically possible.
- The CYP's deafness is impacting upon one or more of the following areas:
  - Language acquisition
  - Language development
  - Communication
  - Listening skills
  - Mental health
  - Working memory
  - Processing time
  - Self-esteem
  - Attention & concentration
  - Literacy skills
  - Auditory memory
  - Incidental learning
  - Social skills
  - Independence skills
  - Difficulty locating the source/direction of sounds & speech
- Initial/last assessment by a QToD has identified that the CYP may benefit from additional specialist &/or short-term block of intervention.

Deafness

Range 4	• The CYP has a clinical diagnosis of deafness. • The CYP's deafness is significantly impacting upon multiple areas of need from the list in Range 3. • The CYP has identified and assessed needs that require adaptations (e.g. curriculum, timetable). • The CYP requires ongoing specialist advice, guidance, & direct support from a QToD. • The CYP requires the use of formal, specialist assessments administered by a QToD. • The CYP requires support from staff in setting with specialist training implemented by a QToD or Educational Audiologist. • There is a requirement for specialist intervention based on their use of audiological equipment & their personal understanding of deafness. The CYP may require specialist communication support to access the curriculum.
Range 5	• The CYP has a clinical diagnosis of deafness. • The CYP's assessed needs identify that significant adaptations are required. • Multi-agency working is in place. • The CYP requires a variety of long-term interventions & approaches focussing on multiple areas of need. • Direct intervention & ongoing assessment based on communication & access needs. • Significant level of intervention needed for the CYP to successfully transition between settings, key stages & phases. • The CYP requires specialist communication support to access the curriculum.

To view the 5–19 section, go to Guidance for Deaf Children and Young People.

Guidance for Children with Vision Impairment

The following Range Descriptor Overview has been taken from the Guidance for Children and Young People with Vision Impairment section. For more detailed information, please refer to the full document.

Visual Impairment

Range Descriptors Overview

Range 1

- Settings have concerns about a CYP's vision from their presentation.
- Settings should encourage the parents / carers to see a GP or go to an Opticians for an eye test in the first instance.
- Settings to use the Quality First Teaching alongside VI friendly strategies whilst awaiting assessment.

Range 2

- A CYP with a diagnosed vision impairment should be added to the setting's Special Needs Register & also known to the Vision Impairment Team.
- Print, pictures, symbols & photographs are presented following clear print guidelines to remove barriers to learning.
- May have issues with more than one aspect of functional vision.
- Advice & strategies from the VI Team report is consistently followed & removes barriers to access.

Range 3

- Print, pictures, symbols & photographs presented following modified large print guidelines.
- May benefit from the use of assistive technology.
- May require a practical assistant.
- Provision may be informed by specialist small steps journals as directed/recommended by QTVI.
- Requires short programme of work after which provision is monitored.
- CYP understands their vision impairment at an appropriate level.
- May require a habilitation assessment by the QHS. A short package of mobility & independence training may be required.

Visual Impairment

Range 4	• Print, pictures, symbols & photographs presented following modified large print guidelines. • Uses assistive technology as their normal way of working. • Requires specialist intervention guided by the Curriculum Framework for Children & Young People with Visual Impairment (CFVI) (area/s to be determined by QTVI). • May require more formal mobility, orientation, & independence training delivered by the QHS. Will including transition, route building, public transport & may include some pre-cane & long cane skills to support safe independent travel.
Range 5	• May require alternative methods of accessing print, pictures, symbols or photographs e.g. tactile or audio • Requires a practical assistant. • Requires on going specialist teaching as guided by the CFVI. • Level of functional vision may be compounded by multiple visual conditions • Requires broader & longer packages of formal mobility, orientation, & independence skills training packages (areas to be determined by the QHS).
Range 6	• Requires auditory/tactile approach as their primary access to information around them for a non-sighted learner. • Requires long-term parallel delivery of CFVI alongside mainstream curriculum • Requires daily specialist support/intervenor throughout the day. • Requires continuous formal mobility, orientation, & independence skills training.

To view the 5–19 section, go to .

Guidance for Children with Multi-Sensory Impairment

The following Range Descriptor Overview has been taken from the Guidance for Children and Young People with Multi-Sensory Impairment section. For more detailed information, please refer to the full document. Multi-Sensory Impairment (MSI), otherwise known as deaf blindness, or dual-sensory impaired is a combination of sight and hearing loss that affects a person's ability to communicate, access information and move around.

Multi-Sensory Impairment Needs Guidance

Range Descriptors Overview

Range 1	• Settings are aware of CYP's single sensory impairment but have concerns around the other or the child has a recognised multi-sensory impairment.
	• VI/HI/MSI friendly classroom strategies applied.
	• If settings have any concerns about a child's vision or hearing from their presentation, encourage the parents/carers to see a GP, Health Visitor or go to an optician, or ENT.
	• Sensory needs met by involvement from Deaf and VI team with MSI advice alongside.
	• Settings to use the Quality First Teaching strategies whilst awaiting assessment.
Range 2	• The child meets the criteria for multi-sensory impairment.
	• Assessed need identifies the child requires at least two different approaches to access information around them.
	• Initial/last assessment has identified that:
	• The child requires block/s of intervention.
	• Referral to SALT for possible support with communication.
	• Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.

Multi-Sensory Impairment Needs Guidance

Range 3	• Assessed need identifies the child requires multiple approaches to access information around them.
	• Initial/last assessment has identified that:
	• The child requires long term intervention.
	• The child is known to the Sensory Impairment Team's Habilitation Specialist due to a high level of intervention needed for mobility, orientation and transition.
	• The child may be known to OT and/or SALT.
	• The child may need support around mental health and diagnosis.
	• Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.
Range 4	• Assessed need identifies the child needs tactile approaches as their primary access to information around them.
	• Assessed need identifies the child needs a total communication approach. SALT involvement is needed, for example touch cues or objects of reference.
	• Initial/last assessment has identified that:
	• The child requires multiple long-term intervention, but specialist settings may take ownership of this.
	• The direct intervention and ongoing assessment provided by Habilitation Specialist due to a high level of intervention needed for mobility, orientation and transition.
	• The child may need specialist support around mental health and diagnosis.

To view the 5–19 section, go to .

Guidance for Children with Physical/Medical Needs (PMN)

Physical &/or Medical Needs (PMN) refer to conditions that result in physical difficulties (e.g. Cerebral Palsy, Spina Bifida, Acquired Brain Injury) or medical diagnosis (e.g. Epilepsy, diabetes, cancer) which may be present from birth or occurring at any time. The following Range Descriptor Overview has been taken from the Guidance for Children and Young People with Physical/Medical Needs (PMN) section. For more detailed information, please refer to the full document.

Physical and/or Medical Needs

Range Descriptors Overview

Range 1	
	• Has a physical &/or medical need with minimal impact on daily functioning
	• Can move around the environment independently with or without additional aids & adaptations
	• Requires no or minimal intervention from specialist nursing teams or health professionals however some medical needs may require staff to have specialist training &/or administer medication in setting & health care plan
	• Can manage their physical & personal care needs
	• Needs little or no supervision/monitoring during structured or unstructured periods of the day
	• Participates in learning activities independently but may benefit from the use of non-specialist aids
	• Understands their PMN including barriers & strategies to overcome these as appropriate to age & stage of development.

Physical and/or Medical Needs

Range 2	• Some adaptation & some adult support may impact their ability to participate in aspects of education & social life/leisure activities • Some implications for risk assessment e.g. educational visits, high level PE or playground equipment. • An accessible toilet may be needed. • Has ongoing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills & recording which is impacting on access to curriculum. • May need minimal supervision/prompting for aspects of personal care including toileting (requires intimate care plan) , feeding, mobility, daily routines & learning. • May need alternative seating to promote appropriate posture for fine motor activities/feeding for which the CYP may require operational assistance • May have a therapy programme • Increased use of alternative methods for extended recording e.g., scribe, ICT.
Range 3	• Requires adaptation & or practical support to participate in most education & social life/leisure activities • May require multiple pieces of specialist equipment that may require operational assistance • May require a level access learning environment • Mobile with aids (elbow crutches, Kaye Walker), powered or manual wheelchair • May need support for aspects of personal care including toileting, feeding, daily routines • May require a personal care suite • May need assistance to transfer between pieces of equipment/furniture

Physical and/or Medical Needs

Range 4	• Requires a significant level of adaptation & support to participate in all aspects of education & social life/leisure activities
	• May have regular input from health care professionals
	• Daily use of specialist equipment that requires operational assistance
	• May be able to participate in aspects of personal care but requires adult assistance to complete the majority of the task
	• May be an Augmentative Alternative Communication (AAC) user.
Range 5	• A profound & or complex physical &/or medical need which requires frequent monitoring & medical intervention which impacts on all areas of school life.
	• Needs access to multiple pieces of personal specialist equipment, resources & technology to break down barriers to learning.
	• May require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures such as tracheostomy/ventilation, or for risk of harm to self (seizures/choking etc.) by suitably trained & competent setting staff.
	• Regular/daily intervention from specialist nursing teams or health professionals.
	• Disability/condition directly affects the ability to communicate verbally &/or record work/ideas.
	• Uses specialist equipment/aids that require daily operational assistance or preparation.
	• Spends a significant part, or all day using a specialist aid such as a wheelchair, standing frame, walking sticks, rollator to move around their environment.
	• Dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly & help with personal care needs.
	• A medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc.
	• Has a life threatening/limiting or degenerative condition.

To view the 5–19 section, go to .

National Curriculum 5–19 years Graduated Approach Document

2025

Speech, Language and Communication Needs

Guidance for children and young people with Speech, Language and Communication needs

The term SLCN is used in this guidance to refer to children and young people with speech, language and communication needs as described below.

There are four distinct and overlapping reasons for pupils to have SLCN[1]:

- **Primary need:** a persistent developmental difficulty specific to the speech and language systems associated with speech sounds, formulating sentences, understanding, social interaction or fluency.

- **Secondary need:** primary developmental factor related to autism, physical, hearing or cognitive impairments which affect speech, language and communication.

- Reduced developmental opportunities meaning that language is impoverished or delayed; mainly linked to social disadvantage.

- Speaking and understanding English as an additional language (EAL) does not in itself constitute a SLC difficulty. The varied structures and phonologies of different languages however cause **initial short-term difficulties**. It is important to recognise that children with EAL may also have the above 3 reasons for their SLCN.

[1] Effective and Efficient use of resources in services for C&YP with SLCN (Lindsay, Desforges, Dockrell, Law, Peacey ad Beecham) DCSF 2008 ISBN 978 84775 218 5

Identification:

- There is wide variation in children's early development meaning that SLCN is not often identified before the age of 2, unless due to secondary factors present pre-natal or from birth

- The nature of SLCN can change over time

- A range of interventions, screening, observation, and assessment over time, involving both health and education professionals, are necessary to establish the nature of the difficulty

- Depending on the nature of the difficulty, pupils' performance levels range between 'well above average' to 'well below average'

This document provides guidance regarding provision, staffing and identification for pupils. However, for all the reasons above, when planning provision and personalised learning, it is essential that the strengths and needs of individual pupils are considered rather than a diagnostic category of need. As such, this guidance should be used flexibly with regard to an individual's need at any one time. For example, a child at Range 1 may require aspects of provision at Ranges 2/3 for a measured period of time.

All pupils need to be taught in a communication-friendly learning environment, reflected in the whole school ethos:

- An understanding of the importance of language skills on social development and attainment

- Structured opportunities to support children's speech and language development

- Effective and positive adult-child interaction

- High quality verbal input by adults

Where applicable, guidance for autistic pupils and those with physical, cognition and learning, hearing and behavioural and emotional difficulties should also be consulted.

Speech, Language and Communication

Range Descriptors Overview

Range 1

Attention and Listening

- May appear inattentive or distracted – challenges may be more obvious in whole class contexts.

Receptive

- Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations, and the CYP needs some support with listening and responding.
- Reduced vocabulary range or understanding.

Expression

- Reduced vocabulary range used to communicate for chronological age and/or stage of development.
- May rely on simple phrases with everyday vocabulary.

Speech

- Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. CYP may not be developing sound awareness.
- CYP may be unable to follow longer, or more complex instructions.
- May present with difficulty in talking fluently e.g., adults may observe repeated sounds, words, or phrases, if this is consistent, higher levels of need may be present.

Social Communication

- Social interaction could be limited and there may be some difficulty in making and maintaining friendships.
- Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.
- Using behaviours to communicate dislikes/feelings of displeasure to get basic needs met.
- Using behaviours to seek peer approval.

Speech, Language and Communication

Range 2

Attention and Listening

- Difficulties appear to follow typical developmental patterns but with delay.

Receptive

- Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations.
- Some support needed with listening and responding.
- Difficulties in the understanding of language for learning, abstract language (conceptual language: size, time, shape, position).
- Underdeveloped vocabulary range, in receptive language.
- May rely on simple phrases with everyday vocabulary.
- May rely heavily on non-verbal communication to complete tasks (follow adult gestures rather than words, learnt familiar routines to understand what is expected).

Expression

- Underdeveloped vocabulary range, in expressive language.
- Short sentences, limited expressive language, poor use of grammar (not using tenses, limited use of verbs).
- May rely on nonverbal communication to express themselves (pointing, limited requesting for things, copying peers) and this may mask comprehension weaknesses.

Speech

- Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context.
- Speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy.
- Phonological awareness difficulties impact on speech difficulties.
- Likely to present with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases more consistently.
- Social Communication
- Social interaction could be limited and there may be some difficulty in making and maintaining friendships.
- Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.
- Using behaviours to communicate dislikes/feelings of displeasure to get basic needs met.
- Using behaviours to seek peer approval.
- Regular and planned additional support and resources are implemented consistently and evidenced.
- Difficulties that do not follow typical developmental patterns are present i.e., assembly, special events, trips etc.

Speech, Language and Communication

Range 3

Attention and Listening

- Difficulties with attention and listening that affect task engagement and independent learning.
- Has difficulties with focus and attention for sustained periods.
- May appear passive or distracted.
- Struggling to maintain attention in both small group work and/or whole class situations.

Receptive

- Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations.
- Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g., not understanding the consequences of an action.

Expressive

- May have difficulty speaking in age-appropriate sentences and the vocabulary range is underdeveloped. This will also be evident in written work.
- May have difficulties in recounting events in a written or spoken narrative.
- May become isolated or frustrated due to lack of language, this may result in behaviours which are challenging.

Speech

- Speech may not be understood by others i.e., parents/family/carers where context is unknown.
- Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.
- Talking may not be fluent.
- Speech sound difficulty may lead to limited opportunities to interact with peers.
- Phonological awareness difficulties impact on speech development.

Speech, Language and Communication

Social Communication

- Pragmatic language skills may impact on the acquisition, retention, and generalisation of skills.
- Difficulties with speech and/or language mean that social situations present challenges resulting in emotional distress/dysregulation, anxiety, social isolation and social vulnerability.
- May or may not have a diagnosis of autism made by an appropriate multi-agency team.
- Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.
- Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.
- Anxiety related to lack of understanding of social interactions.
- Needs reassurance and forewarning of changes to routine/adults or when encountering new situations/experiences.

Identification

- Supported by an Advisory Teacher or Educational Psychologist.

Range 4

Speech, Language and Communication needs significantly affect their access to the National Curriculum

Attention and Listening

- Persistent difficulty despite support and intervention (over a minimum of a school term) in attention and listening skills.
- Attention in small group situation is difficult without a high level of adult support.

Receptive

- Persistent difficulty despite support and intervention (over a minimum of a school term) in following instructions.
- Comprehension acquisition is significantly below age expected levels.

Expressive

- Persistent difficulty despite support and intervention (over a minimum of a school term) in spoken language
- Spoken language acquisition is significantly below age expected levels.

Speech, Language and Communication

Speech

- Persistent difficulty despite support and intervention (over a minimum of a school term).
- Speech fluency continues to be an ongoing concern.
- Speech sounds still causing the CYP to be unintelligible.

Social Communication

- See the Range 3 descriptors (above) or refer to Communication and Interaction descriptors.

Identification

- Referral into the Speech and Language Team.
- Supported by an Advisory Teacher or Educational Psychologist.
- Consider referral for social communication assessment.

Range 5

Speech, Language and Communication needs profoundly affect their access to the National Curriculum.

- Pupils will receive individualised advice and support to facilitate inclusion and progression as and when appropriate.

Range 1

Assessment and Planning

- One Page Profile in place and shared with relevant staff. Monitored and updated to reflect needs.
- Identify evidence that the CYP's language is delayed.
- Use cognition and learning baseline assessment and checklists as a system of identification and monitoring.
- Ensure the CYP is part of typical school and class assessments.
- SENDCO and class teacher could be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty.
- Other assessment tools schools use: Wakefield SLCN checklist, Well Comm, Speech/Language Link, Communication Trust Progression Tools, One Step at a Time.
- School can request consultation/drop ins at Planning meetings with Advisory Teacher.
- Schools could use www.talkingpoint.org.uk to help define.
- One Page Profile in place and shared with relevant staff, monitored and updated to reflect needs.

Teaching and Learning Strategies

- Mainstream classroom with attention paid to position in the classroom and acoustics.
- Flexible pupil groupings; positive peer speech and language models.
- Groupings reflect ability with modifications made to ensure curriculum access.
- Opportunity for planned small group activity focusing on language and communication.

Curriculum/Intervention: Resources and Staffing

School:

- All tasks may require some modification.
- Instructions supported by visual and written cues.
- To support CYP in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition.
- Flexibility in expectations to follow instructions /record work.
- Opportunities for developing the understanding and use of language across the curriculum.
- Opportunities for time limited small group work based on identified need.
- Planning shows opportunities for language-based activities.
- Family supports targets at home.
- CYP involved in setting and monitoring their own targets.

School:

- Main provision by class/subject teacher with advice from SENDCO.
- Additional adults routinely used to support flexible groupings, small group activities and differentiation under the guidance of the teacher.
- Adults actively support CYP by modifying teacher talk and scaffolding/modelling responses.
- Adults provide support to enable CYP to listen and respond to longer sequences of information in whole class situation.

Range 1

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		- Adults provide encouragement and support to collaborate with peers in curriculum activities. - Adults provide pre and post tuition to secure key and specific vocabulary at the start of a topic. - The child is likely to be part of unnamed consultations or consultations about groups of children with WISENDSS/ their link EP. **Resources:** - Refer to The Communication Trust '**What Works for Pupils with SLCN?**' - See Adaptive Teaching Techniques Document - SLCN Toolkit - SLCN Top Ten Tips - ELKLAN Materials. - Language for learning (primary and secondary) - Universally Speaking Tools - Interventions such as: - Word aware - Universally Speaking – I can fact sheets - WellComm - NELI/NELI Whole class - Talking Partners

Range 2

Assessment and Planning

- One Page Profile in place, monitored and share with relevant staff.
- Support Me To Learn plan or APDR in place may consider My Support Plan.
- Identify evidence that the CYP's language is delayed.
- Ensure the CYP is part of typical school and class assessments.
- Actively monitor behaviour as an indicator of SLCN.
- SENDCO and class teacher should be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty.
- Other assessment tools schools use: Wakefield SLCN Checklist, WellComm, Speech/Language Link (Primary), Communication Trust Progression Tools, One Step at a Time.
- Schools can request consultation/drop ins with advisory teachers at planning meetings.
- School to consider referral to Speech and Language Therapy.

Teaching and Learning Strategies

- Mainstream classroom with attention paid to position in the classroom and acoustics.
- Flexible pupil groupings; positive peer speech and language models.
- Groupings reflect ability with modifications made to ensure curriculum access.
- Small group/individual work to target specific needs.
- Phonological awareness that does not affect speech but is impacting on literacy levels requires strategies to support progress provided by education, such as individual screen and assessment.

Curriculum/Intervention: Resources and Staffing

- Instructions supported by visual and written cues.
- To support CYP in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition.
- Flexibility in expectations to follow instructions /record work.
- Opportunities for developing the understanding and use of language across the curriculum.
- Opportunities for time limited small group/individual work based on identified need.
- Planning shows opportunities for language-based activities.
- Family supports targets at home.
- CYP involved in setting and monitoring their own targets.
- All tasks require regular modification.
- Support and intervention can be offered from WISENDSS.
- Main provision by class/subject teacher with advice from SENDCO.
- Adults routinely used to support flexible groupings and differentiation under the guidance of the teacher.
- Adults actively support pupils by modifying teacher talk and scaffolding/ modelling responses.
- Regular, planned support to listen and respond to longer sequences of information in whole class situation.

Range 2

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
• One Page Profile in place and shared with relevant staff. • Supporting Me to Learn Plan (SMTLP) or APDR Assess Plan Do Review or similar. • May consider MSP.		• Regular, planned encouragement and support to collaborate with peers in curriculum activities. • Staff working directly with the CYP should have knowledge and training in good practice for teaching and planning provision for children with SLCN. • Training and advice can be provided by WISENDSS. **Resources:** • Refer to The Communication Trust '**What Works for Pupils with SLCN?**' • See Adaptive Teaching Techniques Document • SLCN Toolkit • ELKLAN Materials. • Language for learning (primary and secondary) • Universally Speaking • ICAN Fact Sheets • Colourful Semantics • NELI – Nursery/Reception • WellComm – Early years to Key Stage 2 • Talk Boost – Early Years, KS1, KS2 • BLAST • Word Aware

Range 3

Assessment and Planning

As for Ranges 1 & 2 plus:

- One Page Profile or similar in place. SMTLP/APDR may still be used with regular monitoring.
- My Support Plan may be in place regularly reviewed and monitored.
- Provide evidence of monitoring and identification of CYP needs before making a referral for assessment and advice from a specialist teacher.
- Reviews should consider the evidence base if there is a need to consider utilising specialist resources and provision.

Teaching and Learning Strategies

- Mainstream classroom with attention paid to position in the classroom and acoustics.
- Flexible pupil groupings; positive peer speech and language models.
- Groupings reflect ability with modifications made to ensure curriculum access.
- Regular, focused, time limited small group/individual interventions.

Curriculum/Intervention: Resources and Staffing

As for Ranges 1 & 2 plus:

- Planning identifies inclusion of and provision for individual targets.
- Additional steps are taken to engage families and the CYP in achieving their targets.
- Mainstream class predominantly working on modified curriculum tasks.
- Frequent opportunities for time limited small group and individual work based on identified need.
- Attention to position in the classroom and acoustics.
- Tasks and presentation personalised to CYP needs.
- Curriculum access facilitated by a structured approach using visual systems, modification/reduction of language for instructions and information.
- Consideration to the transference and generalisation of skills.

School:

As for Ranges 1 & 2 plus:

- Main provision by class/subject teacher with advice from SENDCO.
- Additional adult support informed by differentiated provision planned by the teacher.
- Could include advice from Speech and Language Therapist and Advisory Teacher to implement specific classroom-based strategies and to inform planning.
- Additional adult support focused on specific individual targets and any SLT advice as appropriate.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• Staff working directly with the CYP must have knowledge and training in good practice for teaching and planning provision for children with SLCN - sometimes the Therapist leaves programmes for staff to follow. • Staff are accessing WISENDSS and where relevant EPS drop-ins/consultation and implementing suggested strategies. • Consider involvement of an EP in consultation/ assessment/ planning and review. **Other resources:** • Refer to The Communication Trust 'What Works for pupils with SLCN' database • Advice sheets • SLCN Toolkit • ELKLAN Materials. • Communication passports – AAC approach to support access • EVB – Early Years Complex needs into primary **Interventions:** As Range 2 + • Pre – Post Teaching of vocab concepts. • Black Sheep Narrative/ sequencing packs • SALLEY Toolkit

Range 4

Assessment and Planning

As for Ranges 1 - 3 plus:

- One Page Profile, My Support Plan in place and regularly monitored.

- Reviewing MSP may result in request to assess where evidence of input has been regularly reviewed with strategies consistently implemented.

- Where there is a diagnosis of Language Impairment or Speech Impairment the CYP's individual academic potential should not be underestimated. However, planning must include a significant level of additional adult support and significant personalised differentiation to ensure curriculum access.

- Planning, targets, and assessments must address pastoral considerations relevant to the individual CYP's emotional well-being as well as social and functional use of language.

Teaching and Learning Strategies

- Mainstream classroom with attention paid to position in the classroom and acoustics.

- Flexible pupil groupings.

- Positive peer speech and language models.

- Groupings reflect ability with modifications made to ensure curriculum access.

- Regular, focused time, limited small group/ individual interventions.

Curriculum/Intervention: Resources and Staffing

As for Ranges 1 - 3 plus:

- Mainstream class predominantly working on modified curriculum tasks.

- Provide an appropriately trained teacher or teaching assistant to implement the advice of the SALT and/or Advisory Teacher (WISENDSS).

- Individual targets following advice from SLT/specialist teacher must be incorporated in all activities throughout the school day.

- Whole school understanding of the CYP's individual needs through training such as ICAN Communication Friendly Schools and/or training from SSLT service or WISENDSS.

- Additional training of mainstream staff to support curriculum modifications.

- Daily opportunities for individual/small group work based on identified need.

- Provide support focused on specific individual targets and any SLT/Advisory Teacher/ Specialist/Teacher advice as appropriate, if in enhanced Resource base.

- Pay attention to position in the classroom and acoustics.

- Provide systematic and intensive mediation to facilitate curriculum access.

- Ensure specific structured teaching of vocabulary and concepts, in context.

- Provide support for social communication and functional language use.

- Provide specialist support with recording and communication.

Range 4

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• Provide specific programmes to develop independent use of ICT, recording skills and communication. • Main provision by class/subject teacher with advice from SENDCO which must include advice from specialist teacher and/or Speech and Language Therapist. • Additional adult support focused on specific individual targets and any SLT/ Advisory Teacher/Specialist teacher advice as appropriate if in enhanced Resource base. • Staff working directly with the CYP must have knowledge and training in good practice for teaching and planning provision for CYP with SLCN. • Additional training of mainstream staff to support curriculum modifications. • Additional adult support informed by differentiated provision planned by the teacher. • ELKLAN Materials can be used. • EP and WISENDSS may be involved on a casework basis. • Where CYP is in enhanced Resource base Specialist staff to devise strategies which will be shared with mainstream staff and implemented into planning.

PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child has the communication and interaction skills required to meet with adults from a range of careers and obtain information, appropriate to the child's age and developmental level, in relation to different jobs to enable them to begin to think about what they may like to do in the future. Child is able to engage with real world visits (fire stations, farms, etc.) and be able to communicate with adults present to obtain information relating to any questions they may have.	Child has the communication and interaction skills required to enable them, with adult supervision support and modelling, to ask for things that they would like (ordering juice in a coffee shop, asking for a toy or food item at a shop counter etc.)	Child is able to interact and communicate appropriately with peers to enable participation in teams and games, after school clubs and weekend activities. Child has the communication and interaction skills required to begin to develop friendships with peers.	Child has the language, communication skills required to gain the attention of an adult at times when they feel unwell in order to access appropriate medical care as required. Child has the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.
Y3 to Y6 (8-11 years)	Child is able to articulate their ideas in relation to different career and education options and will have the communication skills required to ask questions to support them in moving towards making choices. Child is able to engage with career related role models/sessions on different career paths from visitors in school to further increase their understanding of potential options/areas of interest.	Child has the communication and interaction skills required to enable them to ask for things that they would like, to pay for things in a shop or school lunch hall, as step toward independent living. Child has the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/guidance where required.	Child has the communication and interaction skills required to develop and maintain friendships with peers. Child is able to interact and communicate appropriately with peers to enable participation in team games, youth and after-school clubs. Child has the language and communication skills required to outline any issues relating to bullying or safety online to an adult.	Child has the language and communication skills required to explain the issue to an adult at times when they are hurt or feel unwell in order to access appropriate medical care as required. Child has the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.

PfA Outcomes and Provision

PfA Outcomes			
Employability/Education	**Independence**	**Community Participation**	**Health**
Y7 to Y11 (11-16 years) Child is able to engage with structured careers advisory sessions, communicating their thoughts and ideas relating to potential career choices and having the interaction skills to talk with adults to obtain additional information/guidance as required to enable them to make informed choices. Child has the communication and interaction skills (written or verbal) required to facilitate the building of a personal/vocational profile within careers sessions, moving towards building a CV for application for further education/training or employment. Child has the communication and interaction skills required to function within a workplace environment, either with respect to work experience/voluntary work or part time employment to enable them to gain work related experience and explain areas of interest.	Child has the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/guidance where required. Child has the communication and interaction skills required to enable them to socialise with peers (unsupervised) within the community and to access activities within the local community in accordance with their preferences.	Child has the language, communication and interaction skills to develop and maintain friendships with peers and to integrate successfully into a range of social groupings and situations. Child is able to interact appropriately via social media, online games and within the online community to maintain personal safety and lessen potential vulnerability.	Child has the language and communication skills required to ask questions in order to obtain additional information relating to sex education managing more complex health needs, risks related to drugs and alcohol and support for mental health and wellbeing as required. Child is able to communicate, with adult support/prompting, any health needs, or concerns to a GP to obtain appropriate medical care or support as required.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Communication and Interaction, SLCN and ASD.		

Cognition and Learning

Guidance for children and young people with Cognition and Learning Needs

The term 'Cognition and Learning' (C&L) is used in this guidance to refer to children and young people with generalised and/or specific learning needs. Speaking and understanding English as an additional language (EAL) does not in itself constitute a Cognition and Learning difficulty. The varied structures and phonologies of different languages however cause initial short-term difficulties.

Cognition and Learning

Range Descriptors Overview

Range 1	• May be working below age-related expectations; attainment levels are likely to be delayed.
	• Difficulty with the acquisition/use of language.
	• Difficulty with the pace of curriculum delivery.
	• Some problems with concept development.
	• Evidence of some difficulties in aspects of reading, writing, mathematics.
	• May have not met expected level of development at Early Years Foundation Stage (EYFS).
	• May require reasonable adjustments to support them in the classroom.

Cognition and Learning

Range 2	• Difficulties persist in aspects of reading, writing, mathematics despite good attendance, appropriate intervention, and quality first teaching, implemented over time and reviewed regularly. • The CYP is operating at a level below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and appropriate adaptations to the curriculum. • Evidence of difficulties with aspects of cognition i.e. short-term memory, working memory, long term memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum. • Progress is at a slow rate but with evidence of response to intervention. • Support is required to maintain progress and to access the curriculum. • Processing difficulties limit independence and CYP may need adult support in some areas. • May have difficulties with organisation and independence in comparison to peers. • Requires reasonable adjustments to support them in the classroom. • Self-esteem and motivation may be impacted.
Range 3	• Difficulties persist with reading, writing, mathematics despite good attendance, despite significant levels of focused intervention, and quality first teaching, implemented over time and reviewed regularly. • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills. • Bespoke intervention required. • Operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, adaptive teaching and curriculum modification. • Difficulties with independent working which may sometimes need the support of an adult and a modified curriculum. Findings from a range of assessments. • Assessment by external professionals indicates significant and enduring difficulties with several aspects of cognition e.g., memory, concept development, information processing, understanding, sequencing and reasoning. • Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties. • Difficulties in some aspect of cognitive processing will be present, i.e., slow phonological processing, poor working memory, and difficulties with auditory and visual processing. • Difficulties will affect access to curriculum, and external support/advice and arrangements will be required. • May require assistive technology and/or augmented or alternative communication supports. • Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support.

Cognition and Learning

Range 4

Cross reference in other areas of need when a CYP is identified in this range.

General learning difficulties

- Complex and severe difficulties persist with reading, writing and mathematics despite good attendance and high-quality bespoke intervention and teaching, implemented over time and reviewed regularly.

- Key language, reading, writing, mathematic skills are well below functional levels for their age group.

- Significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum.

- Difficulties likely to be long term/lifelong. Significantly affects access to the wider aspects of the curriculum and academic progress.

- Social skills will be affected, and issues of self-esteem and motivation are likely to be present.

- Difficulties with reasoning, understanding or expressing thoughts. Leading to increased vulnerability due to difficulties with understanding social situations.

  - Requires a very high level of adult support in all aspects of learning.

  - Requires life skills as a part of the curriculum for personal safety and development.

  - Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required.

- The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting.

Specific learning difficulties (SpLD)

- Severe difficulties persist with reading, writing and/or mathematics despite good attendance and high-quality bespoke intervention and teaching, implemented over time and reviewed regularly.

- Key language, reading, writing, mathematic skills are well below functional levels for their age group – the CYP may be able to access highly modified text or record independently or use alternative forms of recording.

- Significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum.

- Difficulties likely to be long term/lifelong. Significantly affects access to the wider aspects of the curriculum and academic progress.

- High levels of support required which include assistive technology and/or augmented or alternative communication supports; a total communication approach is required.

- Social skills may be affected, and issues of self-esteem and motivation are likely to be present.

- Difficulties with reasoning, understanding or expressing thoughts. Leading to increased vulnerability due to difficulties with understanding social situations.

Range 5

- Profound and multiple learning difficulties identified.

- Significant and persistent difficulties in all aspects of learning in and out of school.

- Complex and severe difficulties in acquiring basic life skills.

- Access to specialist support for personal needs.

- Constant adult support required in all aspects of learning.

Range 1

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
School • Part of typical school and class assessments • Typical curriculum plans include Quality First Teaching (QFT) strategies. • Parents and children involved in monitoring and supporting their targets. • One Page Profile in place and shared with relevant staff, monitored and updated to reflect needs. **Assessment** • In addition to typical classroom assessments, the teacher will also discuss next steps with the SENDCO. As appropriate, schools may choose to use screening tools, such as GL Assessment online screeners, Lucid, etc. • For concerns regarding motor skills use a motor skill check list and/or speak to the school nursing team/OT. The seven strategies for success programme may be a useful guide from WISENDSS.	• Mainstream class with flexible grouping arrangements. • Opportunities for small group work based on identified need e.g., listening/thinking. • Mainstream class with flexible grouping arrangements. • Opportunities for small group work based on identified need e.g., reading, maths, motor skills. • Opportunities for generic type one-to-one programmes aimed at addressing gaps – any intervention should have clear entry and exit criteria.	• Quality First Teaching – use adaptive teaching techniques document. • Simplify level/pace/amount of teacher talk. • Emphasis on identifying and teaching gaps assessment. • Opportunities for skill reinforcement/revision/transfer and generalisation. • Formal teaching of vocabulary and concepts. • Main provision by class/subject teacher. • Mainstream class adaptations. • Regular targeted small group support, where staffing allows. • Time limited programmes of small group work based on identified need. • Opportunities for 1:1 /small group support focused on specific targets, with outcomes closely monitored. • CYP should be in mainstream classes and should not routinely be withdrawn and taught by a TA. • All school staff should have access to regular, targeted Continuing Professional Development. • The child is likely to be part of unnamed consultations or consultations about groups of children with external professionals. • Full inclusion within the curriculum through use of adaptive teaching strategies and support.

Range 1

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • Typical curriculum plans to include QFT strategies and adjustments to activities to remove any barriers which difficulties may present. • Timetable any one-to-one /small group intervention into weekly routine as appropriate (the number of sessions would be dependent on the intervention). • Monitor effectiveness of interventions ensuring clear entry and exit points and detailed provision map. • Parents and children involved in monitoring and supporting their targets.		• Activities planned through QFT with emphasis on concrete, experiential and visual supports. • Multi-sensory learning opportunities. • Strategies employed to encourage cognitive engagement, transferring and generalising learning e.g., Thinking Skills and problem solving. • Links established between new and prior learning with support from review and overlearning techniques.

Range 2

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing

As Range 1 plus:

Assessment

- SENDCO will use screening tools available for use in schools to establish a profile of the CYP's strengths and weaknesses. This will inform areas for intervention and adjustments/arrangements required for access to the curriculum and exams.

- Child discussed at consultation drop in and implement strategies advised.

- Consider using small steps tracking such as Wakefield Progression Steps.

- One Page Profile in place and shared with relevant staff.

- Supporting Me to Learn Plan (SMTLP) or APDR Assess Plan Do Review or similar.

- May consider MSP.

- Mainstream class with adaptive teaching, regular targeted small group support.

- Time limited programmes of small group work based on identified need.

- Opportunities for individualised support. focused on specific targets, with outcomes closely monitored.

As Range 1 provision plus:

- Individualised specific multisensory, cumulative, structured programmes to support the acquisition of literacy, cursive handwriting, numeracy and motor skills.

- Opportunities for mixed groupings as CYP's cognitive ability is likely to be higher than their literacy skills might indicate.

- The child experiences success through carefully planned interventions and expectations.

- Quality First Teaching

- Programme includes differentiated and modified tasks within an inclusive curriculum.

- Modify level/pace/amount of teacher talk to CYP's identified need.

- Programmes to consist of small achievable steps.

- Pre-teach concepts and vocabulary.

- Multi-sensory learning opportunities.

- Emphasis on using and applying and generalisation of skills.

- Individual targets within group programmes and/or individualised carefully monitored and reviewed.

- Adaptive curriculum with modifications that include alternative methods to record and access text. This will include ICT as appropriate e.g., word prediction, text-to-speech.

- Parents are fully informed of school provision for child and involved in decisions about interventions to meet the CYP's needs.

- **Main provision** by class/subject teacher with support from SENDCO and advice from external professionals as appropriate.

- Additional adult, **under the direction of teacher**, provides sustained and targeted support on an individual/group basis.

- Include withdrawal on a time limited basis, entry and exit criteria clearly stated.

- Child discussed at consultation drop in and implement strategies advised.

Range 2

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • Teaching plans clearly show adjustments made for individual CYP to access the curriculum. • Learner profile or SMTL plan may be appropriate to document adjustments. • This should include planning for additional adults supporting the CYP within the classroom. • SENDCO to oversee planning of a personalised multi-sensory intervention. This should be time-tabled, and in an appropriate area. • Regular monitoring and reviewing of interventions so they can be adapted accordingly – this should take place termly. • Staff trained regularly on whole class adaptations, scaffolding with opportunities for peer support. • Child discussed at Consultation drop in and implement strategies advised.		As Range 1 provision plus: Appropriate programmes such as (the list is not exhaustive); • staff to deliver individualised programmes for at least 30 minutes, 3 times weekly. • Adults use the developmental level of language appropriate to the child in questioning and explanation. • Simple Thinking Skills Activities/ Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising • Use real objects wherever possible. • Individual reading • Individual maths • Alphabet arc activities • Precision teaching • Seven strategies for success • Busy box • 5-minute box • Visual timetables, timeline • QFT is supplemented by appropriate small group work with close monitoring in place. • Individualised programmes are incorporated into provision. • Clear entry and exit criteria.

Range 3

Assessment and Planning

- SENDCO should take advice from external professionals.
- Reviews should take note of evidence-based needs.
- Curriculum plans, and progress are closely monitored using a small steps approach.
- Targets are individualised, short term and specific.
- Continued regular engagement of parents/carer.
- Involvement of CYP in target setting and personalised learning
- Consideration of specific literacy/ learning difficulties evidence
- OPP in place
- SMTLP APDR will still be used
- My Support Plan (MSP) may be in place regularly reviewed and monitored

Teaching and Learning Strategies

- Mainstream class, CYP predominantly working on **modified** curriculum tasks.
- Frequent opportunities for small group work based on identified need.
- Daily opportunities for individualised support focused on specific support plan targets.
- Grouping needs to be flexible and include positive peer models with input from class teacher as well as additional adults.
- Adults use the developmental level of language appropriate to the child in questioning and explanation.

Curriculum/Intervention: Resources and Staffing

- Quality First Teaching
- Tasks and presentation increasingly individualised and modified in an inclusive curriculum.
- Visual cues to support auditory information at all stages of delivery.
- Individualised level/pace/amount of teacher talk.
- Ensure transfer and generalisation of skills has occurred before teaching anything new.
- Small steps targets within group programmes and/or individualised programmes. (WISENDSS may be able to offer programmes).
- Alternative ways of recording as appropriate.
- Individualised programmes are incorporated into provision.
- Clear entry and exit criteria.
- Teaching and activities are adapted to reduce the impact of processing difficulties e.g., working memory, processing speed.
- **Main provision** by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate.
- Involvement of external agencies in consultation/ assessment/ planning and review.
- A consistent structured environment which may include withdrawal, carefully monitored and planned by class teacher for a specific target.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• Additional adult, **under the direction of the teacher**, provides sustained targeted support on an individual/group basis. • Clear monitoring of effectiveness of interventions. • Additional adult to be trained to deliver interventions and support. • Use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising. • CYP experiences success through carefully planned interventions and expectations. • QFT is supplemented by appropriate small group work (this can be in class with the teacher directing) with close monitoring in place.

Range 4 – General Learning Difficulties

Assessment and Planning

School

- SENDCO takes advice from external professionals and the involvement of education and non-education professionals as appropriate.

- Curriculum plans, and progress are closely monitored with a small steps approach.

- Targets are individualised, short term and specific e.g., using a small steps approach such as B-Squared or Wakefield Progression Steps.

- Continued regular engagement of parents.

- Progress is closely monitored and tracked.

- Utilise education and outside professionals for assessment and advice.

- Curriculum plans, classroom support and interventions are planned and evaluated.

- MSP in place and regularly reviewed and monitored.

- Reviewing MSP may result in request to assess, where evidence of input has been regularly reviewed with strategies consistently implemented.

- EHC plan could be in place.

Teaching and Learning Strategies

- Mainstream class, predominantly working on **modified** curriculum tasks

- Frequent opportunities for small group work based on identified need by specialist teacher and specialist support staff.

- Daily opportunities for support focused on specific provision targets.

- The CYP experiences success through carefully planned interventions and expectations.

- Adults use the developmental level of language appropriate to the child in questioning and explanation.

- Simple language level with instructions chunked.

Curriculum/Intervention: Resources and Staffing

- **Modified** class curriculum.

- Quality First Teaching

- Tasks and presentation increasingly individualised and modified in an inclusive curriculum.

- Visual cues to support auditory information at all stages of delivery.

- Individualised level/pace/ amount of teacher talk.

- Ensure transfer and generalisation of skills has occurred before teaching anything new.

- Small steps targets within group programmes and/or group or individual programmes.

- Emphasis on literacy, numeracy PSHCE and ICT.

- Tasks and presentation are personalised to the CYP's needs and as 4a monitored regularly to ensure they remain appropriate.

- Highly adapted teaching methods which incorporate the use of learning aids and multi-sensory teaching as standard.

- **Main provision** by class/subject teacher with support from SENDCo and advice from specialist teacher and non-education professionals as appropriate.

- A consistent structured environment may include withdrawal, which is carefully monitored, and planned by the class teacher for a specific target.

- Additional adult, **under the direction of the teacher** provides sustained targeted support on an individual/group basis.

- Clear monitoring of effectiveness of interventions.

Range 4 – General Learning Difficulties

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• Additional adult to be trained to deliver interventions and support. • Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising. • Use real objects wherever possible. • CYP still included in group activities wherever appropriate. • Mastery learning – use of the Education Endowment Fund Toolkit to locate appropriate interventions: https://educationendowmentfoundation.org.uk/education-evidence/teaching-learning-toolkit/mastery-learning • Precision teaching • Motor co-ordination programme. • Visual timetables, timeline, cues, task plans • Access to assistive technology available for CYP with SpLD. • QFT is supplemented by small group work with close monitoring in place. • Individualised literacy/numeracy incorporated into provision. • Clear entry and exit criteria.

Range 4 – Specific Learning Difficulties

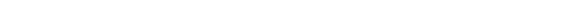| Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing

School
 	
• SENDCO takes advice from external professionals and the involvement of education and non-education professionals, such as Health professionals as appropriate.
 	
• Curriculum plans, and progress are closely monitored with a small steps approach.
 	
• Targets are highly individualised.
 	
• Continued regular engagement of parents.
 	
• Curriculum plans, classroom support and interventions and graduated approaches to achieve outcomes.
 	
• MSP in place and regularly reviewed and monitored.
 	
• Reviewing MSP may result in request to assess, where evidence of input has been regularly reviewed with strategies consistently implemented.
 	
• EHC plan may be in place.
	• Mainstream class, predominantly working on modified curriculum tasks.
	
	• Frequent opportunities for small group work based on identified need.
	
	• Daily opportunities for support focused on specific support plan targets.
	
	• Opportunities for multi-sensory interventions to address core difficulties will be in place.
	
	• Referrals can be made by
	  • Health professionals (e.g. GPs, paediatricians, health visitors)
	  • Parents or carers
	  • School staff (with parental consent or support) can refer to OT using: www.educationservices.wakefield.gov.uk/Pages/Download/a03963c4-7a96-48d7-b187-f8bceb35341b/PageSectionDocuments
		• Quality First Teaching
		
		• Tasks and presentation increasingly individualised and modified in an inclusive curriculum.
		
		• Visual cues to support auditory information at all stages of delivery.
		
		• Individualised level/pace/ amount of teacher talk.
		
		• Ensure transfer and generalisation of skills has occurred before teaching anything new.
		
		• Small steps targets within group programmes and/or individualised programmes.
		
		• Tasks and presentation are personalised to the CYP's needs and monitored regularly to ensure they remain appropriate.
		
		• Emphasis on literacy, numeracy, PSHCE and ICT.
		
		• Access arrangements and adjustments are part of everyday learning and practice (typical way of working).
		
		• Main provision by class/subject teacher with support from SENDCo and advice from specialist teacher and non-education professionals as appropriate.
		
		• A consistent structured environment may include withdrawal, carefully monitored, and planned by class teacher for a specific target.
		
		• Additional adult, under the direction of the teacher, provides sustained targeted support on an individual/group basis.

Range 4 – Specific Learning Difficulties

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• Clear monitoring of effectiveness of interventions. • Additional adult to be trained to deliver interventions and support. • Modified class curriculum. • CYP still included in activities wherever appropriate. • Use real objects for thinking skill activities (explore the context for the objects). • Appropriate thinking skills strategies. • Access to assistive technology must be made for those CYP with SPLD – e.g., Clicker 8 Text Help Read/Write, Penfriend and audio recording devices.

Range 5

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
School • As 4 (General Learning Difficulties) with long term involvement of specialist provision and appropriate non-educational professionals in accordance with the outcomes identified within the Education, Health and Care Plan, if applicable. • Previous assessment informs the planning process for appropriate programmes. • Targets are short-term and specific, monitored and reviewed on a short-term basis. • Parents/carers are naturally involved.	• Bespoke work. • Small group and 1:1 daily developing basic skills. • Need for specialist intervention from time to time to model interventions for schools to follow.	• As 4 (General Learning Difficulties) plus access to aids personalised to the CYP's needs e.g., communication needs. • Ensure that appropriate advice and materials are always available such as PECS, Makaton, ICT. • Functional curriculum. • Sensory curriculum. • Staff need to be trained and have experience working with CYP with high cognition and learning needs. • Access to extra staffing to support CYP in times of crisis and stress and to escort CYP on outings and trips. • Appropriately trained staff to deal with medical and physical issues as appropriate. • Bespoke modification of curriculum. • Group activities carefully monitored to ensure the CYP is not isolated or excluded. • CYP still included in activities wherever appropriate. • Emphasis on using real objects and experiences for all activities. • Visual support throughout. • Specialist ICT hard and software. • Total Communication Approach.

Range 5

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• AAC systems to support communication environment. • Specialist equipment to promote self-help, physical access, and mobility. • Appropriate indoor and outdoor provision in a safe and secure setting. • Specialist hygiene facilities if necessary. • Access to specialist educational and non-educational services in accordance with the EHC Plan, if applicable. • Therapeutic offer to support sensory needs. • Information regarding Services and training will be on the Local Offer.

PfA Outcomes and Provision

PfA Outcomes			
Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years) Child has the listening skills and concentration to increase the amount of time they are able to maintain focus upon learning tasks. Child is able to develop early concepts of literacy and numeracy skills to enable them to lay the foundations of later learning. Child has an awareness of 'growing up' and beginning to have some ideas of what they would 'like to be', when they are older.	Child is able to understand the concept of time and will develop the skills necessary to access digital and analogue clocks. Child is able to understand the concept of cooking and the contribution of ingredients to produce different foods.	Child has an understanding of the concept of friendships and will be applying this in their approach to shared play with peers.	Child is able to understand the concept of being healthy, including the benefits of exercise and making healthy food choices and will begin to apply this in the context of mealtimes and attendance at clubs and sports activities. Child is able to understand the need for regular dental, vision, and hearing checks to maintain good health.
Y3 to Y6 (8-11 years) Child is able to understand and be able to talk about different careers and education options so that they are able to make choices about what they will do next. Child is beginning to develop a profile of interests and aspirations in order to demonstrate individual strengths and skills.	Child is able to understand the concept of money, demonstrating awareness that different objects are of different monetary values and beginning to use money to pay for items such as snacks in school. Child is beginning to understand concepts relation to travel and transport including paying for a ticket/pass, timetables, and road signs and will be aware of the role of these in facilitating independent travel. Child is able to understand the concept of recipes relating to preparation of food and will be able to follow these with adult support to make simple foods (cupcakes, sandwiches etc.)	Child is able to understand the importance of being safe within the local community, including online, and will begin to understand potential areas of risk, e.g., strangers, online hazards, bullying and ways to take steps to avoid these. Child is familiar with the local area, including particular places, routes of travel to enable them to begin to understand where they are going and methods to get there.	Child is able to understand the purpose of vaccinations and will cooperate with these to ensure good medical health. Child is able to understand changes to their body associated with puberty and will be aware of self-care routines required to maintain good physical health. Child is able to understand minor health needs that they may have, asthma, eczema, difficulties with vision and/or hearing; they will understand the strategies and resources to manage these.

PfA Outcomes and Provision

PfA Outcomes			
Employability/Education	**Independence**	**Community Participation**	**Health**
Y7 to Y11 (11-16 years) CYP is able to understand information relating to course options (GCSE, NVQ, Entry level qualifications, vocational options etc.) including the requirements for access to a range of HE options to enable realistic and informed choices. CYP is able to think about subject option choices alongside longer-term career goals and will be able to choose subjects and course options to enable next steps in their chosen direction. CYP is beginning to think about and plan work experience/part-time opportunities to enable them to understand workplace demands and requirements and to gain early experience in areas of interest for future employment. CYP continues to develop a profile of interests and achievements in order to demonstrate individual strengths and skills. This will be used in accordance with careers sessions and guidance. CYP is able to understand supported employment options e.g., Access to Work.	CYP is able to understand monetary value, how much money they have and how much money items cost and will be able to make decisions in relation to what they spend their money on as a first step towards financial budgeting. CYP is able to demonstrate skills in accessing local transport services, buying a ticket/pass, understanding bus times, using these systems of travel to access school, for example. CYP is able to understand information relating to different food groups and meal planning and will be able to understand instructions within a recipe card/book to enable them to cook simple meals with support.	CYP is able to understand risks associated with social media, online gaming and online communities and will be increasingly competent in understanding how to keep themselves safe. CYP is able to understand social norms and conventions in relation to a variety of friendships and relationships and will be able to use this knowledge to enable them to engage appropriately within a range of social context. CYP is able to understand options in relation to a range of leisure and social activities available and will be able to use this to make informed and positive choices about how they want to spend their free time. CYP shows increased understanding of the wider picture and will build resistance to support emotional wellbeing	CYP is able to understand information relating to sex education and sexual health in preparation for adulthood. CYP is able to understand the role of the GP and the support available to them. CYP is able to understand the risks associated with drugs and alcohol and will apply information learned to keep themselves safe. CYP has a more active role in understanding and managing more complex health needs to facilitate greater independence.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Cognition and Learning.		

Communication and Interaction

Guidance for children and young people with Communication and Interaction needs

The children and young people to whom this guidance relates will present with a range of communication and interaction differences which challenge their learning and social development and interaction and inclusion. Individual pupils display a range of differences which will vary in severity and intensity, and which may develop/change over time. It is not expected that any pupil will match all the descriptors listed below.

Pupils who display social communication and interaction differences but who are not diagnosed with an autism spectrum condition share some of the difficulties in social imagination, inflexibility of thought and sensory differences seen in pupils on the autism spectrum. The suggested provision and resourcing at the appropriate range will support adaptive, effective teaching and learning for this group of children and young people within a mainstream setting.

Children and young people may or may not have a diagnosis of autism. Wakefield is a needs led service and therefore the document will support settings in identifying needs and meeting them regardless of diagnosis.

Communication and Interaction is a difference not a deficit,

The 3 areas of difference are:

1: Social understanding and communication

2: Flexibility, information processing and understanding

3: Sensory processing and information.

It is important to understand that the 3 areas of difference overlap and to recognise that the impact of each area of difference will be different for everyone.

Children and young people may have an even or uneven profile of abilities and capabilities which may affect the way they communicate, interact with and experience the world around them. It is important to consider co-occurring conditions and other needs. It may therefore be necessary to also consider other areas of need within the ranges.

Communication and Interaction

Range Descriptors Overview

Range 1

Communication and interaction needs affect access to some aspects of the Curriculum, including the social emotional curriculum, and school life.

- Differences with listening and attention that may affect task engagement and independent learning within the mainstream setting.

- Anxiety can be triggered by the 3 areas of difference, social communication, flexibility and understanding and sensory processing and integration.

- Differences in social understanding and communication can mean that a CYP may find it difficult to know how to engage in social interactions with others. This may result in some feelings of anxiety and frustration.

- Social interaction may be limited in a neurotypical environment and there may be some difficulty in making and maintaining friendships.

- CYP may imitate the words/reactions of their peers, and their play/interactions may be copied without full understanding of the gameplay or social function.

