

The West Sussex Graduated Approach

Supporting children and young people in Early Years, Schools and Post-16 education settings.

Special Educational Needs and Disabilities
(SEND) Support Guidance



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Please note: It is helpful to consider the child / young person's developmental age, as well as their chronological age, when using this guidance document as some of the information in other education phases may be of use.

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The West Sussex Graduated Approach to supporting children and young people in Early Years settings, Schools and Post-16 education settings

Overview

This guidance document is intended to be used as a tool by schools and education settings to inform their practice in the education of children and young people with Special Educational Needs & Disabilities (SEND).

The document provides information on:

- The 'Assess, Plan, Do, Review' steps of the Graduated Approach;
- A range of Quality First Teaching, targeted and specialist interventions that schools and education settings could use to support a child or young person (Appendix 1);
- Examples of how schools and settings can support and engage parents and carers (Appendix 2).

The term 'Special Educational Needs' (SEN) is used within this document to refer to all children and young people who have a special educational need and/or disability and term 'Special Educational Needs Co-ordinator (SENCO)' for all those with equivalent roles within colleges and early years providers.

This document should be read in conjunction with the West Sussex Area Wide Offer found [here](#), which sets out what the Local Authority expects education settings to provide for learners with special educational needs and disabilities.



WSCC could like to thank Milton Keynes, Wigan and Gloucestershire Councils' for sharing their SEND documents which have been used to support the development of this guide.

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An Introduction to the Graduated Approach

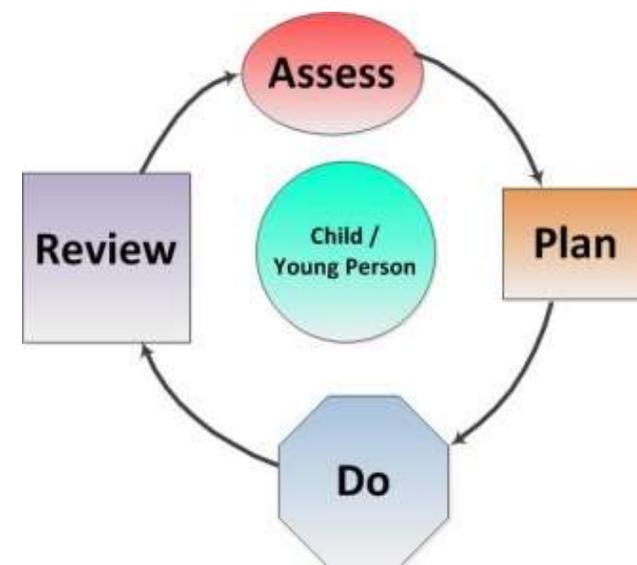
The SEND Code of Practice (2014) is clear that special educational provision is underpinned by high quality teaching. Differentiated and personalised teaching approaches, often referred to as **Quality First Teaching (QFT) or universal approaches, benefit all children / young people** as well as those also with special educational needs.

Some children / young people will require support that is **additional** universal Quality First Teaching, as these approaches are not sufficient to meet some specific special educational needs. These learners will require more focused intervention and support and these are referred to as **targeted interventions**. A few children / young people will also require **specialist interventions** in addition to targeted interventions and Quality First Teaching.

Schools and education settings must use their **best endeavours** to ensure that such provision is made for all those who need it. 'Best endeavours' is a legal term and means doing everything possible to make something happen.

Educational settings should know exactly where children & young people with SEND are in their learning and development. Decisions about whether special educational provision is needed for a child/young person will be informed by:

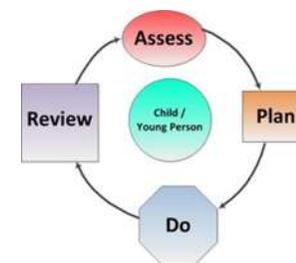
- insights from parents/carers and children/young people;
- setting high ambitions and stretching measurable targets, appropriate to their needs, promoting high standards and the fulfilment of potential;
- tracking of children/young people's progress towards their goals;
- keeping under review the impact of the additional or different provision that is made for them;
- promoting positive outcomes in the wider areas of personal and social development;
- ensuring the approaches used are based on the best possible evidence and that they are having the required impact on progress and development.



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Taking a whole setting / school approach to Special Educational Need and Disability (SEND)

In order to help children and young people with special educational needs and disabilities, schools and education settings should adopt a **Graduated Approach**.



A **Graduated Approach** is a 4 part cycle (Assess, Plan, Do, Review) which allows decisions and actions to be reviewed and refined as the understanding of the learners needs and what supports them in making good progress and securing good outcomes grows. The graduated approach can encompass an array of strategies which are underpinned by a number of central principles:

- All children / young people can learn and make progress;
- All teachers are teachers of SEND;
- A differentiated curriculum is **not** SEND provision - differentiated learning opportunities should be given to **all** learners;
- Provision for a child / young person with SEND should match the nature of their needs;
- There should be regular recording of a child's / young person's SEND, of the planned outcomes, of the action that the setting is taking, and of impact of those actions and the outcomes achieved.

This graduated approach needs to recognise that good practice can take many different forms, and that there is a continuum of special educational needs. Where necessary, the school or setting should obtain specialist advice and expertise to enable appropriate provision to address the difficulties a child / young person may be experiencing. However, the school or setting should - **other than in exceptional cases** - make full use of all available class and setting resources before expecting to call upon outside resources. Where necessary, a school or setting's policies, procedures and practices **should be adapted** to ensure the requirements of The Equality Act (2010) and its Disability Discrimination-related legislation are met.

The Code of Practice does not assume there are hard and fast categories of special educational needs. It recognises that each learner is unique and that there is a wide spectrum of SEND which are frequently inter-related. Some specific needs will also often relate directly to particular types of impairment. Learners commonly have needs and requirements which fall into at least one of four areas:

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

The impact of these combinations on the learners ability to function and succeed should be taken into account. Schools and settings should not, however, emphasise categories of SEN. The provision made for the learner should be on the basis of an assessment of their identified needs rather than to reflect the existence of a particular condition or syndrome. It is helpful to consider SEND as 'high' or 'low', and incidences as 'high' or 'low', whilst recognising that areas of need can be interrelated and a mix of low level needs may be as significant as a high level need. The importance of early identification, assessment and provision for any child / young person who may have special educational needs cannot be over-emphasised. The earlier an action is taken, the more responsive the learner is likely to be, and the more readily the intervention can be made without undue disruption to the organisation of the school or setting, including the delivery of the curriculum for that learner. If a difficulty proves transient the child / young person will subsequently be able to learn and progress normally. If the learners difficulties prove less responsive to