- Differences in flexibility, information processing and understanding mean that what is happening now, next and later can be unpredictable to the CYP.

- Sensory differences include hyper or hypo sensitivity in relation to the 8 senses which affect access to everyday events or activities.

- Some comments and questions (or lack of these) indicate difficulties in understanding the main points of discussion, information, explanations, and the CYP may need some support with listening and responding.

- Behaviour as an indicator of communication and interaction differences: this may lead to difficulties with independent learning, listening and attention, frustration, stress and engagement. Using behaviours to communicate dislikes/ feelings of displeasure to get their basic needs met.

- Can occasionally be on their own self-servicing agenda/preferred tasks, but this does not prevent access to wider activities.

- May have special interests but these have limited impact on accessing learning bu may be useful to motivate.

- May have difficulties with play/ social skills which could impact on social interaction and/or fundamentals of play.

Communication and Interaction

Range 2

Communication and interaction need persistently affect access to aspects of the Curriculum, including the social emotional curriculum and school life and may affect transitions:

- Some difficulties with listening and attention that affect task engagement and independent learning.

- Some comments and questions (or lack of) indicate difficulties in understanding the main points of discussion, information and explanations and may have some literal interpretation.

- Ability to process or respond to receptive language can be limited.

- May use some learnt/lifted phrases and repetition of questions/ comments.

- Some support may be needed with listening and responding in a variety of situation and/or environments.

- Difficulties in the understanding of language for learning, abstract language (conceptual language: size, time, shape, position) may be evident as a barrier withing the learning environment/setting.

- Anxiety can be triggered by the 3 areas of difference, social communication, flexibility and understanding and sensory processing and integration. Reasonable adjustments are required to support these differences to enable the pupil to access everyday activities.

- Differences in social understanding and communication can mean that a CYP is more likely to find it difficult to know how to engage in social interactions with others. This is likely to have an impact on their ability to form and maintain relationships. This may lead to episodes and feelings of anxiety and frustration without supportive measures, routines, rules, social expectations being explained and used consistently.

- CYP may imitate the words/reactions of their peers, and their play/interactions may be copied without full understanding of the gameplay or social function.

- Differences in flexibility and information processing and understanding mean that what is happening now and next can be unpredictable to the CYP. This can result in an increase in anxiety, frustration and anger and will require consistency of routines and warnings of change.

- Sensory differences include hyper or hypo sensitivity in relation to the 8 senses which may affect access to everyday events or activities.

- Social perceptions and interactions are likely to be limited, resulting in difficulty in making and maintaining friendships.

- Evidence of some difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.

- Behaviour as an indicator of communication and interaction differences: difficulties with independent learning, difficulties with listening & attention, frustration, stress and lack of engagement. Using behaviours to communicate dislikes/ feelings of displeasure to get basic needs met.

- May be on their own agenda/preferred tasks more often but can be readily encouraged to access wider activities.

- Has special interests which can be used to motivate and engage.

- May appear to have limited empathy, imagination and play/ social skills which could impact access to learning, play and social communication.

Communication and Interaction

Range 3	Communication and interaction needs will affect their access to the curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts and transitions (micro and macro).

- The impact of needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment.

- Anxiety can be triggered by the 3 areas of difference, social communication, flexibility, and understanding, sensory processing and integration. Pupils may be focused on new novelty items, smells, objects, events, textures, changes, people, visual stimulus, places and sounds.

- Differences in communication, social understanding and interaction can mean that a CYP is highly likely to find navigating social situations and interactions a significant challenge. This is likely to have a significant impact on their levels of engagement with others. The CYP is likely to experience increased levels of anxiety, frustration and anger, and they will require a package of support which places a high emphasis on developing social communication and interaction skills.

- CYP may imitate the words/reactions of their peers, and their play/interactions may be copied without full understanding of the gameplay or social function.

- Differences in flexibility, information processing and understanding are likely to impact on the CYP's ability to manage changes to their routine, e.g. changes to staffing. This is likely to impact their ability to access special events in the school or setting without guidance, pre planning and the use of support/ aids which are used consistently.

- Sensory differences include hyper or hypo sensitivity in relation to the 8 senses which may cause a barrier to their ability to access everyday events or activities without supportive structures being in place.

- May be socially vulnerable and/ or become isolated.

- May have difficulties in recounting events in a spoken or written narrative.

- Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations, interpretation may be very literal.

- Needs regular and planned additional support and resources.

- Difficulties with listening and attention that affect task engagement and independent learning.

- May not be able to focus attention for sustained periods or transition between activities/areas due to anxiety without support/resources.

- Can often be on their own agenda, particularly in unstructured situations, but can accept structures to enable access to wider activities.

- May appear passive or distracted.

- Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action.

Communication and Interaction

Range 3

- May use some lifted/learnt phrases and repetition of questions/ comments more frequently in response to an adult or peer interaction/communication.
- Difficulties with speech and/or language mean that social situations present challenges resulting in emotional dysregulation, anxiety, social isolation, and social vulnerability.
- Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.
- Limited understanding of abstract language and verbal reasoning skills needed for problem solving, inference and understanding the feelings of others.
- May display interest in a topic that can pose a barrier to access to the curriculum or become inappropriate to context or audience.
- Requires reassurance and forewarning of changes to routine or when encountering new situations/experiences/people.
- May appear to not respond as expected to emotional incidents, differences in imagination and play/ social skills which could impact access to learning and social interaction opportunities.
- Sensory differences include hyper or hypo sensitivity in relation to the 8 senses which will affect access to everyday events or activities.
- Nuances in their use of language and need for sensory seeking behaviours indicates a further need for support.
- Some repetitive patterns of behaviours, activities or interests.
- Restrictive and repetitive behaviours require consistency in approach, for the CYP to engage in their daily activities.

Communication and Interaction

Range 4	Communication, social understanding and interaction needs severely affect their access to the curriculum, including the social emotional curriculum and all aspects of school life. This applies even in known and familiar contexts and with familiar support/people available.

- The significant level of needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills

- Restricted use of language and sensory behaviours.

- Repetitive patterns of behaviours, activities or interests which include sensory behaviours.

- Restrictive and repetitive behaviours restrict the CYP in their daily activities.

- The significant level of needs may affect the CYP ability to interact in assessment within setting or with unfamiliar adults/external agencies.

- May benefit from highly structured and adapted resources to access an adapted curriculum.

- Could have some lifted/learnt phrases or may use lifted language in responses that may not match their understanding. They may disguise their difficulties and seek to close conversation with others.

- Could communicate with, or benefit from, alternative and adapted forms of communication to support understanding.

- May display an intense interest in a topic that is explored with a high level of frequency and/or inappropriateness to context or audience.

- Frequently on self-directed tasks and requires a significant level of negotiation and structured systems to accept adult directed tasks.

- Anxiety can be triggered by the 3 areas of difference. The CYP may be observed talking too much or too little. High levels of fatigue may be observed. They may appear confused or reluctant to engage or interact or fearful of everyday situations. They may exhibit high levels of distressed behaviours to communicate their needs.

- Differences in social understanding and communication and social interaction present significant challenges for the CYP. Increased levels of anxiety, a withdrawal from everyday activities in the setting may be observed as well as being socially vulnerable. The CYP may also have increased levels of frustration and distressed behaviours on a consistent basis as the CYP communicates their unmet needs, which will require a bespoke a package of support /interventions to be delivered, which places a high emphasis on developing social communication and interaction.

- CYP may imitate the words/reactions of their peers, and their play/interactions may be copied without full understanding of the gameplay or social function.

- Differences in flexibility, information processing and understanding are likely to severely impact the CYP's ability to manage macro/micro transitions. These may cause a significant barrier to accessing activities in the classroom/setting without a high level of consistent support/intervention/structure, alongside a modified curriculum with a high emphasis on developing resilience and coping skills.

- Sensory differences include hyper or hypo sensitivity in relation to the 8 senses can be anxiety provoking and in their extreme form, painful to experience. This will severely affect access to everyday events or activities.

- High levels of adult support/guidance is required to transition between learning and social environments to enable access and engagement in daily interventions which supports emotional regulation.

- Difficulties with empathy, imagination and play/social skills which affect social understanding and have a significant impact on access to learning (masking).

Range 1 – Information Processing and Sensory Integration

Assessment and Planning

Assessment will continue as part of typical school and class assessments.

- Monitoring of the CYP's response to feedback, change in routine or environment.

- Assessment for learning opportunities can be used to record observations and assessment of behaviour/anxiety levels.

- Consideration of the CYP's learning style, including active engagement activities.

- Information from the CYP regarding their views using person-centred approaches.

- Observations by Teacher/Teaching Assistant /Key Stage Coordinator.

- School is proactive in identifying individual needs and monitors that action is taken.

- SENDCO may initiate more specific assessments and observations if required.

- One Page Profile in place and shared with relevant staff, monitored and updated to reflect needs.

- Consider sensory preferences.

Teaching and Learning Strategies

The teacher is held to account for the learning and progress of the CYP in the mainstream class. *All staff involved with the child needs to be informed of these strategies to offer holistic support to the CYP*

- Quality First Teaching meets the needs of all CYP.

- The teacher implements the strategies already in setting from previous advice from external agencies for children with similar profiles.

- Flexible teaching groups.

- Some adaptive of activities and materials.

- Adaptive questioning

- Use a range of teaching strategies for example different ways to present work.

- Awareness that a CYP may need more time to complete tasks and that equality of access may mean that they need to do some things differently (chunking).

- Resources and displays that support independence.

- Routine feedback to CYP.

Curriculum/Intervention: Resources and Staffing

Resources/Provision:

- The use of Quality First teaching approaches to support the development of social communication and interaction skills.

- Must have full inclusion to the National Curriculum

- Flexibility may be required to enable the CYP to follow instructions and/or record work.

- Instructions may need to be supported by use of visual and written cues.

- Preparation for change and the need for clear routines will be required.

- Reduction of complex language, especially when giving instructions and asking questions, will be required.

Setting:

- The school can demonstrate an inclusive whole school culture, ensuring that they receive appropriate skills to engage with CYP through regular training such as AET, that supports the learning and wellbeing of all CYP, which fosters an environment of acceptance and celebration.

- The school or setting promotes positive wellbeing for all students and staff.

- The school or setting has a person-centred planning approach that includes the voice of the child.

- The school reviews all policies and identifies, develops and reviews what reasonable adjustments may need to be made based on CYP needs.

Communication and Interaction

Range 1 – Information Processing and Sensory Integration

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning: - Curriculum plans should include individual/group targets. - Family to be involved regularly and support targets at home. - CYP will be involved in setting and monitoring targets, where appropriate - Information around specific CYP will be shared with staff in setting at CYP progress meetings.	- Environmental consideration to classroom organisation, seating and group dynamics. - Clear reward and consequence systems that are referred to and used consistently. - Rules and expectations consistent across all staff. - Clear routines that are followed consistently e.g., when lining up, moving to and from the carpet, tidy up time, transitions, etc. - Must be included in mainstream class with specific support for targets which involve communication and interaction.	- The school has a good understanding of good universal support for speech; language and social communication needs which include visual supports and considers the impact of other sensory stimuli such as sound/movement. - Flexible use of resources and staffing available in the classroom. - Staff trained in de-escalation strategies. - Staff are accessing a variety of training materials, and this is evidenced within their working practice. - Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding. - The child may be discussed as part of an unnamed consultation with an external agency. **Resources** - AET website (www.autismeducationtrust.org.uk) - AET Making Sense of Autism - Progression Framework - Standard Framework - Competency Framework - One Page Profiles - AET Sensory preferences and differences tool - ELKLAN resources - National Autistic Society

Range 2 – Information Processing and Sensory Integration

Assessment and Planning

Assessment:

As Range 1 plus:

- Could also include other assessments relating to need.
- Advice from wider external services such as EPS/WISENDSS at planning/drop in level
- One Page Profile in place and shared with all staff involved with CYP
- Supporting Me to Learn Plan (SMTLP) or APDR Assess Plan Do Review or similar.

Planning:

- Curriculum plans will reflect levels of achievement and include individually focused targets, especially in Speech, Language and social communication.

Teaching and Learning Strategies

As Range 1 plus

All staff involved with the child needs to be informed of these strategies to offer holistic support to the CYP

- Will be mainstream class-based and will have opportunity for small group and individual work to target specific needs relating to communication and interaction needs.
- May need adaptations to the working environment such as a quiet area within the classroom for individual work.
- The use of Quality First teaching approaches to support the development of social communication and interaction skills.
- Flexibility will be required to enable the CYP to follow instructions and/or record work.
- Clear use of visual and written cues will be useful to support instructions.
- Preparation for change and the need for clear routines will be required.

Reduction of complex language, especially when giving instructions and asking questions, will be required.

Curriculum/Intervention: Resources and Staffing

As Range 1 plus:

- Curriculum access will be facilitated by using a structured approach to provision which should involve using visual systems or timetables, reducing language for instructions/ information giving.
- Teaching approaches should take account of difficulties identified within the range descriptors.

As Range 1, plus:

Setting:

- Will need additional professional support from skilled colleagues, e.g., SENDCO, to aid curriculum modifications.
- Should have undertaken training such as AET training or similar to ensure that they are trained to meet the needs of the students in their class.
- Will need additional school support to develop strategies to address social interaction, social communication, and social understanding.
- Will need use of additional school support to implement specific materials, approaches, and resources as appropriate.
- Staff recognise and make adaptations/adjustments to facilitate the learning style of CYP.
- Training and advice is provided by WISENDSS.

Range 2 – Information Processing and Sensory Integration

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		Resources • Autism Education Trust website (www.autismeducationtrust.org.uk) • Bespoke resources for the individual can be sought • AET Good Autism practice • Word Aware • 5-point scale • Emotional Literacy • WISENDSS Neurodiversity • AET Anxiety training • AET Transitions • AET Sensory play • AET Understanding Me and Others • AET Supporting Peers

Range 3 – Information Processing and Sensory Integration

Assessment and Planning

Assessment:

As Range 1 and 2 plus:

- More specialised assessment tools in relation to specific descriptors such as: progression frameworks, B-squared, PSE p-level assessments; TALC; Motivational Assessment; STAR behavioural analysis.

- Accurate and up to date assessment of independent levels (NC/P-Levels) must be kept as a working document to aid planning and to share with family.

- Assessment includes a profile of sensory needs.

- Following WISENDSS planning meeting a named referral may be appropriate, and a consultation will be offered in the first instance.

- OPP in place.

- SMTLP APDR may still be used.

- My Support Plan may be in place regularly reviewed and monitored.

Teaching and Learning Strategies

As Range 1 and 2 plus:

- Inclusion within the mainstream classroom. However, there will be a need for an enhanced level of individual support.

- Targeted support will be needed which may include unstructured parts of the day, e.g., start and end of school day, breaks, lunchtimes and trips out of school.

- Support for areas of sensory needs which may include 'time out' space and other environmental adaptations to reduce stress and anxiety.

As Range 1 and 2 plus:

- The use of Quality First Teaching approaches to support the development of social communication and interaction skills.

- Flexibility will be required to enable the CYP to follow instructions and/or record work.

- Clear use of visual and written cues will be useful to support instruction.

Curriculum/Intervention: Resources and Staffing

As Range 1 and 2 plus:

- Will need to make noticeable adaptations to the curriculum to aid access and reduce anxiety.

- Will need differentiation by presentation and/or outcome.

- Will need enhanced PSHCE teaching to ensure skills embedded.

As Range 1 and 2 plus:

Setting:

- Advice/ training information from other agencies including Autism Hub.

- Teaching approaches must take account of difficulties identified within the range descriptors.

- Staff working directly with CYP must have knowledge and training in good practice when working with CYP with communication and interaction needs.

- Schools should consider using the Autism Education Trust staff competencies to support development of specialist skills.

- Involvement of an EP in consultation/ assessment/ planning and review.

- Schools should consider Communication Friendly Schools training to enhance skill levels in working with CYP with these needs.

- Staff trained in the use of de-escalation strategies.

Range 3 – Information Processing and Sensory Integration

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning: • Curriculum plans will reflect levels of achievement and must include individually focused targets. • Planning may need to incorporate adaptations such as rest breaks, time allocated to sensory difficulties and processing needs.	• Preparation for change and the need for clear routines will be required. • Reduction of complex language, especially when giving instructions and asking questions, will be required. • Staff will need to implement recommendations made by the SENCo/ Inclusion lead or evidence the use of advice shared by external professionals.	• Staff are accessing WISENDSS drop-ins / consultation and implementing suggested strategies. • Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding. **Resources** • Autism Education Trust website (www.autismeducationtrust.org.uk) • AET Good Autism practice • AET Anxiety raining • AET Transitions • AET Sensory Play • AET Framework • Sensory passport and toolkit • Zones of Regulation • ELSA • Enabling Environments • Executive Functioning checklist • Making Communication Clear

Range 4 – Information Processing and Sensory Integration

Assessment and Planning

As Range 1 – 3 plus:

Assessment:

- May include assessment advice from other agencies, e.g., SALT/OT.

- Assessment should include details about sensory needs.

- Must include detailed assessment for PSHCE, life skills and sensory needs.

- Risk assessments must be carried out and shared with all staff and family.

- OPP

- MSP in place and regularly reviewed and monitored

- Reviewing MSP may result in request to assess, where evidence of input has been regularly reviewed with strategies consistently implemented .

- EHC plan could be in place.

Teaching and Learning Strategies

As Range 1 – 3 plus:

- Robust planning to meet objectives defined in support plans.

- Access to a quiet area within the classroom must be available when needed to offer opportunities for distraction free learning.

- A variety of groupings must be used to ensure learning, including time in a quiet, distraction free environment.

Curriculum/Intervention: Resources and Staffing

As Range 1 – 3 plus:

- Must implement recommendations of AS /AOT Support.

As Range 1 – 3 plus

- Significant adaptations to curriculum, teaching methods and environment needed to access the curriculum. These will include conceptual understanding of everyday language and subject specific vocabulary; pace of delivery; significant pre-learning and over learning of concepts and functions and use of alternative recording methods.

- Where appropriate an alternative curriculum must be offered to develop independence and life skills.

- Will need enhanced PSHCE and SRE programmes to ensure skills embedded; these are likely to need some element of individual work.

- Curriculum modifications must be selected to engage with C&I needs in relation to curriculum content and peer group.

- Therapeutic approaches will be integral to curriculum delivery and used to support the emotional wellbeing of CYP.

- Planning for unstructured times must be provided.

Range 4 – Information Processing and Sensory Integration

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning: • Increased level of understanding by teaching and support staff will require plans for developing whole school understanding of CYP needs. • To include all setting staff that come into contact with CYP on a daily basis. • Shadowing staff in specialist settings. • Planning must include adaptations to curriculum to ensure the development of independent learning and life skills. • Where needed, positive behaviour plans must be completed and shared with family. • Must include planning for whole day, including unstructured times. • Planning must consider learning styles, identified strengths and learning needs.		As Range 1 – 3 plus: **Setting:** • All staff aware of de-escalation strategies • Key staff trained in Team Teach approaches. • Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding. • Modelling of strategies/interventions to increase staff confidence delivered by external agencies. • Flexibility of staffing available to accommodate need, especially during unstructured times such as start and end of day, breaks and lunch and trips out of setting. • Key staff must have received training in Autism. • Additional training of mainstream staff to support specific curriculum modifications in relation to needs identified in the Range descriptors. • EP and WISENDSS may be involved on a casework basis. • Where CYP is in enhanced Resource base Specialist staff to devise strategies which will be shared with mainstream staff and implemented into planning. • Resources/training are bespoke for the individual child according to needs. AET training available through WISENDSS with associated supporting documents provided to all delegates.

PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child has the communication and interaction skills required to meet with adults from a range of careers and obtain information, appropriate to the child's age and developmental level, in relation to different jobs to enable them to begin to think about what they may like to do in the future. Child is able to engage with real world visits (fire stations, farms, etc.) and be able to communicate with adults present to obtain information relating to any questions they may have.	Child has the communication and interaction skills required to enable them, with adult supervision support and modelling, to ask for things that they would like (ordering juice in a coffee shop, asking for a toy or food item at a shop counter etc.)	Child is able to interact and communicate appropriately with peers to enable participation in teams and games, after school clubs and weekend activities. Child has the communication and interaction skills required to begin to develop friendships with peers.	Child has the language, communication skills required to gain the attention of an adult at times when they feel unwell in order to access appropriate medical care as required. Child has the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.
Y3 to Y6 (8-11 years)	Child is able to articulate their ideas in relation to different career and education options and will have the communication skills required to ask questions to support them in moving towards making choices. Child is able to engage with career related role models/sessions on different career paths from visitors in school to further increase their understanding of potential options/areas of interest.	Child has the communication and interaction skills required to enable them to ask for things that they would like, to pay for things in a shop or school lunch hall, as step toward independent living. Child has the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/ guidance where required.	Child has the communication and interaction skills required to develop and maintain friendships with peers. Child is able to interact and communicate appropriately with peers to enable participation in team games, youth and after- school clubs. Child has the language and communication skills required to outline any issues relating to bullying or safety online to an adult.	Child has the language and communication skills required to explain the issue to an adult at times when they are hurt or feel unwell in order to access appropriate medical care as required. Child has the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.

PfA Outcomes and Provision

PfA Outcomes			
Employability/Education	**Independence**	**Community Participation**	**Health**
Y7 to Y11 *(11-16 years)* — Child is able to engage with structured careers advisory sessions, communicating their thoughts and ideas relating to potential career choices and having the interaction skills to talk with adults to obtain additional information/guidance as required to enable them to make informed choices. Child has the communication and interaction skills (written or verbal) required to facilitate the building of a personal/vocational profile within careers sessions, moving towards building a CV for application for further education/ training or employment. Child has the communication and interaction skills required to function within a workplace environment, either with respect to work experience/voluntary work or part time employment to enable them to gain work related experience and explain areas of interest.	Child has the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/ guidance where required. Child has the communication and interaction skills required to enable them to socialise with peers (unsupervised) within the community and to access activities within the local community in accordance with their preferences.	Child has the language, communication and interaction skills to develop and maintain friendships with peers and to integrate successfully into a range of social groupings and situations. Child is able to interact appropriately via social media, online games and within the online community to maintain personal safety and lessen potential vulnerability.	Child has the language and communication skills required to ask questions in order to obtain additional information relating to sex education managing more complex health needs, risks related to drugs and alcohol and support for mental health and wellbeing as required. Child is able to communicate, with adult support/prompting, any health needs, or concerns to a GP to obtain appropriate medical care or support as required.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Communication and Interaction Needs		

Social, Emotional and Mental Health (SEMH)

Guidance for children and young people with Communication and Interaction needs

Social, Emotional and Mental Health (SEMH) is a special education need characterised by a child's ability to manage emotions and behaviour over a range of settings. Children with SEMH will often feel anxious, scared and misunderstood. Key features can include a reduced ability to build and maintain relationships with peers and adults which can result in a difficulty to cope with demands, rules and expectations.

Social, Emotional and Mental Health

Range Descriptors Overview

Range 1

Pupils may have difficulties with some or all of the following:

- SEMH difficulties to interfere with CYP social/learning development across a range of settings. CYP does not follow routines in school consistently.

- May have difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions.

- May not communicate feelings appropriately.

- May have become socially and emotionally vulnerable, withdrawn, isolated, and display unpredictable patterns of behaviour that impact on learning.

- May show patterns of stress/anxiety related to specific times of the day, week, time of year.

- Sporadic attendance may be observed (attendance difficulties).

- May have a need for own agenda and a drive to be in control. This can appear as being unable to follow instructions (in particular, when presented with an unknown adult).

- Limited response to intervention/support.

- Progress could be less than expected.

Social, Emotional and Mental Health

Range 2

Pupils may have difficulties with some or all of the following:

- May begin to avoid lessons throughout the day.
- SEMH difficulties interfere more frequently with CYP's social/learning development across a range of settings.
- CYP has increasing difficulty in following adult direction without prompting.
- May have more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions.
- Remains socially and emotionally vulnerable, withdrawn, isolated, and may display unpredictable patterns of behaviour that impact on learning.
- Patterns of stress/anxiety related to specific times of the day have become more common this could involve self-harming type behaviours.
- Short-term behavioural crises have become more frequent and are more intense.
- May have a need for own agenda and may appear as being reluctant to follow instructions.
- Reliant on in class support to remain on task.
- Struggles with change – both to routines and relationships.
- May have issues around identity and belonging.

Range 3

Pupils may have difficulties with some or all of the following:

Severe and increasing social, emotional and mental health difficulties, often compounded by additional needs:

- May be unable to access the curriculum without relational approaches being implemented consistently by key adults.
- Mental health difficulties (such as anxiety, low mood, impacting on self-esteem, self-care and self-harm).
- Significant difficulties in building and maintaining trusting relationships at home and school.
- Incidents of absconding behaviour/ truancy.
- Verbally and physically aggressive with a risk assessment in place.
- Regular use of abusive language.
- Engaging in high-risk activities both at school and within the community.
- Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals.
- Over-friendly or withdrawn with strangers, at risk of exploitation.
- Evidence of sexualised language or behaviours which are not age appropriate.

Social, Emotional and Mental Health

Range 3	- Physical, sensory, and medical needs that require medication and regular review. - Significant challenging behaviour, which may lead to an increase in suspensions. - Unable to manage self in group without dedicated support. - Presents as anxious, controlling or with bullying behaviours which may indicate a need to be in control in order to feel safe. - Damage to property. - Requiring targeted teaching in order to access learning in a dedicated space away from others. - Emotionally Based School Avoidance may be evident.
Range 4	**Pupils may have difficulties with some or all of the following:** *Profound and increasing social, emotional and mental health difficulties, often compounded by additional needs and requiring continued provision, including:* - A range of therapeutic interventions or referral to specialist support services (CAMHS, Wakefield Youth Justice Service). - Consistent use of abusive language. - Involved in substance misuse either as a user or exploited into distribution/selling. - Refusal to engage, extreme abuse towards staff and peers, disengaged, disruptive. - Regular absconding behaviour/ truancy. - Significant damage to property. - Health and safety risk to self and others, due to increased levels of agitation and presenting risks. - Sexualised language and behaviour which is not age appropriate. - Identified at risk of Child Sexual Exploitation (CSE) and/or involvement with County Lines. - Emotionally Based School Avoidance may be significant.

Social, Emotional and Mental Health

| Range 5 | **Pupils may have difficulties with some or all of the following:**

Continued long term social, emotional and mental health difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review. Needs likely to include:

- Significant self-harming behaviour and attempted suicide.
- Persistent substance abuse.
- Extreme sexualised language and behaviour, sexually exploited/County Lines involvement.
- Extreme violent/aggressive behaviour.
- Significant mental health issues.
- Long term non-attendance.
- Regular appearance in court for anti-social behaviour/criminal activity.
- Puts self and others in danger.
- Frequently missing for long periods.
- Behaviour places the young person at risk of permanent exclusion from their school setting.
- Emotionally Based School Avoidance may be prevalent.

Range 1

Assessment and Planning

- Detailed observations to identify needs.
- CYP involved in setting and monitoring their own SMART targets for individual provision map and reviews.
- Parents/carers involved regularly to support targets at home.
- Behaviour records monitored to consider triggers and patterns.
- Close monitoring to identify 'hot spots'.
- Consideration of the CYP's previous/ongoing childhood experiences.
- Explore why suspensions are being utilised to support behaviour (which is having an impact on the overall attendance and attainment of the CYP).
- Explore patterns in attendance.
- Schools can request consultation/drop ins at planning meetings with Advisory Teacher.
- Consideration of multi-agency support for example via Team Around the School.

Teaching and Learning Strategies

- Information about CYP. needs/difficulties are shared with relevant staff (support plan and meetings).
- Sharing of advice on successful strategies and targets e.g., use of visual supports, developing organisational skills.
- Classroom teaching assistance is targeted towards support for specific tasks/settings, based on agreed SMART targets.
- Personalised reward systems covering targeted lessons/ activities.
- Careful consideration of group dynamics within class.
- Careful consideration of preferred learning style and motivational levers for the CYP.
- Opportunities for small group work based on identified need.
- Time-limited intervention groups.
- Opportunities for creative/sensory activities including play if appropriate.

Curriculum/Intervention: Resources and Staffing

The Adaptive Teaching Techniques Booklet should be used as part of a QFT approach.

The DFE's guidance can be used to support mental health and wellbeing to improve resilience for all: www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges.

Additional strategies.

- Access to small group support e.g. Nurture Group, Lego Therapy, Circle of Friends, self-esteem group, etc.
- Group work to be planned and tailored to meet identified need and to include good role models and modelled expectations.
- Teaching effective problem-solving skills.
- Individual or small group support for emotional literacy e.g., recognising emotions i.e. Colour monsters, A Volcano In My Tummy.
- Learning tasks adapted by task and outcome to meet individual needs.
- Preparation for changes to activities/routines/staffing verbally and with visual support where necessary.
- CYP encouraged to participate in extracurricular activities to develop friendships and trust.
- Educational visits planned well in advance, including risk assessments where needed, and contingency plans in place to meet the needs of the CYP.
- Developmentally relevant restorative work to be introduced to support independence in restoring relationships.
- Adoption of consequential approach relating actions and consequences.
- Proportionate consequences to be issued within a timely manner of incidents to ensure learning is relevant.

Range 1

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
• One Page Profile in place and shared with relevant staff. • Supporting Me to Learn Plan (SMTLP), Assess Plan Do Review (APDR) or similar.	• An identified intervention that allows the CYP to use when dysregulated within the school setting (for example quiet reflection time). • A small number of identified key adults the CYP identifies and trusts.	• Close links with Parents/Carers. • Embedded approaches to support relationships and implementation of relational approaches – Educational Psychology Service (educationservices.wakefield.gov.uk/Services/3604). The child or young person's SEMH needs require flexible use of additional support from within school resources: • Support/advice from SENDCO/ Pastoral Lead. • Personalised programme with SMART targets reviewed and updated regularly. • Additional adults routinely used to support flexible groupings. • Access to targeted small group work with class Teaching Assistant. • Access to intervention group work with Teaching Assistant, Learning Mentor, Emotional Literacy Support Assistant (ELSA) or National Programme for specialist leaders or Behaviour and Attendance (NPSLBA) trained staff where appropriate. • Additional adults (Teaching Assistant) for focused support during unstructured times e.g., lunchtime supervision/targeted extra-curricular activities. • Access to a quiet area, access to visual cues/ timetable if needed. • Access to in-school support base (e.g., Nurture Group) if available. • Staff access targeted LA training. • Consultation with support services. • Home-school communication book. • Time for scheduled meetings with parents/ carers on a regular basis. • Self-regulation strategies such as a wobble cushion, stress ball, tanglers,

Range 2

Assessment and Planning

- Support plan with asses-plan-do-review cycles implemented. Outcomes agreed and monitored with CYP and parents/carers.
- Consideration of Family Early Help Assessment.
- Consider further specialist assessment.
- Consider impact of 'ACES' on presentation in school
- 'Round Robins' to relevant staff to gain overview of behaviour to inform planning.
- Pastoral/Teaching Assistants/SENDCO are routinely included in planning to ensure their input is effective.
- Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns etc. to plan appropriate strategies.
- Consultation and assessment with Advisory Teachers and Educational Psychologist.
- Proactive assessments to inform adaptations to learning environment.
- Use of formalised assessments such as Boxall, PASS and Thrive.
- Consideration and review of needs at transition points.

Teaching and Learning Strategies

- Specific intervention (adult led or small group) to support SEMH areas of need.
- Use of key-working approaches to ensure the CYP has a trusted adult to offer support during vulnerable times.
- Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum.
- Regular/daily small group teaching of social skills.
- Individualised support to implement recommendations from support services.
- Visual systems in place: prompt cards, behaviour plans, risk assessment, diaries.

Curriculum/Intervention: Resources and Staffing

Teaching style adapted to suit CYP's learning style e.g. level/pace/amount of teacher talk reduced, access to practical activities.

- Personalised timetable introduced in negotiation with the CYP, parents/carers and staff. This may include adaptations to expectations e.g. time working on learning tasks, temporary withdrawal from some activities e.g. assemblies, specific non-core lessons.
- Alternative curriculum opportunities at KS4 within the mainstream offer e.g. alternative lesson opportunities as identified and reviewed with staff/CYP.
- Time-limited intervention programmes with staff who have knowledge and skills to address specific needs.
- More formal meetings/conferences using Restorative Practices, to include parents/carers.
- Educational visits planned well in advance and risk assessments in place as appropriate and shared with key staff.
- Close links with parents/carers.
- Embedded approaches to support relationships and implementation of relational approaches.

The CYP is struggling to cope with aspects of his/her local mainstream school, requiring increasing levels of individual additional support from within school resources and a multi-agency approach:

- Access to adult led support for re-tracking, mentoring, motivational approaches etc.
- Timetabled sessions with a key adult for emotional check-in as part of a relational approach.

Range 2

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
• Consideration of multi-agency support for example via Team Around the School. • OPP in place. • SMTLP APDR may still be used. • My Support Plan may be in place, regularly reviewed and monitored.		• Additional individual support for tricky situations and 'hotspots', in line with risk assessments. • Access to small group support outside mainstream classes. • Involvement of WISENDSS/EP in consultation/ assessment/ planning and review. • Personalised timetable may be needed to address specific lessons/ unstructured time. • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies. • Specialist Staff Training (e.g., Positive Handling programmes /Team Teach). • Individual relational support plan (or similar) in place. • Individual risk assessment, behaviour plan and positive handling plan to be in place. • Advice from support services including health, education and social care. • Allocation of appropriate space for professionals to work with the CYP, taking into account safeguarding issues. • Multi-agency support to plan and review interventions. • Consideration of a referral to the inclusion panel. • Signposting parents/carers to parenting courses or offering access to drop-ins. • Home-school communication book. • Time for formal meetings with parents on a regular basis. • Equipment and resources to support sensory processing.

Range 3

Assessment and Planning

- Specialist assessments ongoing e.g., Educational Psychologist, CAMHS etc.
- Long-term involvement of educational and non-educational professionals as part of EHCP needs assessment and review process.
- Multi-agency assessments indicate that needs are highly complex and require a very high level of support – formal diagnosis pathway to be considered/identified.
- Risk assessment to consider risks to self and others.
- Personalised transition planning is prioritised.
- Consideration of multi-agency support for example via Team Around the School.

Teaching and Learning Strategies

- Identified support across the curriculum.
- Specific interventions (adult led or small group) to support SEMH areas of need and address targets and outcomes within support plans or EHCP if applicable.
- Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times.
- Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently.
- A dedicated safe space that the CYP can use with support when dysregulated.
- Individualised support to implement recommendations from relevant professionals.
- Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address the CYP's specific needs, to include withdrawal for personalised support.

Curriculum/Intervention: Resources and Staffing

- Where CYP are struggling to access school and attendance is an issue the Emotional Based School Avoidance toolkit could be used to support – Educational Psychology Service: Wakefield Education Services (educationservices.wakefield.gov.uk/Services/3604).
- Multi-Agency Interventions.
- Daily small group teaching of social skills and personalised PHSE programme e.g., risky behaviour, Sex and Relationships Education, life skills.
- Teaching style/tasks are highly adaptive to suit the CYP's learning style.
- Personalised pathway is a priority to re-engage with education.
- Embedded approaches to support relationships and implementation of relational approaches.
- Alternative curriculum opportunities at KS4 e.g. ALPs/vocational/college/work placements within the mainstream offer.
- Where CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs.
- Consideration to access arrangements for internal and external examinations.
- On-going formal meetings/conferences using Restorative Practices, to include parents/carers.
- Support through solution-focused approaches and regular supervision for staff working with the CYP.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• Access to adult led support from experienced staff for mentoring/coaching, motivational interviewing, conflict resolution, self-harm etc. • Additional individual support in line with risk assessments. • Personalised timetable including individualised sessions for intervention and support to meet identified SEMH by suitably trained staff. • Formal behaviour monitoring and management systems to log and analyse incidents daily in order to review and modify strategies. • Time to discuss, develop and review individual reward systems and sanctions that are delivered consistently across all provisions. • Specialist Staff Training including Positive Handling programmes / Team Teach – development of risk management plans. • Direct involvement from support services. • Involvement from external agencies to address needs re substance misuse, self-harm, sexual exploitation.

Range 4

Assessment and Planning

- Specialist assessments e.g., by Educational Psychologist, CAMHS, Forensic Psychology, Youth Offending Team, etc.

- Long-term involvement of educational and non-educational professionals as part of statutory assessment, EHCP and Annual Review processes.

- Ensure that the Outcomes in the EHCP are addressed when planning the individuals' curriculum and support.

- Updated risk assessments to reduce risks to self and others.

- Target CYP social skills, empathy and managing behaviour to promote safety within school and the community.

- Personalised transition planning is prioritised.

- Consideration of multi-agency support for example: Team Around the School or statutory social care assessment according to level of risk.

Teaching and Learning Strategies

- School placement may be fragile.

- Identified highly skilled individual support required throughout the school day.

- Despite small class groups, with a high teacher to pupil ratio, or high levels of support to access the curriculum, withdrawal of the CYP on a regular basis is still needed to ensure safety of the CYP and others.

- Use of key-working approaches to ensure the CYP has a trusted adult to offer support/ withdrawal during vulnerable times.

- Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum.

- Tailored time-limited intervention programmes with staff who have knowledge, skills and experience to address the CYP's specific needs.

Curriculum/Intervention: Resources and Staffing

- Multi-Agency Interventions.

- Embedded approaches to support relationships and implementation of relational approaches.

- Daily small group teaching of social skills and personalised PHSE programme e.g., risky behaviour, Sex and Relationships Education, life skills.

- Teaching style/tasks are highly adaptive to suit the CYP's learning style.

- Personalised pathway is a priority to re-engage with education.

- Alternative curriculum opportunities at KS4 e.g., ALPs/vocational/college/ work placements within the mainstream offer. Alternative Provision should not be considered until other options have been exhausted. Multiple placements should be avoided as stability of curriculum and intervention is essential.

- Where CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs.

- Consideration to access arrangements for internal and external examinations.

- More formal meetings/ conferences using Restorative Practices, to include parents/carers.

- Support through solution-focused approaches and regular supervision for staff working with the CYP.

- Requires additional /enhanced levels of skilled staff to re-engage and motivate the CYP.

Range 4

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
		• The CYP requires a higher ratio of staff support due to high level of risk and vulnerability presented by the CYP. • Staff may need additional solution-focused supervision to increase resilience. • Small class groups with high staff to CYP ratio and high levels of support to access curriculum and learning. • Members of key team of adults involved in all aspects of the school day. • Consider referral to AP Panel where appropriate (if the student has an EHCP, early review should usually take

Range 5

Assessment and Planning

Assessment will be an ongoing process to determine progress in learning, and also:

- Development of social skills, empathy, managing own behaviour and emotions, staying safe within school and the community.
- There will be involvement from a range of specialist professionals in place, such as Child Adolescent Mental Health Service, Educational Psychologist, and Youth Offending Service.
- Multi-agency work continues and is filtered into the cycle of annual reviews.
- Consideration should be given to a social care assessment regarding the impact of SEND on presentation in the community.

Teaching and Learning Strategies

As Range 1 – 4 plus:

- CYP offered high level support from an adult for some/or all of the school day.
- Staff will have specialisms in managing CYP who present with challenging behaviour.

Curriculum/Intervention: Resources and Staffing

- Continued daily access to staff with experience and training in meeting the needs of CYP with SEMH.
- Personalised to the specific needs of the CYP.
- Advice available from relevant specialist services.
- Consider referral to AP Panels where appropriate (if the student has an EHCP, early review should usually take place instead).
- Additional teams will include any of the following multi-Agency Interventions:
  - Drug and Alcohol Team
  - Police
  - Health
  - Youth Justice Team
  - CYPS
  - Educational Psychologist
  - WISENDSS
  - Social Care / Early Help
  - Community Support Worker
  - Family Intervention
  - Careers advice
  - Youth Service
  - Voluntary Sector Organisations

Range 5

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • EHCP and appropriate short-term targets. • Social Care to contribute to Section D of EHCP. • Risk assessment will describe procedures to keep safe the CYP, staff, peers, and property. • There may need to be an assessment for the risk of absconding. • Outcomes of meeting may need to be communicated to parents/carers for consistency.		**Useful resources and training** • Maximising school attendance • Relate to Educate guidance and framework • DfE Guidance: promoting and supporting mental health in schools and colleges • Wakefield EBSA resources • Leading on inclusion • Alternative Provision panels training

PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child is able to interact with peers and begin to form friendships to support emotional wellbeing.	Child is able to show awareness of independent living skills (cooking, cleaning, DIY) and will extend and develop these through real world play. Child is able to access the dining hall alongside peers, following social routines in relation to seating and turn taking, and will be able to make appropriate choices in relation to meals.	Child is able to interact with peers and begin to form friendships with peers to support emotional wellbeing. Child is able to maintain positive emotional wellbeing through participation in team games, after-school clubs and weekend activities. Child is able to begin to identify bullying in relationships and will be able to seek adult support.	Child is able to attend necessary dental, medical and optical checks following parental direction and supervision. Child is able to cooperate with self-care and personal hygiene routines with prompting and adult support as required. Child has the support and strategies required to promote resilience and emotional wellbeing.
Y3 to Y6 (8-11 years)	Child is able to interact with peers, making and maintaining friendships with others to support emotional wellbeing. Child is aware of structures in place to support social and emotional wellbeing and will access these as required. Child is able to show awareness of different feelings and emotions and with support will identify and apply appropriate strategies to manage these.	Child is able to maintain friendships with peers and access community-based clubs/after school clubs to promote independence and emotional wellbeing. Child has the social skills necessary to facilitate participation in sleepovers and residential trips. Child is able to manage their feelings and emotions, accessing support to apply strategies as appropriate.	Child is able to maintain friendships with peers to support emotional wellbeing and avoid isolation. Child is able to begin to identify bullying within relationships and will be able to identify support and strategies to manage this. Child is able to manage social and emotional responses to change. Child is aware of strategies and precautions to remain safe online.	Child is able to understand physical changes associated with the onset of puberty and will manage these appropriately, with support as required, maintaining social and emotional wellbeing. With support, child is able to access strategies to manage any emotional or mental health needs associated with their physical or mental health conditions/diagnoses.
	Employability/Education	**Independence**	**Community Participation**	**Health**

PfA Outcomes and Provision

PfA Outcomes			
Employability/Education	**Independence**	**Community Participation**	**Health**
Y7 to Y11 (11-16 years) — Young person has acquired the necessary social skills in order to interact with employers, clients and peers within the workplace within the context of work experience, voluntary work or part-time employment. Young person is able to form friendships in the context of education or employment to facilitate emotional wellbeing. Young person is able to be aware of structures in place to support social and emotional wellbeing and will access these as required. Young person is able to show awareness of different feelings and emotions and, with support, will identify and apply appropriate strategies to manage these.	Young person has an awareness of boundaries and social conventions with respect to different relationships and social situations, including online. Young person is beginning to show awareness of potential abusive and exploitative behaviour in others and with support and guidance will be able to make safe choices. Young person will begin to make choices to include money, food, exercise, opportunities to socialise, form relationships with others, to support the development of confidence and emotional wellbeing.	Young person is able to maintain friendships with peers to support emotional wellbeing and avoid isolation. Young person is able to maintain positive emotional wellbeing through participation in community based activities and socialisation with peers within the community, in accordance with their own personal choices. Young person has an awareness of boundaries and social conventions within a range of relationships and social contexts, including online. Young person is able to show increased awareness of the bigger picture and will build resilience to support emotional wellbeing.	Young person has an understanding of sex education and the social and emotional implications of intimate relationships. The young person has strategies and resources to support them to maintain positive mental health and emotional wellbeing. The young person is able to understand the social and emotional implications of spending too much time on electronic devices and will recognise the importance of sleep and 'down time' in supporting social and emotional health and wellbeing. Young person is able to access strategies and support, as required, to manage any emotional or mental health needs associated with their physical or medical health conditions/diagnoses.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Social, Emotional and Mental Health Needs.		

Guidance for Deaf Children and Young People

Deafness affects a CYP's ability to access auditory information. Throughout this document the terms 'deaf' or 'deafness' is used to denote all types of deafness, from mild to profound. The Deaf Team consists of Qualified Teachers of Deaf Children (QToD), Educational Audiologists (Ed Aud), Deaf Instructors & Specialist Support Staff, working with deaf children from the ages of 0 to 25.

Identification

Deafness can be temporary or permanent, occurring from birth or at any time. Deafness is a low incidence disability. The majority of deaf CYP meet the criteria for SEND. Deafness is clinically diagnosed & can be unilateral or bilateral & classified as mild, moderate, severe or profound. A deaf CYP may be given audiological equipment such as hearing aids, a BAHA (Bone Anchored Hearing Aid) or a Cochlear Implant depending upon the level & type of deafness. Hearing aids, BAHAs & Cochlear Implants do not restore normal hearing levels. The impact of deafness is not dependent on its type or level.

There are different types of deafness:

- **Conductive deafness** (can be temporary or permanent) – when sound cannot pass efficiently through the outer & middle ear to the cochlea & auditory nerve, e.g. glue ear.

- **Sensorineural deafness** – when there is an issue or damage in the inner ear or auditory nerve (permanent deafness).

- **Mixed deafness** – a combination of conductive & sensorineural deafness

- **Auditory Neuropathy Spectrum Disorder (ANSD)** – when sounds are received normally by the cochlear but become disrupted as they travel to the brain.

A deaf CYP may have difficulties with:

- Access to spoken language & therefore the curriculum without specialist intervention.

- Managing their own audiological equipment.

- Attention & listening, concentration, confidence & class participation.

- Language & communication (receptive, pragmatic & expressive).

- Literacy & numeracy skills.

- Making links across areas of learning & generalising learning to everyday experience.

- Developing reciprocal relationships.

- Understanding subject specific language.

- Learning new concepts.

- Clarity of speech.

- Social & emotional development.

- General confidence & self-advocacy.

- Auditory & working memory.

- Incidental learning.

- Processing time.

- Independence skills.

Deafness

Range Descriptors Overview

Range 1

- Settings, parents/carers have any concerns about a CYP's hearing from their presentation.
- CYP has not been provided with audiological equipment.
- Requires no advice or involvement from the Deaf Team.
- Needs can be met through Quality First Teaching & Deaf Friendly teaching strategies.
- May require a risk assessment.

Range 2

- The CYP has a clinical diagnosis of deafness. Audiological equipment may or may not be used.
- May require support with managing their audiological equipment.
- Audiological equipment is suitably removing communication & access barriers.
- Advice & strategies offered by a QToD removes communication & access barriers.
- May require access arrangements/reasonable adjustments.
- May require multi-agency working.
- Requires a risk assessment.

Deafness

Range 3	
	• The CYP has a clinical diagnosis of deafness.
	• Requires a quiet space for interventions & small group work that is free from visual & auditory distractions as practically possible.
	• The CYP's deafness is impacting upon one or more of the following areas:
	• Language acquisition
	• Language development
	• Communication
	• Listening skills
	• Mental health
	• Working memory
	• Processing time
	• Self-esteem
	• Attention & concentration
	• Literacy skills
	• Auditory memory
	• Incidental learning
	• Social skills
	• Independence skills
	• Difficulty locating the source/direction of sounds & speech
	• Initial/last assessment by a QToD has identified that the CYP may benefit from additional specialist &/or short-term block of intervention.

Deafness

Range 4

- The CYP has a clinical diagnosis of deafness.
- The CYP's deafness is significantly impacting upon multiple areas of need from the list in Range 3.
- The CYP has identified and assessed needs that require adaptations (e.g. curriculum, timetable).
- The CYP requires ongoing specialist advice, guidance, & direct support from a QToD.
- The CYP requires the use of formal, specialist assessments administered by a QToD.
- The CYP requires support from staff in setting with specialist training implemented by a QToD or Educational Audiologist.
- There is a requirement for specialist intervention based on their use of audiological equipment & their personal understanding of deafness. The CYP may require specialist communication support to access the curriculum.

Range 5

- The CYP has a clinical diagnosis of deafness.
- The CYP's assessed needs identify that significant adaptations are required.
- Multi-agency working is in place.
- The CYP requires a variety of long-term interventions & approaches focussing on multiple areas of need.
- Direct intervention & ongoing assessment based on communication & access needs.
- Significant level of intervention needed for the CYP to successfully transition between settings, key stages & phases.
- The CYP requires specialist communication support to access the curriculum.

Range 1

Assessment and Planning

- If settings have a concern, encourage the parents/carers to see their GP to refer to ENT/Audiology.

- The setting is responsible for baselines & subsequent monitoring of progress & provision is regularly reviewed.

- The setting to ensure a One Page Profile in place & shared with relevant staff, monitored & updated to reflect needs.

- The setting must ensure that all staff are aware that the CYP may be experiencing barriers.

- The setting to take responsibility for access arrangements.

- Where concerns exist around a CYP's hearing, setting should consider the safety implications & the appropriate course of action, for example a risk assessment or PEEP.

- The setting to share concerns with CYP's next setting through their usual transition processes.

- The CYP does not require any active involvement or assessments from the Deaf Team.

Teaching and Learning Strategies

- Implement deaf awareness strategies when communicating with the CYP by:
  - gaining their attention before speaking.
  - facing them, keeping your face clear.
  - ensuring good lighting on your face.
  - speaking clearly, with natural pace & rhythm.
  - the speaker staying still when talking.
  - using facial expressions &/or body language to emphasise key language.

- Keep background noise to a minimum.

- Consideration of seating position – CYP positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning & not facing a window to facilitate access to lip patterns if required.

- Use visuals to support listening; written instructions, physical objects, demonstrations, presenting new vocabulary visually.

- Use subtitles or captions when playing audio visual videos or sound clips, as appropriate.

- Ensure that any apps or websites used within the classroom are accessible.

Curriculum/Intervention: Resources and Staffing

Curriculum/Intervention

- CYP's needs can be met through the setting's curriculum & intervention policies.

Resources & Staffing

- Consideration of whether the CYP would benefit from a quiet workspace for 1:1 or small group work.

Range 2

Assessment and Planning

As Range 1 plus:

- A CYP with a diagnosis of deafness should be added to the setting's Special Needs register.

- Setting policies to reflect reasonable adjustments & the needs of the deaf CYP.

- Setting must ensure that appropriate risk assessments are in place for the Deaf CYP.

- A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe.

- The setting manages SEND support & facilitates multi-agency working ensuring that all relevant agencies, including the Deaf team, have the opportunity to contribute, with appropriate notice. For formal meetings, this should be at least six weeks' notice.

- The setting to share copies of all advice & reports provided by the Deaf Team with parents/carers.

- All staff & supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities.

Teaching and Learning Strategies

As Range 1 plus:

- Provide a 'can do' environment where the CYP can succeed & achieve.

- Appropriate seating arrangements that encourage positive social interaction.

- Person leading the activity repeats & summarises contributions from peers or others.

- New vocabulary is introduced in context & is meaningful i.e., from the CYP's perspective.

- Use open questions to check for understanding.

- Allow discrete opportunities for CYP to indicate when they require clarification of spoken information.

- Opportunities are sought within PSHE to discuss Deaf & role models within society.

- Limit the length of time required for listening.

- Give extra time for processing questions.

Curriculum/Intervention: Resources and Staffing

As Range 1 plus:

Curriculum/Intervention

- Setting to refer to advice & guidance from the Deaf Team to promote access, inclusion & independent learning opportunities.

- Provide a consistent routine, with consideration of a visual timetable.

- Listen to the voice of the CYP & develop their self-advocacy skills.

- Support for inclusion with extra-curricular activities, homework & newsletters.

- Exam access arrangements will be applied after assessing a CYP's individual needs.

Resources & Staffing

- Where the CYP has been issued with audiological equipment, a designated member of staff will monitor & support the management of the equipment.

- The setting identifies a key member of staff to work in partnership with the Deaf Team to monitor & manage the use of audiological equipment throughout the year.

- Procedures are in place, in setting, for management of audiological equipment, including basic maintenance, cleaning & listening checks, e.g. Ling sounds.

- Settings to ensure availability of replacement batteries in the setting & cleaning equipment to maintain the audiological equipment.

Range 2

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
• The setting takes responsibility for the organisation of access arrangements for statutory assessments in consultation with the QToD. • Setting to share personalised Transition passport, created by QToD, with the CYP's next setting through their usual transition processes. • Following clinical diagnosis, parental consent is obtained for involvement of the Deaf Team. • The CYP is allocated to a QToD. • The CYP requires only a minimal involvement from the Deaf Team following assessment & provision of strategies. • QToD/Ed Aud assesses the CYP's needs with updated strategies (as appropriate). • Educators, parent/carer &/or other key professionals can request updated advice if needed, for example if hearing levels change.	• Implement sensory rest breaks, if advised by QTOD. • Radio aid, if one has been supplied to the setting, & audiological equipment utilised across the curriculum.	• Room acoustics considered & adjustments applied as advised by QToD. • Provision of additional quiet workspace for 1:1 or small group work. • Identification of a key member of staff for the CYP to support emotional & mental wellbeing. • Setting to ensure that all advice & reports provided by the Deaf Team are cascaded to the appropriate staff in the setting. • Setting considers timetabling & location of rooms for CYP &/or appropriate workstation for 1:1 intervention. • Appropriate levels of staff support on Deaf Team visits. • Setting will facilitate monitoring & assessment visit from the Deaf Team. • Some in-class support provided by setting — especially during lessons where health & safety requires consideration. • Provision of additional workspace/storage for specialist equipment. • QToD to offer training on deaf awareness strategies, implications of the CYP's deafness & checking & maintaining audiological equipment. • QToD/Ed Aud to advise around provision of Assistive Listening Devices, e.g. radio aids.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
As Range 2 plus:	As Range 2 plus:	As Range 2 plus:

Assessment and Planning

As Range 2 plus:

- Ensure all staff are aware of the impact of language barriers & deafness on social emotional well-being, & this is considered within the context of the setting's behaviour management policy.
- Educators liaise with QToD to support the CYP & themselves in understanding the impact of their deafness.
- Educators identify times within the day to deliver advised interventions as appropriate.
- Educators & QToD promote independent use of audiological equipment.
- The CYP requires active involvement from the Deaf Team following assessment & provision of strategies.
- The Deaf Team provides assessments determined by need, with updated strategies as appropriate.

Teaching and Learning Strategies

As Range 2 plus:

- Some additional group & individual work to meet identified needs & to facilitate learning & inclusion as appropriate, to access curriculum.
- Targeted learning activities or interventions are delivered in an acoustically favourable environment, that is supportive of listening.
- Consider the pace of the lesson to allow for additional processing time.
- Provide a quiet space for break times. This could be a quiet space in the playground. Not all individuals will want this, but it should be available.
- Support & facilitate peer relationships both in the classroom & around the setting.
- Promote an inclusive ethos across the setting to ensure deaf CYP are fully included in peer conversations & discussions.

Curriculum/Intervention: Resources and Staffing

As Range 2 plus:

Curriculum/Intervention

- Timetable adjustments to accommodate specialist interventions.
- Educators provide some individual support for pre & post teaching for introduction of new vocabulary & the consolidation & generalisation of skills.
- Educators support the Deaf Team in practising & consolidating skills taught discreetly within specialist curriculum, for example Audiological Curriculum.
- QToD supports educators in developing CYP's personal understanding of their deafness & developing their confidence & independence.

Resources & Staffing

- Deaf Team will offer training &/or signposting on recommended interventions.
- Advice may be given, as appropriate, to providers of 'after school' clubs (linked to setting).

Range 4

Assessment and Planning

As Range 3 plus:

- The setting facilitates working between themselves, the family, the Deaf Team & SaLT to identify appropriate use of communication methods, e.g. British Sign Language (BSL), Sign Support English (SSE).

- Regular communication between the Deaf Team & settings to ensure that there are knowledgeable & empowered educators around the CYP.

- Timely monitoring is required to ensure that all key people can identify, recognise, & understand the specific & holistic needs & rights of the CYP in addition to Deaf reports & strategies e.g., during the autumn term when a CYP has transitioned into a new class.

- The setting manages SEND support & engages in joint planning with the Deaf Team, family, the CYP & other agencies. Common targets are distributed to all educators & reviewed regularly.

- CYP is supported to contribute to all relevant meetings, as appropriate.

Teaching and Learning Strategies

As Range 3 plus:

- Multi-sensory approaches to learning & teaching including providing additional hands-on experience of materials or presentations.

- Ensure CYP has access to a range of good language role models, both from peers & adults.

- Language may need to be modified to become clearer, concise & meaningful.

- Link learning opportunities to support the generalisation of concepts.

- Consideration given to suitable communication & group work partners who create opportunities for communication & language development.

- Adults to provide scaffolding to facilitate interaction with peers, as appropriate.

- Suitable peers & adults facilitating interaction in less structured environments e.g., playground.

Curriculum/Intervention: Resources and Staffing

- As Range 3 plus:

Curriculum/Intervention

- Timetable adjustments to accommodate specialist interventions & sensory breaks.

- The setting need to work closely with the Deaf Team to identify when the pupil accesses their recommended interventions with adaptations to the setting's curriculum.

- The setting needs to seek advice from Deaf Team on sourcing accessible materials.

- Close liaison with QToD to receive advice & support on the access arrangements will be required for internal & external examinations/assessments.

- The setting actively monitor the CYP's mental health & well-being & seek advice to address issues if any concerns arise.

- Settings need to support involvement of other agencies e.g. National Deaf CAMHS, National Deaf Children's Society (NDCS).

- QToD supports educators in developing CYP's personal understanding of their deafness & developing their confidence & independence.

- QToD works with setting to facilitate interaction & communication with other deaf CYP within or external to the setting.

- Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions.

Range 4

Assessment and Planning

- The CYP requires active & ongoing intervention from the Deaf Team following assessment & provision of strategies.

- QToD offers advice & support through the transition process dependent upon assessed needs.

- If requested/ or advised by the Deaf Team, setting provides time for direct specialist teaching.

- An environmental assessment may be necessary to assess accessibility of setting environment.

- QToD offers advice & support through the transition process dependent upon assessed needs.

Teaching and Learning Strategies

- Scaffolding may be required throughout the day in order enable the pupil to engage & socialise with their peers & adults.

- Theory of mind is embedded within the curriculum through structured opportunities for perspective-taking, emotional literacy and social reasoning.

Curriculum/Intervention: Resources and Staffing

Resources & Staffing

- Deaf CYP may need access to captioning or additional software.

- Deaf CYP may need access to a note-taker or communication support, which may include BSL or SSE.

- QToD to offer personalised peer deaf awareness training.

- Bespoke training offered around creating a Deaf Friendly Classroom with training extended to whole setting as appropriate.

- Advice is given to providers of 'after school' clubs (linked to setting).

- Deaf Team signpost &/or facilitate educators & parents/carers to external training opportunities.

Range 5

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
As Range 4 plus:	As Range 4 plus:	As Range 4 plus:

Assessment and Planning

As Range 4 plus:

- The setting ensures that specialist planning is shared with all key educators.
- The setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum & Deaf specialist curriculum.
- The setting & QToD work very closely to identify, assess & meet formally agreed outcomes.
- Assessment & monitoring will be collaborative between the setting & the Deaf Team across the curriculum.
- QToD provides support through the transition process dependent upon assessed needs.

Teaching and Learning Strategies

As Range 4 plus:

- The setting supports the provision of different types of learning experience e.g. individual, small group, pre- & post-lesson teaching, to ensure curriculum access & skills development can take place.
- Teaching methods based on multi-sensory learning with a strong visual emphasis, & which facilitate access to the curriculum & class participation.
- Consistent, well-cued, visual routines are used.
- A high level of scaffolding is required throughout the day in order to enable the pupil to engage & socialise with their peers & adults.
- Consideration of the social emotional needs of CYP in terms of their relationships & communication with peers.
- Access to learning may be promoted by the use of sign e.g. BSL/SSE.

Curriculum/Intervention: Resources and Staffing

As Range 4 plus:

Curriculum/Intervention

- Regular consultation with QToD about delivery of curriculum to ensure the pupil can fully access all curriculum areas.
- Personalised differentiation & adaptation to all areas of curriculum, with high levels of specialist teaching & support.
- Educators directly plan with the Deaf Team to ensure that specialist skills are practised & consolidated.
- The PSHE/ RSE programme is adapted to reflect the needs of the CYP.

Resources & Staffing

- The setting allocates time for staff to have regular liaison with QToD.
- Staff who support the CYP within the setting should have the appropriate level of curriculum differentiation/ communication/ signing skills.
- The setting must ensure that the CYP has communication access to relevant discussions & meetings, facilitated by an appropriately qualified professional, e.g. a qualified BSL interpreter for formal meetings where the Deaf CYP uses BSL as part of their usual communication.
- The setting provides the CYP with appropriate support that facilitates access to the curriculum. This may include, but is not limited to, notetaking, BSL or communication support, language modification.

Guidance for Children and Young People with Vision Impairment

A Vision Impairment (VI) is any form of visual difficulty that cannot be corrected by glasses or contact lenses. Although broadly speaking Vision Impairments fall into two main types, Ocular (eyes) or Cerebral (brain based), most children will have a variety of visual conditions that combine to affect their Functional Vision (everyday vision).

Identification

CYP may have a recognised vision impairment.

Referrals are usually received following diagnosis from Health (Ophthalmology); however schools, settings & parent/carers can also refer if they have any concerns about a CYP's vision.

A CYP can be considered to have a Functional Vision Impairment (FVI) if their visual condition interferes with optimal development, learning & achievements, unless adaptations are made in the methods of presenting learning experiences, the nature of the materials used &/or the learning environment. This definition includes children & young people with other disabilities/ impairments in addition to VI, including those with profound & complex needs. N.B. The term 'learning' includes not just academic learning but the acquisition of mobility, independent living & social skills that in the case of a CYP with VI may be provided through habilitation teaching.

Vision impairment is a low incidence disability & most CYP with VI meet the criteria for SEND.

A pupil with a VI may have difficulties with:

- Attention & listening, concentration & memory
- Accessing learning materials at the same pace as their peers
- Learning at the same pace as their peers
- Learning new concepts
- Making links across areas of learning & generalising learning to everyday experience
- Physical tiredness
- Making & maintaining relationships
- Managing their equipment & maintaining physical safety
- Reading & writing skills (may require modified large print or braille)
- General self-confidence, self-advocacy & resilience
- Social & emotional development
- Hand eye coordination
- Fine & gross motor skills
- Receptive, pragmatic & expressive language skills
- Visual skills
- Study skills
- Incidental learning - (understanding what is happening around them due to the quality & quantity of information being reduced)
- Self-help skills (e.g. independence, daily living, personal care, managing risk)
- Orientation & mobility skills (e.g. getting around, travel skills, road safety, risks)

Vision Impairment

Range Descriptors Overview

Range 1

- Settings have concerns about a CYP's vision from their presentation.
- Settings should encourage the parents / carers to see a GP or go to an Opticians for an eye test in the first instance.
- Settings to use the Quality First Teaching alongside VI friendly strategies whilst awaiting assessment.

Range 2

- A CYP with a diagnosed vision impairment should be added to the setting's Special Needs Register & also known to the Vision Impairment Team.
- Print, pictures, symbols & photographs are presented following clear print guidelines to remove barriers to learning.
- May have issues with more than one aspect of functional vision.
- Advice & strategies from the VI Team report is consistently followed & removes barriers to access.

Range 3

- Print, pictures, symbols & photographs presented following modified large print guidelines.
- May benefit from the use of assistive technology.
- May require a practical assistant.
- Provision may be informed by specialist small steps journals as directed/recommended by QTVI.
- Requires short programme of work after which provision is monitored.
- CYP understands their vision impairment at an appropriate level.
- May require a habilitation assessment by the QHS. A short package of mobility & independence training may be required.

Vision Impairment

Range 4

- Print, pictures, symbols & photographs presented following modified large print guidelines.
- Uses assistive technology as their normal way of working.
- Requires specialist intervention guided by the Curriculum Framework for Children & Young People with Visual Impairment (CFVI) (area/s to be determined by QTVI).
- May require more formal mobility, orientation, & independence training delivered by the QHS. Will including transition, route building, public transport & may include some pre-cane & long cane skills to support safe independent travel.

Range 5

- May require alternative methods of accessing print, pictures, symbols or photographs e.g. tactile or audio
- Requires a practical assistant.
- Requires on going specialist teaching as guided by the CFVI.
- Level of functional vision may be compounded by multiple visual conditions
- Requires broader & longer packages of formal mobility, orientation, & independence skills training packages (areas to be determined by the QHS).

Range 6

- Requires auditory/tactile approach as their primary access to information around them for a non-sighted learner.
- Requires long-term parallel delivery of CFVI alongside mainstream curriculum
- Requires daily specialist support/intervenor throughout the day.
- Requires continuous formal mobility, orientation, & independence skills training.

Range 1

Assessment and Planning

Assessment

- Policies reflect reasonable adjustments.
- Functional Vision Assessment Report or vision profile with Specialist Strategies.
- The CYP is known to the VI Team who can be contacted with any concerns.
- Setting is responsible for monitoring progress & reviewing provision.

Planning

- SENDCo to make all staff aware of & accommodate for their visual needs & alternative way of working.
- Setting takes responsibility for the organisation of access arrangements including exams, as monitored by setting.

Teaching and Learning Strategies

- Consideration of seating position – CYP positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning & not facing a window.
- Avoid standing in front of windows when teaching & minimise background noise.
- Say the CYP's name first to gain their attention.
- Differentiated questioning & concise language used to ensure understanding.
- Cue & reinforce the CYP's listening & attention, speaking clearly.
- Teacher verbalising work on the board & all written information within the classroom.
- Teachers to ensure interactive white boards presentations have good contrast between the text & background. Any text displayed is in a large, clear font.
- Teachers to use dark coloured white board pens, avoid light colours or pens which are running out.
- Verbal description alongside facial expressions or body language.
- Describe events that are going on around them e.g., spontaneous laughter.
- Attention to speed of lesson delivery & speed of working.

Curriculum/Intervention: Resources and Staffing

- The Adaptive Teaching Techniques Booklet should be used as part of a QFT approach.
- Reasonable Adjustments in Schools (guidedogs.org.uk/getting-support/ information-and-advice/education-support/reasonable-adjustments-in-schools).
- Making learning accessible - Guidance from UKAAF: Creating clear print and large print (ukaaf.org/standards/ukaaf-minimum-standards-clear-and-large-print).
- Provision of consumables by Setting e.g., specialist paper Shop | The Partially Sighted Society (partsight.org.uk), matt laminates, black fibre tipped pens/ dark leaded pencils, use of a sloping desk or board.
- Guidance for whiteboard: CVI Scotland: Smart Boards – Guidance for Use (https://cviscotland.org/news/smart-boards-guidance-for-use-21-01-2024).

Range 1

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
	• Provision of accessible learning materials in terms of readability, density of text, size & choice of (simple) font, layout, use of overlays or coloured paper, use of illustrations/diagrams, reduced visual clutter, all modified resources onto preferred paper size. • Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. • Implement visual fatigue rest breaks within the school day, if required. • Provide a consistent routine. • Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy & fully including the CYP in the wider setting life. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the CYP's style of learning & support alternative ways of accessing & recording work. • Ensure balance between intervention & independence is understood by all professionals. • All staff & supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Marking of work & feedback is accessible to the CYP.	

Range 2

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
As Range 1 plus: **Assessment** • The CYP remains on caseload & the VI Team provides assessment with strategies as appropriate which is shared with staff. • One Page Profile in place & shared with relevant staff. • May consider MSP. • QTVI/QHS may recommend specialist intervention as outlined by the CFVI. • A referral to Low Vision Clinic may be advised by QTVI. **Planning** • Consideration is given to a PEEP (Personal Emergency Evacuation Plan). • Setting considers timetabling & location of rooms for the CYP &/or appropriate workstation for 1:1 intervention. • The setting ensures collaborative working with the family & professionals around the CYP.	As Range 1 plus: • CYP may need to be provided with a printed copy of materials presented from a distance e.g. presentations on the interactive board. • CYP should be provided with their own copy of materials e.g. books & worksheets. • Support to use low vision devices, if required.	As Range 1 plus: • Access to assistive technology & low vision device where appropriate. • Staff in setting to support the use of specialist equipment e.g. iPad, magnifiers, slope desk, softer lead pencil (2B art style). • Storage for specialist equipment. • May need equipment to increase access, safety, & independence e.g. in food preparation & P.E. (shop.rnib.org.uk). • Some in-class support, if required, provided by setting – especially in lessons where health & safety require consideration. • Appropriate levels of support on trips. • Identification of a key member of staff for the CYP to support emotional & mental wellbeing.

Range 3

Assessment and Planning

As Range 2 plus:

Assessment

- The CYP receives an annual assessment from QTVI/QHS with updated strategies as appropriate.
- CYP requires MSP.
- Exam access arrangements must be in place following advice from the QTVI – this must reflect the CYP's normal way of working.
- The CYP requires a short-term intervention based on the CFVI as advised by the VI Team.
- An environmental assessment may be necessary to assess accessibility of setting.
- Habilitation assessment may be required for indoor, outdoor &/or road safety.

Teaching and Learning Strategies

As Range 2 plus:

- Screen mirroring of the interactive board to be used consistently (if directed by QTVI) & embed as 'normal way of working'.
- Clear classroom routines supported by cues, e.g., objects of reference, visual/auditory timetables.
- Groups & layout of tables will need to be adjusted to ensure access to all low vision devices whilst ensuring the CYP can still sit next to/near their peers.
- Classroom management systems motivate the CYP & set appropriate expectations.
- Opportunities are sought within PSHE to discuss VI & role models within society.

Curriculum/Intervention: Resources and Staffing

As Range 2 plus:

- Provision of additional quiet workspace for 1:1 & small group work.
- CYP uses Laptop/iPad to access learning if directed by QTVI.
- Setting provides CYP with materials in an appropriate format e.g., modified large print.
- Advice on sourcing large print materials & production of accessible materials Large Print - UK Association for Accessible Formats (ukaaf.org/service/large-print).
- Settings consolidate additional skills (e.g. touch typing, developmental journal) when introduced by QTVI/QHS.
- Setting to consider small changes to the school environment to promote safe access: www.guidedogs.org.uk/getting-support/information-and-advice/how-can-technology-help-me.
- Setting to consider accessible equipment to support independence – CFVI for educators (non-VI specialists): rnib.org.uk/professionals/education-professionals/cfvi/cfvi-for-educators-non-vi-specialists.
- A short package of habilitation training within the setting may be offered (following assessment) to support independence & transition into adulthood (food & kitchen skills).
- A short package of habilitation training within the local outdoor community (road safety) may be offered (following assessment) if appropriate to the travel needs of the learner.
- A short package of habilitation training (public transport) may be offered (following assessment) if appropriate to the travel needs of the learner.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • Key staff should have completed a visual impairment awareness training session delivered by staff from the VI Team so they understand the impact of vision loss & promote use of low vision devices. • Settings identify times within the day to deliver recommended interventions as appropriate. • Consider any small group learning initiatives which may benefit the CYP e.g. social skills, fine motor skills, emotional literacy.		

Range 4

Assessment and Planning

As Range 3 plus:

Assessment

- The CYP receives an on-going assessment & monitoring by QTVI/QHS with updated strategies as appropriate.
- The CYP requires ongoing intervention from the CFVI overseen by the VI Team.
- EHCP could be in place.

Planning

- Setting undertakes joint planning with the VI Team where necessary.
- Communication between the VI Team & setting is frequent to enable joint planning & staff confidence around the CYP.
- Outcomes from EHCP (if appropriate) relate to areas from the CFVI.

Teaching and Learning Strategies

As Range 3 plus:

- Teaching methods should include experiential & tactile learning with a strong verbal emphasis.
- Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions.
- Staff actively create opportunities for the CYP to socially interact with peers.

Curriculum/Intervention: Resources and Staffing

As Range 3 plus:

- CPD training offered to the setting to ensure collaboration & understanding of how the VI Team & setting can support the CYP to progress & develop efficient ways of working.
- Time away from main cohort of CYP for individual or small group work may be necessary to:
  - reinforce work & prepare the CYP for a class activity/learning experience (pre- & post- teaching)
  - provide additional hands-on experience of materials or presentations
  - provide additional experiences of the environment to support gaps in learning including real-life experience
- Timetable adjustments to accommodate visual rest breaks.
- Setting supports the CYP to develop the skills needed for examination arrangements (e.g. reader/scribe, practical assistant).
- Specific resources to promote well-being used alongside setting resources.
- Setting provided CYP with materials in an appropriate format e.g. tactile diagrams/audio as recommended by QTVI.

Range 4

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
• Setting provides time within the week for direct specialist teaching/interventions from the VI & Habilitation Team. • Key staff should have completed producing accessible materials training session delivered by staff from the VI Team.		• Setting to consider peer awareness training. • Setting to provide support for CYP to attend any extra curricula social or sports events. • CFVI is running alongside setting curriculum. • QTVI works with setting to facilitate interaction & communication with other CYP with a VI. • A wider range of short packages of habilitation training & assessment may be offered in both indoor & outdoor environments that could include elements of mobility, orientation & independence skills. • Training may also include public transport training (bus/train): www.wymetro.com/tickets-and-passes/blind-disabled. • A cane awareness session may be offered if appropriate & this may lead to more formal elements of mobility such as pre-cane & cane techniques.

Range 5

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
As Range 4 plus: **Assessment** • The CYP requires active & ongoing intervention based on the CFVI by the QTVI/QHS as appropriate. • The setting has a collaborative approach with the VI Team which enables all key persons to understand the specific & holistic needs of the CYP at all times. • Active & ongoing habilitation assessment & tracking by the QHS based on the CFVI & habilitation tracker tool. • EHCP in place. **Planning** • Assessment, monitoring & planning will be collaborative between setting & QTVI/QHS. • Planning will reflect consideration of reasonable adjustments & risk management.	As Range 4 plus: • Teaching methods must include experiential & tactile learning with a strong verbal emphasis. • CYP may record their learning in an alternative format & this is accepted as a valid form of communication. • Adult support encourages CYP to be as independent as possible. • The PSHE programme is adapted to reflect the unique needs of the CYP.	As Range 4 plus: • Setting has regular liaison with QTVI to support the CYP. • If **VI is prime need**, setting has a VI trained Teaching Assistant (TA) who provides intervention within the day to facilitate access, inclusion & independent learning opportunities. • The VI trained TA who provides a key role in the production of accessible learning materials. • The setting is made aware of external specialist VI support networks to aid mental wellbeing. • Settings ensure that specialist skills are practised & consolidated within the day. • Personalised adaptations to areas of learning (where necessary) to merge the CFVI with the mainstream curriculum. • Bespoke advice & support on access arrangements will be required for internal & external examinations. • Advice is given to providers of 'out of school' clubs. • Broader & longer packages of habilitation training & assessments are needed & may include a combination of formal mobility, orientation, & independence skills.

Range 6

Assessment and Planning

As Range 5 plus:

Assessment

- The CYP requires long term active, ongoing & specialist interventions & compensatory skills teaching (e.g. Braille, tactile, audio).

- The CYP requires parallel delivery of CFVI & mainstream curriculum.

- Habilitation specialist provides ongoing/dynamic assessment & update strategies as appropriate.

- A dynamic environmental assessment is necessary to assess accessibility of setting environment by the QHS.

Teaching and Learning Strategies

As Range 5 plus:

- Audio description/commentary is provided as standard in all lessons.

- Presentation of learning materials in CYP's preferred alternative formats, including Braille/Moon, tactile diagrams, audio/speech.

- Braille or audio labels are used within the classroom & wider school environment.

- Adults actively facilitate social interactions & create opportunities for the CYP to interact with peers.

Curriculum/Intervention: Resources and Staffing

As Range 5 plus:

- Bespoke training at a significant level offered to the whole setting.

- Setting staff to hold relevant specialist Vision Impairment qualification e.g. Partners in Learning – Vision Impairment Education Training (viewweb.org.uk/training) or Intervenor – Sensory Linq Training (sensorylinq.co.uk/training.html).

- The CYP has full-time support provided by a Specialist Sensory Teaching Assistant (SSTA) to embed the specialist curriculum & adapt & source learning materials.

- SSTA provides critical role in communicating CYP's work for marking purposes (transcription).

- Consideration of the CYP's emotional & mental well-being at all times.

Range 6

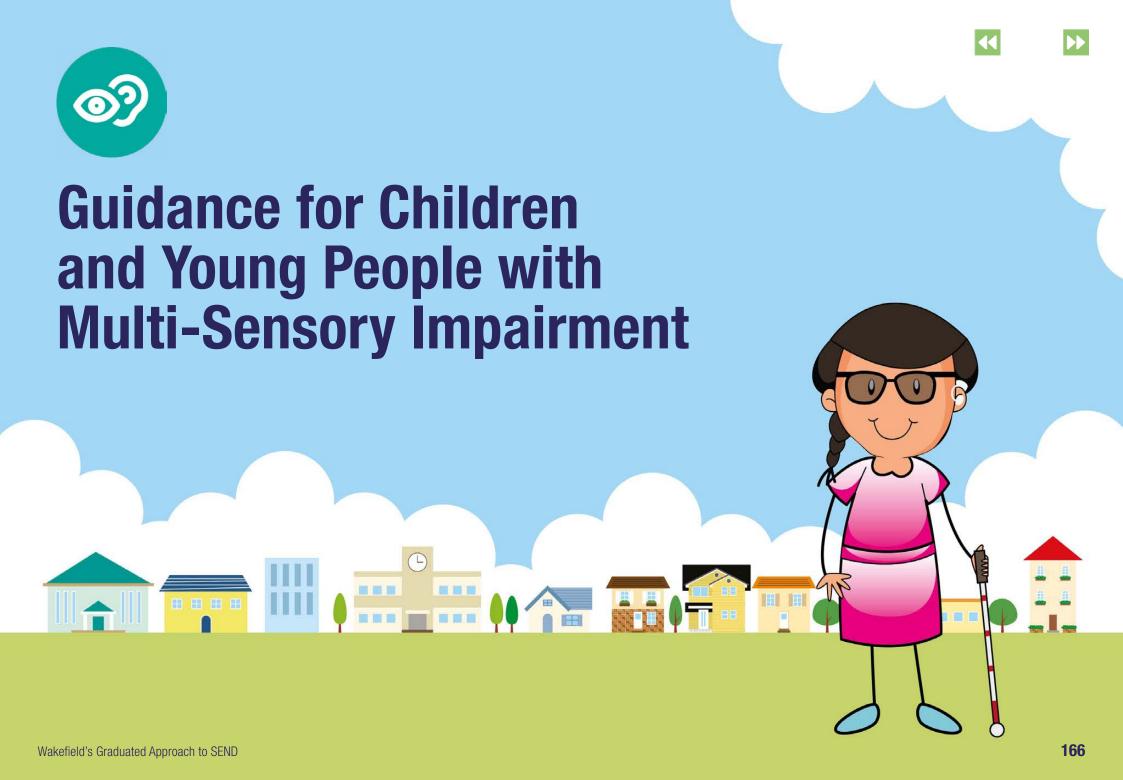| Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing

• Close liaison with QTVI to receive advice & support on access arrangements for internal & external examinations. The VI Team may administer these.
 	
• Exam access arrangements may allow up to 100% additional time, as monitored by setting.
 	
Planning
 	
• Planning reflects a high level of adaptation across the week to create a bespoke education. Setting supported by QTVI to achieve this based on CYP's unique needs.
 	
• Collaborative planning around the CYP to enable successful transition, volunteering/work experience & self-advocacy in preparation for adulthood & the workplace.
		• Ongoing teaching of formal & informal habilitation skills & assessments focusing on:
		  • body awareness
		  • sensory awareness
		  • environmental awareness
		  • route building (indoor & outdoor routes) & navigation
		  • room familiarisation
		  • transition
		  • sighted guide
		  • pre-cane
		  • cane
		  • road safety
		  • risk
		  • public transport
		  • shopping
		  • managing money & clothing
		  • time
		  • personal care
		  • cleaning & household
		  • social & self-determination
		  • accessing information.

Guidance for Children and Young People with Multi-Sensory Impairment

Multi-Sensory Impairment (MSI), otherwise known as deafblindness, or dual-sensory impairment is a combination of sight & hearing loss that affects a person's ability to communicate, access information & move around. A deafblind person will not usually be totally deaf & totally blind, but both senses will be reduced enough to cause significant difficulties in everyday life. These problems can occur even if deafness & vision loss are mild, as the senses work together, & one would usually help compensate for loss of the other.

Identification

Referrals are usually received following diagnosis from Health (Ophthalmology or Audiology); however, schools, agencies, settings & parent/carers can also refer if they have any concerns about a CYP's vision/hearing & the combined effect.

Deafblindness is a unique disability & most CYP meet the criteria for SEND.

In functional terms deafblind/multi-sensory impaired children & young people may include those with: mild to profound deafness & visual impairment, MSI & other significant disabilities, central processing problems of vision & hearing, progressive sensory impairments. Deafblindness can be from birth or acquired.

CYP may receive support from a QTVI/QTMSI/QToD depending on level & nature of need.

A pupil with MSI will have difficulties with the following: (also see guidance for VI and deafness)

- Making sense of the world around them with only limited information available to them.

- Relationships with others will take longer to develop.

- Incidental learning - (understanding what is happening around them due to the quality & quantity of information being reduced)

- Self-help skills (e.g. independence, daily living, personal care, managing risk)

- Children & young people with MSI are acutely deprived of sensory information; touch, taste, smell, balance, awareness of pressure, temperature & pain may be affected as well as sight & hearing.

1. Communication can take longer to develop due to not understanding how their actions affect themselves & others. This may not be conventional methods of communicating; touch cues, objects of reference, sign language for example may be used.

2. Children & young people with MSI often have difficulties generalising skills & knowledge from one situation to another, because they do not see the similarities & differences between different situations.

3. Orientation & mobility skills (e.g. getting around, travel skills, road safety, risks)

Multi-Sensory Impairment Needs Guidance

Range Descriptors Overview

Range 1	
	• Settings are aware of CYP's single sensory impairment but have concerns around the other or the child has a recognised multi-sensory impairment.
	• VI/HI/MSI friendly classroom strategies applied.
	• If settings have any concerns about a child's vision or hearing from their presentation, encourage the parents/carers to see a GP, Health Visitor or go to an optician, or ENT.
	• Sensory needs met by involvement from Deaf & VI team with MSI advice alongside.
	• Settings to use the Quality First Teaching strategies whilst awaiting assessment.

Range 2	
	• The child meets the criteria for multi-sensory impairment.
	• Assessed need identifies the child requires at least two different approaches to access information around them.
	• Initial/last assessment has identified that:
	• The child requires block/s of intervention.
	• Referral to SALT for possible support with communication.
	• Referral to OT for Sensory Integration assessment
	• Advice, guidance & direct support over the year is required in line with the child's specialist intervention to ensure that all learning & assessment activities are accessible.

Multi-Sensory Impairment Needs Guidance

Range 3

- Assessed need identifies the child needs multiple approaches to access information around them.
- Initial/last assessment has identified that:
    - The child requires long term intervention.
    - The child is known to the Sensory Impairment Team's Habilitation Specialist due to a high level of intervention needed for mobility, orientation & transition.
    - The child may be known to OT &/or SALT.
    - The child may need support around mental health & diagnosis.
- Advice, guidance & direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible.

Range 4

- Assessed need identifies the child requires tactile approaches as their primary access to information around them.
- Assessed need identifies the child needs a total communication approach. SALT involvement is needed, for example touch cues or objects of reference.
- Initial/last assessment has identified that:
    - The child requires multiple long-term intervention, but specialist settings may take ownership of this.
    - The direct intervention & ongoing assessment provided by Habilitation Specialist due to a high level of intervention needed for mobility, orientation & transition.
    - The child may need specialist support around mental health & diagnosis.

Range 1

Assessment and Planning

Assessment

- Functional Vision/Hearing Assessment (as required) from a QTOD/QTVI or QTMSI.
- The CYP remains on the VI/HI caseload but the MSI Team can be contacted at any time with any queries or concerns.

Planning

- SENDCo to make all staff aware of & accommodate for the CYP's MSI needs & alternative way of working.
- PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe.
- Setting takes responsibility for the organisation of access arrangements.

Teaching and Learning Strategies

- Provide a consistent routine.
- Say the child's name first to gain their attention, cue & reinforce CYP's listening & attention.
- Staff verbalise all written information within the room and describe events that are going on around them if required.
- Speaker stays still when talking.
- Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator.
- Provision of a range of multi-sensory tasks, teaching styles are matched to the child's style of learning & support alternative ways of accessing & recording work.
- Attention to speed of adult-directed activity delivery & speed of working.
- Differentiated questioning & explicit language used to explain whole group responses Implementation of sensory rest breaks within the setting day.
- Modification of resources where needed and provision of accessible learning materials available.

Curriculum/Intervention: Resources and Staffing

- Appropriate resources made available from within setting.
- Some in-class support provided by setting – especially in lessons where health & safety require consideration.
- Setting considers timetabling & location of rooms for the CYP &/or appropriate workstation for 1:1 intervention.
- CPD training offered regarding MSI strategies.
- Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of MSI (QTMSI) around individual CYP's needs (adaptations & curriculum delivery to facilitate access).
- Provision of consumables by setting, e.g., cleaning kits, whiteboards etc.
- Provision of additional quiet workspace for 1:1, small group work.
- Appropriate levels of support on visits.
- Setting will ensure the CYP has all the curriculum materials & equipment required to hand & that the materials are organised & contained consistently & securely.
- Provision of additional workspace/storage for specialist equipment.
- Identification of a key member of staff for the CYP to support emotional & mental wellbeing.
- Setting creates & staff refer to a One Page Profile that includes reference to the CYP's MSI.

Range 1

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
	• Teachers to ensure interactive white boards presentations have good contrast between the text & background. Any text displayed is in a large, clear font. • Setting staff to ensure CYP can access information displayed on interactive white boards in the method identified by the QTMSI e.g., use of mirroring software. • Setting staff to use dark coloured white board pens & avoid light colours or pens which are running out. • Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide additional transition visits for the child between rooms. • Encourage social interaction through sensitive seating arrangements, provision of a buddy & fully including the child in the wider setting life including in the playground & at busier times of the day. • Listen to the voice of the child & develop their self-advocacy skills. • Setting staff provide some individual pre- & post- teaching for consolidation & generalisation of skills.	

Range 2

Assessment and Planning

As Range 1 plus:

Assessment

- The CYP receives an annual assessment from QTMSI with updated strategies as appropriate.
- The CYP requires a short-term intervention as advised by the MSI Team.
- EHCP may be in place
- An environmental assessment may be necessary to assess accessibility of setting environment.
- Habilitation assessment may be required for indoor, outdoor &/or road safety.
- Assessments from OT and S&L may be required.

Planning

- Setting manages SEND support & engages in joint planning with the MSI Team, family, the child & other agencies. Common targets are distributed to all educators & reviewed regularly.
- Policies reflect reasonable adjustments.

Teaching and Learning Strategies

As Range 1 plus:

- CYP may need alternative approaches to learning to supplement visual & auditory stimuli used.
- CYP working with tactile learning resources will need additional differentiation to consider pace of learning.
- Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print.
- Language needs to become clearer, concise & meaningful.
- Auditory clutter & less busy learning environments are now key to facilitate learning.
- Bring learning opportunities to the child.
- Link learning opportunities to support the generalisation of concepts.
- Suitable peers & adults scaffolding the child's environment e.g., facilitate interaction with others.
- A suitable communication partner who creates opportunities for communication.

Curriculum/Intervention: Resources and Staffing

As Range 1 plus:

- Accommodate specialist interventions & rest breaks.
- QTMSI supports educators in developing the child's personal understanding of their multi-sensory impairment & developing their confidence & independence.
- Advice on sourcing accessible materials.
- Time away from main cohort of CYP for individual or small group work may be necessary to:
  - complete the task due to sensory impairment
  - reinforce work & prepare the child for an activity/learning experience (pre- & post- teaching)
  - provide additional hands-on experience of materials
  - provide additional experiences of the environment to support gaps in learning including real-life experience
- Specialist curriculum is running alongside setting curriculum.
- Settings support involvement of other agencies e.g., SENSE.
- Peer awareness training can be offered to setting.
- MSI Training offered to setting.
- The MSI Team signpost &/or facilitate educators & parents/carers to external training opportunities.
- Charities working in collaboration with the family & the MSI Team i.e., SENSE.

Range 2

Assessment and Planning

- Setting undertakes joint planning with the MSI Team where necessary.

- Outcomes reflect any MSI guidance if appropriate

- Educators facilitate multi-agency working.

- The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last MSI/VI/HI assessment report.

- Setting provides time within the week for direct specialist teaching.

Teaching and Learning Strategies

- Match the pace of interaction to the child's sensory needs.

- Suitable peers & adults facilitating interaction in less structured environments e.g., on the playground.

- Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/ occasions.

- Share experiences & have discussions on how other people are feeling.

Curriculum/Intervention: Resources and Staffing

Range 3

Assessment and Planning

As Range 2 plus:

Assessment

- MSI Assessment is ongoing.
- Monitoring arrangements are in place & are provided at least half-termly.
- The child requires active & ongoing intervention based on the specialist curriculum from the MSI/VI/HI/Hab Team following assessment & provision of strategies.
- Assessment & monitoring will be collaborative between setting & the MSI Team.
- A dynamic environmental assessment is necessary to assess accessibility of setting environment by the QHS.

Teaching and Learning Strategies

As Range 2 plus:

- Access to learning is only possible with the presentation of learning materials in alternative formats including Braille/Moon, tactile diagrams &/or the use of sign e.g., BSL.
- Marking & recording of work reflects unique access needs.
- Tactile methods of communication relevant for the child is presented within & beyond the child's room e.g., Braille labels & signage.
- Consistent, well-cued routines.
- People & items are presented slowly & clearly to the child, in familiar, quiet environments.
- Use support techniques to experiment with autonomy & curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or Intensive Interaction.

Curriculum/Intervention: Resources and Staffing

As Range 2 plus:

- Settings work closely with the MSI Team to facilitate the involvement of other specialist agencies e.g. SENSE.
- Regular consultation with QTMSI about delivery of curriculum to ensure the child can fully access all curriculum areas.
- Personalised differentiation & adaptation to all areas of curriculum, with high levels of specialist teaching & support.
- Specialist curriculum is merging within the child's curriculum offer within setting.
- Assessment & habilitation training in the Area of Independent Living Skills &/ or Orientation & Mobility.
- Setting supports the provision of different types of learning experience i.e. individual, small group, pre- & post-lesson tutoring etc. to ensure curriculum access & discreet skills teaching can take place.
- Allocated support assistant may have had intervenor training.
- Allocated support assistant may have specialist certification dependent on the needs of the child, e.g. BSL or braille.
- Trained staff member provides daily interventions to facilitate access, inclusion & independent learning opportunities.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • Setting engages in joint planning/target setting. • Good communication needed on provision planning & assessment between educators & QTMSI to ensure access to learning. • Consideration of when specialist interventions are timetabled. • Setting directly plans with the MSI Team to ensure that specialist skills are practised & consolidated within the day. • Close liaison with QTMSI to receive advice & support on access arrangements. The MSI Team may help with the administration of these. • Planned time for self-advocacy work so that the CYP has understanding of the MSI needs.		• Trained staff member provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • Trained staff member provides critical role in enabling access to learning & works in conjunction with educators for adaptation & sourcing of learning materials. • Trained staff member identified as key individual to support the CYP's mental well-being.

Range 4

Assessment and Planning

As Range 3 plus:

Planning

- Communication between the MSI Team & setting is frequent to ensure that there are knowledgeable & empowered educators around the child.

- Setting works closely with QTMSI to create a bespoke education offer to meet unique needs based on setting curriculum & MSI specialist curriculum.

- Setting, QTMSI & QHS work very closely to identify, assess & meet EHCP outcomes.

- QTMSI ensures that specialist planning is shared with all key educators including parents/carers & other agencies as appropriate.

Teaching and Learning Strategies

As Range 3 plus:

- Teaching methods based on experiential & tactile learning which facilitate access to the curriculum & participation.

- A high level of scaffolding is required throughout the day in order enable the child to engage & socialise with their peers & adults.

- Utilise textures to support recognition.

- Communication between the child & others in a variety of forms is used which can be high tech e.g., on-body signing.

- The child may require an intensive interaction approach.

- The child may require a Total Communication Approach.

- Use of personal identifiers.

- Provide repeated learning opportunities based on outcomes.

Curriculum/Intervention: Resources and Staffing

As Range 3 plus:

- The specialist curriculum is seamless within the child's curriculum offer within setting.

- Close liaison with QTMSI to receive advice & support on access arrangements for statutory assessments.

- The child has full-time support provided by an MSI Intervenor.

- The MSI Team will provide specialist skills training, modelling & coaching.

Guidance for Children and Young People with Physical/Medical Needs (PMN)

Physical &/or Medical Needs (PMN) refer to conditions that result in physical difficulties (e.g. Cerebral Palsy, Spina Bifida, Acquired Brain Injury) or medical diagnosis (e.g. Epilepsy, diabetes, cancer) which may be present from birth or occurring at any time.

Identification

A child/young person (CYP) may be considered as having a PMN if their physical or medical condition interferes with access to education. This may include adaptation to environmental access, presentation of learning experiences & consideration of interruptions made by a medical issue. Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated. The term 'learning' includes not just academic learning but the acquisition of mobility, independent living & social skills that in the case of a CYP with PMN may be provided through specialist teaching.

Physical &/or Medical Needs are a low incidence disability & most CYP with PMN meet the criteria for SEND.

A pupil with a PMN may have difficulties with:

- Gross motor skills – running, jumping, throwing & catching

- Fine Motor Skills – handwriting, cutting

- Independent living skills - toileting, feeding & dressing

- Exploring & accessing their environment – unable to crawl or get around at floor level, uses mobility aids or a wheelchair

- Accessing learning materials in the same way as their peers - may require assistive technology

- Physical tiredness & major fatigue impacting pace of learning – due to medical condition or additional effort required to complete tasks

- Incidental learning & understanding what is happening around them - due to mobility or communication difficulties

- Social & emotional development – self-confidence & self-advocacy, making & maintaining relationships, understanding of own PMN

Physical and/or Medical Needs

Range Descriptors Overview

Range 1

- Has a physical &/or medical need with minimal impact on daily functioning
- Can move around the environment independently with or without additional aids & adaptations
- Requires no or minimal intervention from specialist nursing teams or health professionals however some medical needs may require staff to have specialist training &/or administer medication in setting & health care plan
- Can manage their physical & personal care needs
- Needs little or no supervision/monitoring during structured or unstructured periods of the day
- Participates in learning activities independently but may benefit from the use of non-specialist aids
- Understands their PMN including barriers & strategies to overcome these as appropriate to age & stage of development.

Range 2

- Some adaptation & some adult support may impact their ability to participate in aspects of education & social life/leisure activities
- Some implications for risk assessment e.g. educational visits, high level PE or playground equipment.
- An accessible toilet may be needed.
- Has ongoing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills & recording which is impacting on access to curriculum.
- May need minimal supervision/prompting for aspects of personal care including toileting (requires intimate care plan) , feeding, mobility, daily routines & learning.
- May need alternative seating to promote appropriate posture for fine motor activities/feeding for which the CYP may require operational assistance
- May have a therapy programme
- Increased use of alternative methods for extended recording e.g., scribe, ICT.

Physical and/or Medical Needs

Range 3	• Requires adaptation & or practical support to participate in most education & social life/leisure activities
	• May require multiple pieces of specialist equipment that may require operational assistance
	• May require a level access learning environment
	• Mobile with aids (elbow crutches, Kaye Walker), powered or manual wheelchair
	• May need support for aspects of personal care including toileting, feeding, daily routines
	• May require a personal care suite
	• May need assistance to transfer between pieces of equipment/furniture
Range 4	• Requires a significant level of adaptation & support to participate in all aspects of education & social life/leisure activities
	• May have regular input from health care professionals
	• daily use of specialist equipment that requires operational assistance
	• May be able to participate in aspects of personal care but requires adult assistance to complete the majority of the task
	• May be an Augmentative Alternative Communication (AAC) user.

Physical and/or Medical Needs

Range 5	• A profound & or complex physical &/or medical need which requires frequent monitoring & medical intervention which impacts on all areas of school life. • Needs access to multiple pieces of personal specialist equipment, resources & technology to break down barriers to learning. • May require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures such as tracheostomy/ventilation, or for risk of harm to self (seizures/choking etc.) by suitably trained & competent setting staff. • Regular/daily intervention from specialist nursing teams or health professionals. • Disability/condition directly affects the ability to communicate verbally &/or record work/ideas. • Uses specialist equipment/aids that require daily operational assistance or preparation. • Spends a significant part, or all day using a specialist aid such as a wheelchair, standing frame, walking sticks, rollator to move around their environment. • Dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly & help with personal care needs. • A medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc. • Has a life threatening/limiting or degenerative condition.

Range 1

Assessment and Planning

Assessment

- A health referral via GP, may be required to school nurse for possible medical condition. Or may require setting led referral to PD team.

Planning

- Universal provision & first line interventions can meet need.

- The learning environment is accessible & inclusive for a CYP with PMN including the use of any minor aids or adaptations.

- The setting must ensure that all staff & supply staff, sport or drama groups etc. are aware of the CYP's PMN.

- Relevant information & strategies relating to learning & access needs of the CYP to be disseminated & provide support to enable teachers to plan appropriately.

- Health Care plan in place, if appropriate, written in conjunction with specialist nurse/ school nurse. All medical information is recorded, & emergency procedures are known to all staff.

- Setting policies reflect reasonable adjustments made to ensure inclusion.

Teaching and Learning Strategies

- Consider seating position – CYP positioned in optimal position to make entry & exit from the classroom as clear as possible.

- Consider accessibility to the smartboard/ whiteboard i.e. that the CYP can physically interact with the board.

- Consider accessibility to learning materials in terms of height of resources, at eye level with CYP, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc.

- Ensure that different areas of learning offered within the setting environment are accessible for the CYP.

- All resources needed for activities are within reach.

- Implement fatigue or sensory rest breaks within the setting day if appropriate.

Curriculum/Intervention: Resources and Staffing

- Some adaptation in i.e., P.E. & other physical activities if required.

- Supportive / correctly sized standard setting chair & table i.e., a chair & table surface that fit the CYP with feet supported & table at the correct height etc.

- May require alternative seating i.e. stool with backrest for science labs.

- Access to appropriate ICT provision i.e., accessibility options on Windows.

- Differentiated materials & equipment to included but not limited to - Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery, step, toilet insert.

- Staff awareness training of relevant medical conditions.

- If involved PD Team/specialist nursing to provide, advice/links to physical/ medical conditions & specialist strategies.

Range 2

Assessment and Planning

As Range 1 plus:

Assessment

- Setting may seek advice from the PD Team re fine/gross motor, equipment, curriculum adaptations or if first line interventions do not meet needs

Planning

- Accessibility of the whole setting site, with facilities & practices that maintain the dignity of each CYP.

- Risk assessments (for in setting activities & educational visits) carried out by setting. Seek guidance from PD Team if needed.

- Setting takes responsibility for the organisation of exam access arrangements based on usual ways of working & most recent professional reports if appropriate.

Teaching and Learning Strategies

As Range 1 plus:

- Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the CYP's style of learning & support alternative ways of accessing & recording work.

- Listen to the voice of the CYP & develop their self-advocacy skills.

- Consider timetabling arrangements i.e., limit use of upstairs classrooms for ease of access, consider the CYP accessing physical activities earlier in the day.

- Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy & fully include the CYP in the wider setting life including & at busier times of the day.

- The PSHE programme is adapted to reflect the unique needs of the CYP.

Curriculum/Intervention: Resources and Staffing

As Range 1 plus:

- Minor adaptations to ensure full access to all areas of the setting (handrails, ramps etc.).

- Access to a disabled toilet if appropriate.

- Flexible use of resources & staffing available in the classroom to assist with recording work.

- Small group or one-to-one adult input to practice skills.

- Opportunities to practice personal care task including dressing, feeding, toileting within the curriculum

- Access to ICT (iPad, laptop) to support recording.

- Appropriate support & transport for visits.

- Identification of a key member of staff for the CYP to support emotional & mental wellbeing.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
As Range 2 plus: **Assessment** • An environmental accessibility assessment & reasonable adjustments at key transition points. • PD Team or NHS Therapist, if involved, will assess for specialist equipment/resource & provide updated advice if PMN change. • PD Team will provide updated strategies & monitoring as appropriate. • An assessment of adapted equipment for practical lessons & alternative methods of recording technology with modelling & training by PD Team &/or relevant therapists • If required a personal care & manual handling assessment in conjunction with the PD Team & relevant Health Professionals • If involved health professionals may assess the CYP in setting & provide advice/training & monitoring for specialist programmes.	• As Range 2 plus: • Main provision from class teacher or subject specialist with support from SENDCO. • Ensure a balance between intervention & independence that is understood by all professionals. • Clear classroom routines. • May need alternative ways of recording to minimise handwriting. • Groups & layouts of tables will need to be adjusted to ensure access for the CYP & any specialist equipment they are using i.e., wheelchair, standing frame etc. This will allow them to be at the same level & sit next to their peers. • Access to specialist resources including specific teaching programmes & systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning & assist communication, recording skills etc.	As Range 2 plus: • Coordination between relevant agencies to ensure CYP is able to participate in all aspects of education & social life/leisure activities • Needs assistance to participate in some physical activities & or practical lessons & requires a modified access to these. • Occasional input from additional adult to provide targeted support under the direction of teacher. • Specialist programmes are integrated within the day i.e., gross & fine motor, dressing & undressing, independent life skills. • Adapted equipment may be in use to aid recording work i.e., joystick mouse, large keyboard/guard, etc. or access in practical lessons such as food technology • support/ supervision may be needed to meet personal care needs • Therapies may intervene with CYP's who have mild - moderate physical issues to prevent further deterioration / reduce impact of condition / early intervention to achieve more successful outcomes. • Delivery of therapy programme/postural management by trained setting staff. • PMN requires the intervention of an appropriately trained adult to support during specific times/tasks. • Training regarding the needs of the CYP to raise awareness of types of PMN & to reduce any further barriers to learning.

Range 3

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • Moving & handling advice & training to be sought. • A PEEP (Personal Emergency Evacuation Process) is in place in collaboration with the PD Team & Health as appropriate. • Provide additional transition visits • Setting manages SEND support & engages in joint planning with the PD Team, family, the CYP & other agencies. • Common targets are distributed to all educators & reviewed regularly. • CYP can contribute to their EHC Plan &/ setting targets. • Timetabling of specialist equipment use to have the least impact on classroom time. • Teachers identify times within the day to deliver specialist programmes as appropriate. • Parents are involved to support targets at home.		• Manual handling training may be offered by the PD Team & or the NHS Therapists bespoke to the needs of the CYP. • Level access site may be necessary to physically access the building (assessment by PD Team & or NHS Therapist will be required). • Available space to carryout therapy/medical procedures programmes • Specialist equipment may be needed to meet the personal care & mobility needs of each CYP.

Range 4

Assessment and Planning

As Range 3 plus:

Assessment

- Site adaptations to be considered in consultation with the Local Authority & PD Team.
- CYP may require long term specialist support from the PD Team & or Health professionals. This may be formal instruction/direct work or advice & monitoring of strategies.
- A personal care & manual handling assessment in conjunction with the PD Team & relevant Health Professionals
- May require a Multi-agency assessment for AAC & or Assistive technology.

Teaching and Learning Strategies

As Ranges 3 plus:

- Setting supports differed types of learning experience i.e., individual, small group, pre & post lesson tutoring etc. to ensure curriculum access & discreet skills & teaching can take place.
- Suitable peers & adults facilitating interaction in less structured environments e.g., on the playground.
- Main provision from setting staff with support from SENDCO &/or the PD Team (if involved).

Curriculum/Intervention: Resources and Staffing

As Ranges 3 plus:

- Modification or alternative physical activities planned in conjunction with Physiotherapy if involved
- If first line strategies / advice & programmes have been trialled & evidenced but achievement is limited seek further guidance from NHS therapist.
- May require dedicated support within the classroom to participate in all aspects of education & social life/leisure activities & to prepare resources/equipment.
- May need individual adult support for mobility & personal care needs as advised by the PD Team (if involved) /OT & Healthcare Professionals.
- Opportunities to promote independence
- May need a suitable space in which therapies can be carried out with appropriate hoisting facilities if appropriate.
- Hygiene / medical room may be necessary such as changing bed, hoist, closomat toilet.
- A suitable space where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored.
- The facility to recharge powered wheelchairs & mobile hoists/slings when necessary.
- Staff trained in the use of a range of specialist ICT & AAC equipment & software to support communication & access to learning.

Range 4

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
Planning • May require NHS Therapy assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with the PD team (if involved). • Assessment & monitoring will be bespoke. • The CYP can contribute to their EHC Plan with additional adaptations. • Individual targets on support plan following advice from the PD Team (if involved), & health professionals/therapists. • Modified planning for outdoor activities is likely to be needed.		

Range 5

Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention: Resources and Staffing
As range 4 plus: **Assessment** • PD Team input determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies. • The CYP requires ongoing specialist involvement from Health. • Postural management to be regularly reviewed if appropriate. **Planning** • Setting works closely with involved professionals to create a bespoke education offer to meet unique needs based on the setting & specialist curriculum. • Curriculum planning closely tracks levels of achievement & incorporates individual targets, self-help & therapy programmes. • The CYP requires a high level of support from a multi-disciplinary team to make successful transitions. • Interventions should be incorporated across all activities throughout the setting day.	As Range 4 plus: • Individual & small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life & communication skills. • Support may be needed with difficulties in making & sustaining peer relationships leading to concerns about social isolation & vulnerability within the setting & wider environment. • Specialist support & opportunities to interact with others as an Augmentative Alternative Communication (AAC) user. • The use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational & sensory clues, simple voice output devices (Big Macs). • Constant reinforcement & generalisation of skills is an essential priority. • Use of adapted teaching resources & materials to support teaching & learning for those with sensory, physical, & medical needs. • A learning environment that supports the CYP's need to accept & develop pre-requisite skills required to access communication & learning.	As Range 4 plus: • A specialist/differentiated physical curriculum to ensure that the CYP can access this aspect of learning. • Individual support for mobility & personal care needs. • A daily or intensive therapy programme integrated within the day. • Condition/disability requires the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks. • Setting setting needs significant adaptations to ensure that full access to the curriculum is achieved. • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. • May need a designated area for rest or positional changes. • May have access to specialist hydrotherapy/water-based activities with advice & guidance from the physiotherapist. • May have access to sensory room.

Sensory, Physical and Medical

Preparing for Adulthood

PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
EY (0-4 years)	Child is able to access the EY environment and activities in accordance with their physical capabilities, to support them to make progress towards early learning goals. N.B, for some children with complex medical/physical needs, alternative feeding plans will need to be considered following guidance from relevant professionals. Child is able to dress and undress with increasing independence in accordance with their physical/medical needs.	Child is able to use the toilet independently in accordance with their physical/medical needs/diagnoses. Child is able to participate in mealtime routines using cutlery with increasing dexterity and independence to feed themselves appropriately. N.B for some children	Child is able to access community-based activities/clubs/groups in accordance with their physical/medical capabilities, to facilitate shared play and interaction and to support the development of friendships with peers. Child is able to access visits/day trips as appropriate.	Child is able to attend regular medical, optical and visual checks to support good health. Child is able to comply with self-care routines and medical routines to support good physical health. Child is able to engage in regular physical exercise to maintain good physical health and support the development of gross motor skills. Child is able to try a range of new foods offered to support the development of a balanced and healthy diet.
Reception to Yr2 (5-7 years)	Child is able to cooperate with self-care routines & medical routines, including those associated with any physical or medical conditions/diagnoses. Child is able to access regulatory activities to support them to concentrate & maintain focus in the classroom.	Child is able to cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses.	Child is able to participate in team games, after-school clubs, & weekend activities in accordance with their physical & medical capabilities.	Child is able to attend relevant health, dental, optical, & hearing checks as required to promote good physical health. Child is able to cooperate with self-care routines & medical routines including those associated with any physical or medical conditions/diagnoses. Child is able to participate in sport & physical exercise in accordance with their physical/medical capabilities.

PfA Outcomes and Provision

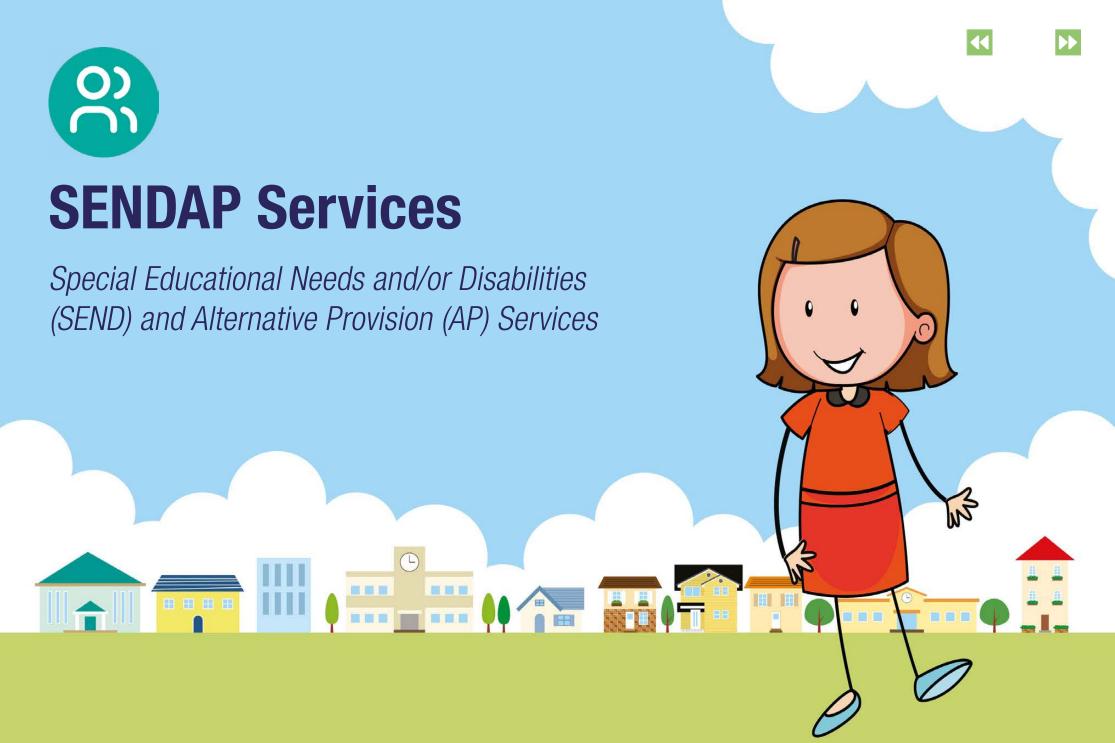|	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Yr3 to Yr6 (8-11 years)	Child is able to access careers information, opportunities to meet role models/talks from visitors to school through adaptions & formats which consider physical, sensory, or medical needs as appropriate to individual circumstances.	Child is able to move around the school environment as required. Child is developing age-appropriate life skills to include basic cooking skills, awareness of transport & requirements for travel (tickets, timetables etc.), money in accordance with their physical & medical capabilities.	Child is able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical & medical capabilities	Child is able to manage minor health needs. Child is able to make healthy eating choices & will engage in physical exercise in accordance with their physical/medical capabilities.
Yr7 to Yr11 (11-16 years)	CYP is able to access work experience placements, voluntary work or part-time employment opportunities through adaptations & formats which consider physical, sensory &/or medical needs as appropriate to individual circumstances. CYP is able to understand supported employment options e.g., Access to Work CYP is able to make smooth transitions to new settings to facilitate emotional wellbeing & support integration & inclusion.	CYP is able to move around the school or work-based environment as required. CYP is able to demonstrate age-appropriate independent living skills to include cookery, access to local transport, money, & time management in accordance with their physical & medical capabilities.	CYP is able to access transport options within their physical & medical capabilities to facilitate independence & community participation. CYP is able to access community-based groups/activities in accordance with their physical & medical capabilities.	CYP is able to be more independent in managing more complex health needs in accordance with their physical & mental capabilities. CYP is able to attend their annual health check with their GP if registered as having a learning disability.

PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Post 16	Learner is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices. Learner is able to present their skills in written form (C.V) to help secure future education and work-based options.	Learner will have life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances. Learner is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances. Learner will have an awareness of risk within the home context and will manage this appropriately in order to remain safe. Learner is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.	Learner is able to access community, leisure and social facilities to enable participation within the local community in accordance with the YP's preference. YP will be able to access appropriate transport in order to facilitate participation within community, leisure and social activities. YP will show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.	Learner is able to recognise the need for dental, medical and optical health and will take responsibility for making appointments as required. Learner is able to take steps to remain physically active and healthy in the context of their individual circumstances. Learner is able to make healthy eating choices in order to promote physical wellbeing. Learner is able to maintain any physiotherapy regimes necessary to ensure physical health and optimum mobility in the context of their individual circumstances. Learner is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances.

PfA Outcomes and Provision

PfA Outcomes			
Employability/Education	**Independence**	**Community Participation**	**Health**
Post 19 Learner is able to access and function within work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices. Learner is able to access and function within higher education provision in order to progress with future career choices. Learner is able to present their skills in written form (C.V) to help secure future education and work-based options. Learner is able to access job centre provision to support pathways into employment post education.	Learner is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing.	Learner is able to access community, leisure and social facilities to enable participation within the local community in accordance with the YP's preference. Learner is able to access appropriate transport in order to facilitate participation within community, leisure and social activities. Learner is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.	Learner is able to recognise the need for dental, medical and optical health and will take responsibility for making appointments as required. YP will take steps to remain physically active and healthy in the context of their individual circumstances. Learner is able to make healthy eating choices in order to promote physical wellbeing. Learner is able to maintain any physiotherapy regimes necessary to ensure physical health and optimum mobility in the context of their individual circumstances. Learner is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances.
Provision	Please refer to detail provided within the Teaching & Learning Strategies & Curriculum/Interventions sections of the School Age Ranges Guidance: Physical, Medical & Sensory Needs: deafness, VI, Dual Sensory Needs, Physical & Medical Needs.		

SENDAP Services

Special Educational Needs and/or Disabilities (SEND) and Alternative Provision (AP) Services

Educational Services

Health Services

Social Care Services

Parent / Carer Support and Advice

Educational Services

Wakefield Inclusion Special Educational Needs & Disabilities Support Service (WISENDSS)

Sensory and Physical Difficulties Team

The Sensory and Physical Difficulties Team is a statutory service supporting children and young people from birth to 25 years old. The team is composed of highly qualified professionals, including Advisory Teachers with mandatory specialist qualifications, Educational Audiologists, Deaf Instructors, Habilitation Specialists, an Occupational Therapist, and Senior Specialist Support Officers.

We provide expert advice and guidance to educational settings to support the needs of children and young people with sensory impairments (including vision impairment, deafness, and multi-sensory impairment) or physical difficulties.

The team works in close collaboration with colleagues across Health services to ensure a coordinated and holistic approach to support.

The team works with educational settings to identify pupil needs, set outcomes, and recommend strategies and interventions to reduce barriers to learning caused by sensory or physical difficulties.

We offer advice and training on:

- Reasonable adjustments
- Effective strategies
- Building adaptations
- Specialist equipment
- Safe moving and handling techniques

Our aim is to improve access and inclusion for all pupils.

Settings seeking support should contact **WISENDSS** via the main email address to request a referral form, ensuring parental consent is obtained. Referrals are also accepted from health professionals.

An Education, Health and Care Plan (EHCP) is not required to access support from the team.

Email: WISENDSS@wakefield.gov.uk
(Monday to Thursday Term Time Only)

SEND Inclusion Advisory Team

The SEND Inclusion Advisory Team are specialist teachers. The team support in reducing the barriers to mainstream education, and work with a wide range of needs - Autism, Speech Language and Communication needs (SLCN), Social Emotional and Mental Health (SEMH) and learning.

The team are committed to offering support and training at an individual, departmental or whole school level.

WISENDSS connect is a hotline available during term time. The service provides support to parents with school related queries. It signposts information to parents for wider services to parents for wider services as well as informing parents of support available from the WISENDSS team.

English as an Additional Language (EAL)

The Inclusion/Advisory Teacher for EAL provides training, support and advice for children who have English as an Additional Language to help boost pupils' achievement. All schools can access a free consultation to discuss the specific needs of their EAL pupils and how to raise achievement for those groups of learners.

Additional traded packages of bespoke training and teaching are available to suit the needs of schools and children.

To access WISENDSS support, which helps children overcome educational barriers, schools are required to secure family permission before sharing student details. Upon receiving consent, schools complete and submit a referral form to WISENDSS.

Email: WISENDSS@wakefield.gov.uk
(Monday to Thursday Term Time Only)

Early Years

The Early Years staff within WISENDSS offer support at an individual or whole setting level to enhance and respond to SEND issues with young people. The service works to ensure all settings:

- Are provided with the skills and expertise from EY staff to implement a graduated response to SEND, aiding the provision, strategies and interventions which promotes inclusion.

- Provide a multi-agency approach through the TAEY (Team around the Early Years) agenda as well as the TAS (Team around the School).

- Use the consultation and referral process to identify individuals that require a graduated response in supporting their special educational needs.

For maintained nursery settings, EY staff will work with your Central Advisory Teacher to liaise with the SENCO and support SEND in school.

The Central Advisory Teacher (school-based nursery) – Staff will use the planning meeting process or consultation meeting to work with the setting to identify pupils needing a varying level of support. The work will be in collaboration with the central lead teacher.

The link Area SENCO (non-maintained PVI/childminder) – Staff will offer planning meetings or await request for involvement to work with the setting in identification of pupils needing a varying level of support.

Email: EYSEND@wakefield.gov.uk

Wakefield Educational Psychology Service (EPS)

Educational Psychology (EP) Team

The EP team can offer advice and support in relation to a wide range of concerns impacting on a young person's engagement with and successes within, education. This might be within the areas of cognition and learning, communication, and interaction and/or social, emotional, and mental health need.

EPs work with schools to effectively identify and respond to the needs of individuals through a graduated 'assess-plan-do-review' process, in order to improve progress, promote well-being and support inclusion. They also provide bespoke training and project work.

Statutory Duties

EPs provide Psychological Advice as part of the statutory Education Health and Care Needs Assessment process. They also contribute towards annual reviews of Education, Health, and Care Plans (EHCPs), particularly where there are significant changes in a young person's needs and/or the provisions required to meet these or at phase transfer.

EPs may contribute professional advice and opinion as part of the SEND Tribunal Appeal process.

Critical Incident Support

In the event of a critical incident or other major event, impacting on the school community, the EP team can offer advice and support to the Local Authority or to individual educational settings. The nature of the support offered will be determined through discussion with the school or setting's leadership team.

This may include advice on how staff can best support students and each other, advice on communication with parents/carers and the wider community and identifying and planning support for staff and students who may be particularly affected by the incident. The response is flexible and responsive to the needs of the educational setting and ensures that any intervention is least intrusive but most effective.

Educational settings within Wakefield have the option of purchasing a Service Level Agreement with the EPS, through Wakefield Traded Services. All work is negotiated and agreed with the educational setting through planning meetings.

Telephone: 01924 307403
Email: eps@wakefield.gov.uk

Educational Improvement Teachers (EITs)

Educational Improvement Teachers (EITs)

The Educational Improvement Teachers (EITs) are part of the Educational Psychology Service, in Wakefield. The EIT team consists of six qualified Teachers, including the Lead Educational Improvement Teacher. The EITs work in identified cluster areas, across the local authority, in line with the Wakefield Families Together model.

EITs and Targeted Early Help:

EITs provide support to Targeted Early Help practitioners with their active casework, where there is an identified barrier to education. EITs are available for consultation and will provide advice, support and may agree to complete a specific intervention with that ch/yp, as part of the holistic family plan with Targeted Early Help.

EITs will advise and assist with educational barriers such as behaviour, risk of exclusion, re-integrations, transitions, anxiety, and emotionally based school avoidance. EITs work with a person-centred approach to raise aspirations and advocate for individuals with the aim of reducing the identified barriers to their education.

EITs have many ways of working to help children in school. These include:

- Working with children/young people to obtain their child's/young person's voice.

- Liaising with staff in schools, to share a child's/young person's voice.

- Contributing to the child's/young person's voice to support plans in school and/or team around the family meetings.

EITs and Wakefield Alternative Provision panel:

Where a ch/yp is at risk of permanent exclusion, Primary and Secondary schools can make a request for EIT involvement by completing a 'Request for Support' form. This can be done by contacting inclusionpanels@wakefield.gov.uk. The team will schedule referrals onto the next available panel meeting to discuss different options of support.

If you would like more information about the team of Educational Improvement Teachers, please contact:

Telephone: 01924 307403
Email: eps@wakefield.gov.uk

Education Therapy Team (ETT)

The Education Therapy Team are part of the Educational Psychology Service, in Wakefield, providing support to children and young people across the Wakefield district, who are receiving suspensions or who are at risk of permanent exclusion from mainstream education.

The Education Therapy Team use professional knowledge to support vulnerable children and young people in schools. ETT intervention may include:

- Individual therapeutic support for children and young people in schools.

- Non-judgemental advice and guidance for parents and schools.

- Strengthening child/parent and school relationships.

- Signposting to specialist services for further help and support.

- Assisting school professionals in developing understanding and knowledge of the child's/young person's social and emotional needs.

- Liaison with professionals (where appropriate) throughout the intervention period.

Primary and Secondary school Headteachers can make a request for ETT involvement by completing a 'Request for Support' form (by contacting inclusionpanels@wakefield.gov.uk) and submitting directly to the Inclusion Panels, Wakefield, for their cluster area.

Telephone: 01924 307403
Email: eps@wakefield.gov.uk

Portage Service

Portage is a service for children aged 0-5, who are not yet in an educational setting and who have additional needs. It is a home teaching service for pre-school children, who show some degree of developmental delay. The children may have learning or physical needs because of a more specific condition or there may be no obvious reason to explain why they learn more slowly.

The Service helps parents to teach their own children, in their own homes, with support from a trained Portage Home Visitor who visits the family, on a weekly basis.

The UK National Portage Association website can be found at: www.portage.org.uk

During Portage Involvement:

Portage Home Visitors (PHVs) have many ways of working to help children. The emphasis is on sessions being enjoyable. - PHVs carry out an assessment of what the child can already do, using an appropriate checklist as a guide and use this to create a teaching plan, tailored to the individual child and what the parents want their child to learn.

During the weekly visit, the Portage Home Visitor will demonstrate how to teach the skill, as well as how to observe and record the child's progress.

A teaching activity for the week will then be written down clearly on an Activity Chart.

The parents will try out the teaching activity, during the home visit and will then spend as short period of time, every day for the next week, teaching the child.

The child's progress will be discussed with the Portage Home Visitor during the next visit and the next step in the teaching programme will be agreed and planned.

If you know of a family who would benefit from receiving Portage or would like further details about the Service, please contact:

Telephone: 01924 307403
Email: eps@wakefield.gov.uk

Home to School Transport Team

The main purpose of school transport is to assist in enabling pupils to attend school.

Assistance with home to school transport is available for children:

- Under the age of 8 who live more than 2 miles* from the nearest qualifying primary school to their home. Free travel at the 2-mile limit will only apply up to the end of term in which the child becomes 8, after that a 3 mile* limit will apply.

- Aged between 8 and 16 years (or children up to and including Year 11) who travel 3 miles* or more to their nearest qualifying school.

- Aged between 8 and 11 who are entitled to receive free school meals or whose parents are in receipt of the maximum level of Working Tax Credit if they go to the nearest qualifying school to their home and live more than 2 miles from that school.

- Aged between 11 and 16 (i.e. Years 7 to 11inclusive) who are entitled to receive free school meals or whose parents are in receipt of the maximum level of Working Tax Credit if they attend one of their 3 nearest qualifying schools which are more than 2 miles but less than 6 miles from home.

- In addition, we may also be able to help with transport arrangements for:

- Children who are unable to walk to school because of their special educational needs/disability or mobility issue.

- Children who are unable to walk in safety to school (accompanied as necessary) because of the nature of the route; and

- Young children with disabled parents who cannot accompany them on their journeys between home and school.

Telephone: 01924 305675
Email: hst@wakefield.gov.uk

Independent Travel Training

Independent Travel Training is a travel training programme designed to run in a school or college.

The Travel Training Team primarily work with students in receipt of an Education, Health, and Care Plan in Years 10 and 11 usually on 'Assisted Transport'.

The training aims to equip young people with the skills needed to travel to and from school or college by themselves on public transport.

It can be better to start training young people sooner as part of the child's education with Years 7-9, as it promotes wider travel choice for a much longer period and reduces long term demand on specialist transport.

Parents and carers are often fearful that travel training will place their child in danger by exposing them to the outside world. The Travel Training Team works hard to allay these fears by visiting parents at home and by keeping them fully informed of what the training will consist of at any given time.

Travel training has the following benefits:

- The students no longer need escorting to places.

- The parents gain more respite time to do their own thing e.g. study or employment.

- Broadens the horizon of the learner away from the family.

- Travel Training changes family roles in a positive manner as it changes the way they interact with one another.

- Overall increased confidence and independence for transition into adulthood.

- Children with a VI/MSI have specialist habilitation training, different to independent travel training.

Telephone: 01924 306848
Email: independenttraveltrainingteam@wakefield.gov.uk

SEN Assessment and Review Team (SENART)

SENART are the team responsible for the implementation and maintenance of Education, Health, and Care Plans (EHCP).

An Education, Health, and Care Plan (EHCP) is a single multi-agency plan for children and young people aged 0-25 who have Special Educational Needs or Disabilities.

An EHCP will be put in place where a greater level of individual help is needed to ensure that a child/young person makes progress. It will be put in place following an assessment of the child or young person's education, health, and care needs (not just educational needs). It is designed to make sure that all the child/young person's needs are assessed and supported at the same time.

The EHCP is a statutory legal document. Its preparation is informed by the guidance outlined in the Special Educational Needs and Disability Code of Practice: 0-25 years. This code covers provision for children and young people from birth to 25 years.

Where, despite the setting having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child/young person from within their existing resources (SEN support) and they have not made adequate progress, a request for an EHC assessment can be made. This involves a multi-agency assessment of the child's needs.

The following people have a specific right to request a statutory assessment for an EHC Plan:

- The child's parent (or advocate on their behalf),

- The young person over the age of 16 (or advocate on their behalf),

- A person acting on behalf of a school or post 16 institution (this should be with the knowledge and agreement of the child/ young person and their family)

Telephone: 01924 302465
Email: SENART@wakefield.gov.uk

Preparing for Adulthood Team (PFA)

The Preparing for Adulthood (PfA) Team work to improve the 4 PfA outcomes for all SEND students from the earliest years. This is with the view of supporting SEND young people into further education and employment in line with their interests and aspirations.

4 key outcomes

Preparing for Adulthood is a key element of the (2015) Special educational needs and disability Code of Practice: 0 to 25 years.

The reforms in 2015 aimed to improve young people's achievement of the four key life outcomes:

- Employment and further education

- Living independently

- Having friends and relationships and being able to participate in the local community

- The best health possible

Wakefield aims to enable young people with SEND to achieve their ambitions and prepare for adulthood with high aspirations in areas such as employment, independent living, community participation, productivity, and health and wellbeing.

- Personalise your approach - develop a personalised approach to all aspects of support using person centred practices and building communities.

- Develop a shared vision - improving life chances with young people, families, and all key partners.

- Improve post-16 options and support - develop post-16 options and support that lead to employment, independent living, good health, friends, relationships, and community inclusion.

- Raise aspirations - raise aspirations for a fulfilling adult life, by sharing clear information about what has already worked for others.

- Being supported towards greater independence and employability can be life transforming for children and young people with SEN. This support needs to start early and should centre around the child or young person's own aspirations, interests, and needs.

5 Day Offer

The Preparing for Adulthood Team also facilitate the 5 Day Offer for young people in Post 16 education with an EHCP. Those who have moved to a 3-day education provision and require support in supplementing their education with provision to support their transition into adulthood. This could be accessing the community, work placements or volunteer opportunities all to support with an effective transition into adulthood.

Support from a 5 Day Officer can be requested through the Local Offer, where a referral form can be found. The 5 Day Offer support will be bespoke to each young person and will be for up to a period of 6 months. Please contact the team to discuss referral criteria if you are unsure.

The 5 Day Officers also support specialist provisions and colleges in providing advice for young people with regards to making the appropriate choice for their 'next steps' that are in line with their interests and aspirations.

Email: SENDPFA@wakefield.gov.uk

Education Welfare Service (EWS) School Attendance

Enforcing school attendance is the key role of the Education Welfare Service, but in practice Education Welfare Officers (EWOs) will work closely with schools and families in an attempt to avoid legal measures.

It is recognised that the causes of irregular school attendance can be varied and complex and, in some cases, EWOs will undertake a significant role in other related areas of work which may have a bearing on school attendance.

Education Welfare Officers will not undertake the role of a legal advocate.

Education Welfare Officers will:

- Encourage parents to visit the school and discuss any concerns.

- Offer support and advice on a variety of educational matters.

- Make parents aware of their legal responsibilities.

- Assess areas of difficulty and bridge any gap between home and school.

- Interpret particular situations and needs to the school.

Irregular school attendance is usually associated with a range of personal problems experienced by the child or family concerned. The role of the Education Welfare Officer is to:

- Identify, in conjunction with schools, cases of irregular school attendance which necessitate further action.

- Assess the circumstances which have led to the breakdown of school attendance and identify causes and other significant factors which can assist in resolving the problems.

- Assist schools in the interpretation and use of attendance data through closer analysis and monitoring.

- Analyse the extent and incidence of intermittent and persistent absence.

- Plan appropriate action in conjunction with the school, appropriate agencies, the child, and the family.

- Implement action plans to support the child and family in overcoming their difficulties with irregular school attendance.

- Take court proceedings on behalf of the local authority.

Telephone: 01924 307451
General Enquiries Email: ews@wakefield.gov.uk
Children Missing Education Enquiries Email: educationcme@wakefield.gov.uk

The Education Welfare Service works with Schools and Academies to provide support to children, young people, and their families in connection with school attendance and accessing education.

Support to families can take a range of forms including proactive support, individual work, advice, and guidance, and in extreme cases legal action.

The Education Welfare Service also has a responsibility for monitoring children missing from education, elective home education, child employment and entertainment licences.

The Education Welfare Service has a range of statutory and discretionary responsibilities. Not all services may be available in Academies as the same responsibilities do not always apply.

Alternative Provision (AP)

The Alternative Provision (AP) Service at Wakefield Council ensures that permanently excluded pupils are enrolled in an AP setting from day 6 of any permanent exclusion, meeting the council's statutory duties. They also provide co-ordination and oversight where needed, in partnership with mainstream and AP settings, for pupils who are reintegrating into the mainstream system after a permanent exclusion.

In addition, the AP Service co-ordinates and chairs a structured multi-agency partnership approach for children and young people with behavioural needs whose cases may require advice or support, but who are not subject to support from the statutory SEND system (EHCPs). The AP offer sits within a '3 tier' model, with advice and support offers made by AP Panel members, who include senior LA officers and Headteachers from across the district. This offer includes a time-limited 'step-out' offer. More information about AP Panels, including our Menu of Support, can be found here: https://educationservices.wakefield.gov.uk/Page/18365. Access to these services must be requested by the pupil's mainstream school/academy.

Amongst other activities, the AP Service also undertakes a quality assurance function for AP settings, provides emergency advice for schools, and liaises with partners to ensure cases are followed up as necessary.

Email: inclusionpanels@wakefield.gov.uk

Health Services

Child & Adolescent Mental Health Service (CAMHS)

CAMHS are the NHS services that assess and treat young people aged up to 18 years old with emotional, behavioural, or mental health difficulties.

There are five teams in Wakefield CAMHS:

Primary Intervention Team – providing consultation and training to local services, as well as short-term treatment for mild and moderate mental health difficulties.

CAMHS Core Team – providing assessment and treatment for severe or complex mental health difficulties.

Eating Disorder Team – providing assessment and treatment for diagnosed eating disorders.

Enhanced Outreach Team – providing assessment and treatment for young people who have experience of being in local authority care and are experiencing mental health difficulties.

ReACH Team (previously Crisis Team) – providing assessment and time-limited intensive interventions for young people experiencing emergency, urgent, or intense mental health difficulties.

The service is for Children and young people up to 18 years, and parents, and carers.

If you are a professional, young person aged 16 to 17, or a parent or carer of a child or young person under the age of 18, you can contact the Wakefield CAMHS Single Point of Access (SPA) team directly to request further support.

Please note that a child or young person must be registered with a GP practice in Wakefield to access support from Wakefield CAMHS.

Wakefield CAMHS SPA Team

Telephone: 01977 735865
(Monday to Friday 9:00am – 5:00pm)

Website:
www.southwestyorkshire.nhs.uk/services/camhs-wakefield

CAMHS ReACH Team

Telephone: 01977 735865
(Monday to Sunday 9:00am – 8:00pm)

Website:
www.southwestyorkshire.nhs.uk/services/camhs-wakefield

Wakefield CAMHS have developed a bank of information and resources, including downloadable workbooks, leaflets, and materials, on a range of mental health and wellbeing topics.

Website:
www.southwestyorkshire.nhs.uk/wakefield-camhs-resources

Children's Occupational Therapy

The Children's Occupational Therapy Team provides a service to children from birth to 19 years of age (if in full time education) who reside or attend school in the Wakefield area.

Our aim is to provide assessment and therapy to children whose ability to play, participate in the school day and self-care is affected by illness, disability, or other specific developmental difficulty. Our role also extends to making recommendations about the physical management and environment that is needed for our client group in order to increase independence whilst reducing demand on care givers.

Service provision takes place in the ward, occupational therapy department, local children's centres, mainstream and special schools or nursery and the child's home. We work closely with colleagues in health, education, and Social Services.

Conditions treated:

The service is available for all children whose functional development is affected by either an acute or chronic condition. Consequently, we are required to have a broad knowledge base of both conditions affecting childhood and effective interventions.

Our assessments are designed to meet the presenting needs of the child and frequently fit within a neurodevelopmental or biomechanical framework.

Through discussion with the child, young person and parents, client centred goals are identified. An individual treatment plan is then designed to meet achievable goals for the child or carer within current service provision.

Referral Criteria

Referrals are accepted for children with functional needs through the child's consultant, GP, or school medical officer. If the children or young people have been seen previously, they can self-refer back into the service. The child's level of need for the service is discussed and the child may be placed on our waiting list. Children must reside or attend school in the Wakefield district.

The teams are based in the individual Children's Centres within Pinderfields Hospital and Pontefract Hospital. The centres comprise of Children's Outpatients and the Therapy Services.

Pinderfields Hospital
Telephone: 01924 541411

Pontefract Hospital
Telephone: 01977 747180

Children's Speech and Language Therapy

Children's Speech and Language Therapy helps children with a range of Speech, Language and Communication Needs (SLCN) to achieve and maintain their potential. It provides support and advice to families and those working with children.

Children may present with:

- Delayed or disordered language development
- Speech sound difficulties
- Stammering
- Voice disorders
- Social communication difficulties/Autism
- Severe Learning Difficulties
- Physical disabilities, e.g. cerebral palsy
- Hearing impairment
- Maxilla-facial disorders such as cleft palate
- Feeding and Swallowing difficulties

A Speech & Language Therapist can assess and advise regarding a child's speech, language, and communication development. Therapists are trained to advise and support children with SLCN and their families.

Our Speech and Language Therapists will help parents/carers become more confident in supporting their child's speech, language, communication or feeding and swallowing needs.

Drop-in sessions:

Walk in for Talking - drop-in sessions.

If there are concerns around a child's speech, language or communication development, parent/carers can come along to one of our regular 'Walk-in for Talking' drop-in sessions where children can be seen without an appointment.

We will be able to offer the family advice and, if needed, refer into the service for a more in-depth assessment at one of our 'Initial Assessment Clinics.'

To book an appointment please contact the Children's Speech and Language Therapy Team

Telephone: 01977 465417
(Monday-Friday 9.00am - 4.00pm)

Children's Physiotherapy

A Children's Physiotherapist has expertise knowledge of childhood development, movement patterns, and a wide range of clinical conditions.

We work closely with the child, young person, and their families to formulate individual treatment programmes in order to achieve their maximum potential.

Our staff are registered with the Health Professions Council (HPC) and have Enhanced CRB checks. We are all members of the Chartered Society of Physiotherapy (CSP) and of its professional network, the Association of Paediatric Chartered Physiotherapists (APCP).

We are a highly specialised team of chartered Children's Physiotherapists who are able to assess, diagnose and offer treatment for a variety of musculoskeletal conditions affecting babies, children, and young adults up to 17 years of age.

Our Pre 5 therapy service offers assessment and advice to children under the age of 5 in regards to concerns surrounding their physical development.

Referrals may be allocated to a specialist clinic or a physiotherapist working in the geographical area where they live.

Mainstream Schools

This is a service to children with a physical disability aged over 5-18 who attend a mainstream school or college. We work with other professionals, families, education staff and the child to meet their needs.

Children's Ward

As a physiotherapy service we cover the ward and A and E / Children's Unit if needed. Our primary role on the ward is to assess as an inpatient and give respiratory care to those that require it. We liaise closely with Occupational therapists for mobility and functional assessments if required post discharge.

As well as patients who have had surgery, we assess and treat patients with respiratory conditions.

Pinderfields Hospital
Telephone: 01924 541 411

Pontefract Hospital
Telephone: 01977 747180

Children's Therapy Autism Assessment Service

The Children's Therapy Autism Assessment service at Mid Yorkshire Hospitals assesses children and young people aged up to 18 years old.

If a parent thinks that their child may have Autism, they will need to fill out a social communication assessment referral form.

The referral form has two sections; one to be filled out by parents/carers and one to be filled out by professionals who have contact with your child.

In this clinic the paediatrician will complete a detailed birth and developmental history and also exclude other possible causes for altered behaviours. If the Paediatrician thinks Autism could explain your child's differences, then your referral will be progressed onto the Multi-Disciplinary Assessment (MDA) team.

The onward assessment will include different professionals depending on the presentation of your child. Assessment is completed based on need.

The MDA team consists of:

- Speech and Language Therapists – for assessment of your child's social communication skills.

- Occupational Therapists – for assessment of your child's functional abilities, including their movement patterns and sensory processing needs.

- Clinical Psychologists – for assessment of your child's social and emotional development.

- ASD Co-ordinators – Either Assistant Psychologist, or Assistant Speech and Language Therapists that may complete aspects of an assessment or gather additional information from you or school if needed.

Children's Centre, Pinderfields Hospital/ Pontefract Hospital Children's Therapies Gate 3A Aberford Road, Wakefield WF1 4DG

Telephone: 01924 541411
(Monday to Sunday 8.30am - 4pm)
Email: midyorks.asccoordinators@nhs.net

Social Care Services

Complex Care Needs Team

The Complex Care Needs Team is a social care team who work with children aged 0-18 with complex health and disabilities.

The teamwork with children in need, children subject to child protection plans and children who are subject to care proceedings. They endeavour to ensure that all children receive the right level of intervention at the right time, to improve outcomes for them. This includes assessments which enable provision to be organised, that supports the family in meeting the needs of children with profound and multiple learning disabilities and very complex medical needs.

Eligibility for referral to the children's complex care needs service:

The children's complex care needs service provides support for children and young people where:

- The disability or complex health need has a substantial and long-term effect on their ability to carry out day-to-day activities; and

- There are significant difficulties in meeting needs within their family, broader support networks or through local universal provision.

Whilst eligibility decisions are based on individual need and professional judgement, including to what extent the impairment affects their lives and the lives of those who live with and care for them, it is likely that the child or young person will fit into one or more of the following definitions:

- A significant, permanent, and enduring physical disability.

- A significant global learning disability.

- A severe and enduring communication disorder.

- Autism with a significant global development delay and may have challenging behaviour; and/or a significant sensory impairment.

- A chronic or life-threatening condition.

An Initial Contact is made where the Children and Young People Service is contacted about a child, who may be a Child in Need, and where there is a request for general advice, information, or a service.

All contacts need to be considered alongside the Multi-Agency Continuum of Need - Supporting Children, Young People and Families (Wakefield Safeguarding Children Partnership) and/or Early Help criteria.

Where there is an emergency about the safety of a child, and they are in immediate danger the police should be contacted on 999 without delay.

Everybody has a responsibility to share concerns about a child when it is believed or suspected they:

- Have suffered significant harm and/or.

- Are likely to suffer significant harm and/or.

- Have developmental and welfare needs which are likely only to be met through the provision of family support services (with agreement of the child's parent(s)

If you believe the situation is urgent but there is no immediate danger, please call 0345 8503 503 in the first instance to speak to the Integrated Front Door.

As part of this discussion the Integrated Front Door will advise on the next steps to take and as to whether a Multi-Agency Referral Form (MARF) should be completed and submitted to:

Telephone: 0345 8503 503
Email: social_care_direct_children@wakefield.gov.uk

Should your call be outside of business hours (Monday – Thursday, 8.30am – 5pm and Friday 8.30am – 4.30pm) please still call 0345 8503 503 to speak to the Emergency Duty Team.

Please note, the Emergency Duty Team operate an emergency only service, non-emergency contacts will need to be made on the next working day.

Short Breaks Assessment Team

Short Breaks Assessment Team complete assessments for children and young people from 0-18 years old with SEND.

Short Break Assessments are holistic and enable families and carers to continue to provide care and supports children with disabilities to be fully part of their family.

Short breaks are services provided to children with special educational needs and/or disabilities (SEND) to support them to experience things that other children do, at home and in their community.

Short breaks services also enable family carers to continue to provide the care that enables children with disabilities to be fully part of their families.

A short break can be:

- Accessible fun activities in the community
- Support to access fun activities in the community.
- Day time or overnight care in the home or elsewhere
- Services to help carers in the evenings, at weekends and during the school holidays.

Who can access specialist short breaks?

To access Specialist Short Breaks, families will need an assessment of need for care and support to access Specialist Short Breaks. This is completed by the Short Breaks Assessment Team and Complex Care Needs Team.

It is only possible to know if a child, young person, or parent/carer is eligible for a Specialist Short Break by first completing an assessment of need that looks in detail at three areas:

- Child's needs and development
- Parent/carer's needs
- Family and environment

To decide eligibility, the parent/carer needs, and family/environment factors are looked at together to see overall what level of support is needed. The same is done for the child's needs.

It is the combination of these levels of support needed that is used to decide if someone is eligible for a Specialist Short Break.

If you are a practitioner working with a family who would like to access Short Breaks and would like information about how to do this, please contact by

Email: sendshort-breaks@wakefield.gov.uk

Family Hubs and Team around the Early Years (TAEY)

Family Hubs are a one-stop shop that parent, carers, and young people can walk-in, email, or telephone to access whole family support.

Parents/carers can also ask for early help from the child's nursery, childminder or health visitor and request a Team around the Early Years' (TAEY) meeting.

The TAEY is an offer of early help to families that brings together a team of professionals to help the family to access support when they find it hard to cope with the demands of family life.

The child's nursery, childminder or health visitor will be the families first point of contact to talk through the areas they would like help with. They will complete a referral form.

This form will be shared with a core group of professionals from early help, education, and health - plus professionals who are specialists in a specific area of work - who will then work together to identify the best package of support for the family.

A family support plan will be developed with the family. This will set out who will be working with the family on different support areas they have asked for help with. This could include building a network of support from people they know, attending an intervention programme as part of a group activity or 1:1 session, or attending activities and events as a family in the local community. Family Hubs and Team around the Early Years (TAEY)

Family Hubs are a one-stop shop that parent, carers, and young people can walk-in, email, or telephone to access whole family support.

Parents/carers can also ask for early help from the child's nursery, childminder or health visitor and request a Team around the Early Years' (TAEY) meeting.

The TAEY is an offer of early help to families that brings together a team of professionals to help the family to access support when they find it hard to cope with the demands of family life.

The child's nursery, childminder or health visitor will be the families first point of contact to talk through the areas they would like help with. They will complete a referral form.

This form will be shared with a core group of professionals from early help, education, and health - plus professionals who are specialists in a specific area of work - who will then work together to identify the best package of support for the family.

A family support plan will be developed with the family. This will set out who will be working with the family on different support areas they have asked for help with. This could include building a network of support from people they know, attending an intervention programme as part of a group activity or 1:1 session, or attending activities and events as a family in the local community.

If at any stage, the family no longer feel they need or want this support, they can talk to the child's nursery, childminder, health visitor or local Family Hub and withdraw from the support available.

You can find your nearest Family Hub by visiting: www.wakefieldfamiliestogether.co.uk

The childcare provider will:

- Explain options of support available from different partner services

- Agree the support the family would like to access.

- Support the family to make links with the services who will be leading on the work with the family.

Family Hubs and the Team around School (TAS)

Family Hubs are a one-stop shop that parent, carers, and young people can walk-in, email, or telephone to access whole family support.

Parents/carers can also ask for early help from the child's school and request a Team around the School (TAS) meeting.

The TAS is an offer of early help to families that brings together a team of professionals to help the family to access support when they find it hard to cope with the demands of family life.

The child's school will be the families first point of contact to talk through the areas they would like help with. They will complete a referral form.

This form will be shared with a core group of professionals from early help, education, and health - plus professionals who are specialists in a specific area of work - who will then work together to identify the best package of support for the family.

A family support plan will be developed with the family. This will set out who will be working with the family on different support areas that they have asked for help with. This could include building a network of support from people they know, attending an intervention programme as part of a group activity or 1:1 session, or attending activities and events as a family in the local community.

If at any stage, the family no longer feel they need or want this support, they can talk to the child's nursery, childminder, health visitor or local Family Hub and withdraw from the support available.

You can find your nearest Family Hub by visiting: www.wakefieldfamiliestogether.co.uk

The childcare provider will:

- Explain options of support available from different partner services.

- Agree the support the family would like to access.

- Support the family to make links with the services who will be leading on the work with the family.

Adult Social Care Transitions Team

The Transitions Team of social care professionals sits within the Community Team for Learning Disabilities East (CTLD East). The Team works district wide with young people with an Education Health and Care Plan (EHCP) who are transitioning from Children's to adult services.

The team support young people from 16 years, or earlier if required, through to the age at which they leave full time education. They will complete a strengths-based assessment, which will determine whether the young person is likely to have eligible care and support needs under the Care Act when they turn 18 years, and the outcomes they want to achieve in life.

The Transitions worker will consider what support might be of benefit at that point and also consider whether other options beyond formal services might help the young person achieve their desired outcomes. The young person and their carer will be provided with advice and information, including what is available locally to meet needs.

The best time for the assessment is often around the age of 17 years, however this can be completed at the most appropriate time for the young person and will be prior to their 18th birthday.

The young person will always be at the centre of the assessments considering their thoughts, feelings, aspirations and wishes for the future. The team also supports parents and carers of young people in their caring role and to have a better life.

Young people who are eligible for adult social care will be offered an individual budget which may be taken in the form of a direct payment, Individual service fund, a personal health budget, a managed account, or a mixture of these. A financial assessment will determine the appropriate client contribution to services.

The Transitions worker will also be able to ensure that any necessary referrals are made to adult health services, e.g. the Wakefield Adult Learning Disability Health Service, or Wakefield Adults Mental Health Services. A referral to the ICB for a Continuing Healthcare assessment will also be made if appropriate.

The Mental Capacity Act 2005 also applies to all young people from the age of 16 years and needs to be considered throughout the transition process.

During transitions, a series of important decisions affecting a young person will have to be made. For some individuals, due to their disability or complex care needs they may lack the capacity to be able to make such decisions. The Transitions worker will work alongside the young person, their family / carer, and other professionals to guide and assist with this process if it is required.

A referral can be made to the Transitions Team by contacting Social Care Direct

Telephone: 0345 8 503 503
Email: Social_Care_Direct@wakefield.gov.uk

Parent / Carer Support and Advice

Wakefield Early Support, Advice, Information and Liaison (WESAIL) provides a free, confidential, and impartial service.

WESAIL provide information, advice, support and signposting according to need.

WESAIL offers information covering a range of matters relating to Special Educational Needs and/or Disabilities (SEND) including education, health, social care, personalisation, personal budgets.

The aim of the WESAIL service is to support children, young people, their parents, carers, and families. The team provide information to navigate systems and processes, to empower and enable them to play an active role in decision making about matters relating or their children's health, education, social care support.

Referrals for support can be made by telephone or directly to the service by young people, parents or carers, or someone working with the family where the parent/carer or young person has given consent.

WESAIL is also responsible for updating the Local Offer and engaging with children, young people, families and stakeholders in its ongoing development and review.

The Local Offer provides information about the services, activities and support available in the local area for children and young people with Special Educational Needs and /or Disabilities and their families.

Telephone: 01924 965588
Email: wesail@family-action.org.uk

Wakefield Parent Carer Forum

Wakefield Parent Carer Forum is an independent parent carer forum who work with families of children with special educational needs and/or disability, aged 0-25 years old, living in the Wakefield area.

The forum is led by a group of local parents who listen to, and represent the views of parents, young people, and children.

The forum work in partnership with service commissioners and providers through participation and co-production to make a positive difference and improve the quality of life for all children and families in Wakefield.

Email: info@wakefieldparentcarers.co.uk
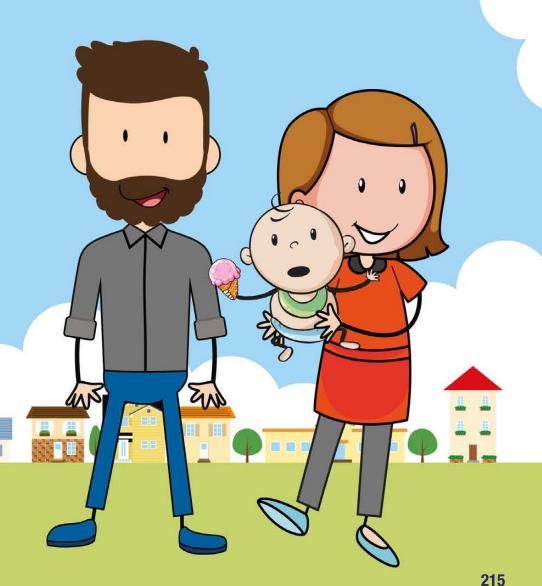**Website:** www.wakefieldparentcarers.co.uk

Address:
Unit 2, Airedale Business Centre, Kershaw Avenue, Castleford WF10 3ES

Wakefield SEND Jargon Buster

Term	Definition
Act	A law that has been passed by Parliament.
Advocate	Someone who helps children and young people make decisions in their lives.
Alternative Providers	Organisations that provide services to people but are not funded by the government, for example private care organisations.
Anticipatory	Happening, performed, or felt in anticipation of something.
Appeal	To argue against something or question a decision you don't agree with using the law.
Apprenticeship	Paid jobs that include training to gain practical skills while you work, for example veterinary nursing or plumbing.
Assessments	Gathering information from a variety of sources to obtain a clear picture of a child's strengths and areas of difficulty.
A review	To find out what extra support a disabled person needs, for example to decide if a student needs extra support in school or college.
Autonomy	Being able to make your own decisions about things.
Academy	A state funded school in England which receives its funding primarily directly from and is owned and controlled by central government, not a local authority.
Adaptive Teaching	Students' different abilities and backgrounds are recognised but their ability to understand and carry out tasks is not presumed. Support is there if needed.
ADD	Attention Deficit Disorder.
ADHD	Attention Deficit Hyperactivity Disorder.
ADHD-PI	Attention Deficit Hyperactivity Disorder - Predominantly Inattentive (sometimes ADHD-I).

Term	Definition
ASD / ASC	Autistic Spectrum Disorder in Wakefield we use inclusive language and use the term, ASC Autistic Spectrum Condition.
ACE	Adverse Childhood Experiences.
AET	Autism Education Trust.
AP Panel	Alternative Provision Panel.
APDR	Assess, Plan, Do, Review.
ARFID	Avoidant Restrictive Food Intake Disorder.
Best Endeavours	Children's and Family Act section 66. A duty to use best endeavours to secure special educational provision for all children. This means doing everything that could be doing everything possible to make sure that pupils have their educational needs met.
Bill	A Bill is something the government wants to become law but is waiting for Parliament to agree to.
CAMHS	Child and Adolescent Mental Health Services.
Case Studies	Stories about someone's experience to show how services work in real life.
Case Worker	A named person who works for the Local Authority who will deal with a child's case.
Children and Families Bill	A new set of laws that the government want to introduce. This will include changes that affect how disabled children, young people and families get the services and support they need.
Cluster	Wakefield is divided into 3 cluster areas. 1. Castleford, Airedale, Pontefract and Knottingley. 2. Featherstone, Normanton and South East 3. Wakefield Central, North East and South West.

Term	Definition
Code of Practice	A guide to tell local authorities what they need to do to work within the law and provide support for students with Special Educational Needs and Disabilities.
Differentiation	Strategies for ensuring that pupils with special educational needs can access the curriculum in the right way and achieve their potential. Differentiation presents students with different types of lessons based on their abilities and preferences, (please refer to adaptive teaching and scaffolding).
Direct Payments	Allow people to receive money directly from their local authority, so they can pay for their own services and live more independently.
Duty	Something the law says an organisation must do.
Deaf	Usually refers to a hearing loss so severe that there is very little or no functional hearing.
Early Help	First response when a child, young person or family needs extra support.
Education, Health and Care Assessment	A new assessment for disabled children and young people to help decide what services and support they need.
Education, Health and Care Plan	A new document that will set out what support disabled children and young people should get in school. This will replace a 'statement'.
Elective Home Education	Choosing to educate a child or young person at home.
Environmental Considerations	The physical space in which learning and activities take place, which include, temperature, lighting, smells, sounds, and level of comfort.
Enabling Environments Checklist	Wakefield and AET enabling environments resources to audit the physical and sensory environment of your setting.

Term	Definition
Enhanced Mainstream Resource	Targeted support for children who are accessing a mainstream education, with additional specialist support.
EPS	Educational Psychology Service.
Equality	Access to the same provision and resources.
Equity	Refers to fairness and justice. It recognises that we do not all start from the same place, and we must acknowledge and make adjustments that enable fair access and address imbalances.
Framework	A set of rules that show how something should happen.
Further Education	Any education that a young person does once they've left school. This includes college, university, apprenticeships and supported internships.
Guidance	Tells organisations what they should be doing to work within the law.
Graduated Approach	A model which recognises that children may need different levels of support at different stages in their early years or school lives.
HI	Hearing Impaired.
ICB	Integrated Care Board.
Implementation	Making something that is set out in law happen.
Joined-up	When services work together to plan what services people in the local area need.
Key Workers	Someone who works with children and families to help them get the best education and social care services and make sure services work together.

Term	Definition
Key Stages	The different stages of education that a child passes through: • **Early Years Foundation Stage** – age 0-5 (Early years setting, Nursery and Reception); • **Key Stage one** – age 5-7 (Years 1 and 2); • **Key Stage two** – age 7-11(Years 3,4, 5 and 6); • **Key Stage three** – age 11-14 (Years 7, 8 and 9); • **Key Stage four** – age 14-16 (Years 10 and 11); • **Key Stage five** – age 16-18 (Sixth form)
Learning Disability Assessments	An assessment to find out if a person has learning disabilities and what support they will need to help them in school or education.
Local Authority	The local government responsible for managing services in your area – i.e. your local council.
Local Offer	A document to say what services and support are available in local areas for disabled children, young people and families.
Mainstream	Mainstream education is a school or setting that teaches pupils with a wide range of abilities and aptitudes.
Mediation	A way of trying to come to an agreement when people disagree. In education this is often when parents disagree with a council or school.
MLD	Moderate Learning Difficulties/Disabilities.
MSI	Multi-sensory Impairment – pupils with a combination of visual and hearing difficulties.
OPP	One Page Profile – This straightforward person-centred thinking tool captures what is important to the individual, together with specific detailed information about how to support them, both inside and outside the classroom. It can be reviewed annually as part of transition or when necessary. Also known as a learning passport, Learner profile, supporting me to learn profile and pen portrait.

Term	Definition
OCD	Obsessive Compulsive Disorder.
ODD	Oppositional Defiance Disorder.
Ofsted	Office for Standards in Education, Children's Services and Skills. This is the body which inspects and regulates services which care for children and young people and those providing education and skills for learners of all ages.
OT	Occupational Therapy, sometimes used to refer to the occupational therapist.
Outcomes	What children and young people achieve and how their lives improve, for example going to college, learning new skills, living on their own or getting a job.
Parent/ Carer forums	Local groups where parents of disabled children and young people can come together to discuss issues in their local area and how they would like to improve them.
PfA	Preparing for Adulthood (as outlined in the SEND Code of Practice, 2015) focussing on several areas • Higher education and/or employment • Independent living • Participation in society • Health
Progression Framework	AET Progression Framework is an interactive whole school assessment tool, which can be used for assessing, planning, implementing and reviewing the progress of autistic/SEND pupils. **Contact WISENDSS for free training and free access to the resource.**
Provision	Support and strategies which aim to help a child or young person make progress.
Pupil Premium	Extra money for that a school gets for every pupil who is from a poor family to help them get a better education.

Term	Definition
QHS	Qualified Habilitation Specialist
QMSI	Qualified Teacher for Children with Muti-sensory Impairment
QToD	Qualified Teacher Children of Deaf
QTVI	Qualified Teacher for Children with a Vision Impairment
Quality First Teaching	A style of teaching that focuses on high quality and inclusive teaching for every child in the classroom.
Reasonable Adjustments	Adjustments made to accommodate an individual with additional needs, so that the child gets the same access to education and opportunities as others.
Regulations	Guidance that tells professionals and organisations what to do to make sure they carry out what the law says.
Scaffolding	Providing support for a learner to help them to complete a task or acquire a skill. It involves all students following discrete steps to master a concept. (Please see differentiation) 1. (Scaffolding and differentiation are used to achieve similar goals, in that they provide a way for educators to help students succeed while still being challenged.
SENART	SEN Assessment and Review Team.
SEN Information Report	A report containing SEND information, which includes policies, assessment and reviewing children's needs and progress, arrangements for consulting with parents, children and young people. Teaching approaches, adaptations and information about how children and young people are included in all aspects of school life.
Specialist Support	Services specifically designed to support disabled children and young people, for example speech and language, short breaks or special education.
Statutory	In law.

Term	Definition
Statutory Services	Services that the government provide, for example education, health or social care services from a local authority.
Supported Internships	These are unpaid roles for young disabled people to study or train with an employer. They will gain skills to help them move into paid employment.
SENCo	Special Educational Needs Co-ordinator – the teacher with responsibility for co-ordinating special help for children with SEN at their school.
SEND	Special Educational Needs and Disabilities.
SENDIASS	Special Educational Needs and Disability Independent Advice and Support Service; every local authority must have one. They provide independent advice and support to parents about SEN.
SENDIASS Officer	SENDIASS Officer who operates within the Sendiass Service; They provide independent advice and support to parents about SEN.
SEMH	Social, Emotional and Mental Health SEN Special educational needs.
SLT or SALT	Speech and Language Therapy.
Therapies	Medical treatments that help a disabled person to manage the symptoms of their condition, for example physiotherapy, speech therapy.
Transition	When a young person moves from children's to adult services.
Tribunal	A group of experts who make decisions about if a local authority has broken the law in how it has treated a child or young person with SEN.
VI	Vision impairment
WISENDSS	Wakefield Inclusion Special Educational Needs and Disability Support Service. WISENDSS@wakefield.gov.uk
WISENDSS Connect	Wakefield support parent line.

For all your SEND needs, email WISENDSS: **wisendss@wakefield.gov.uk**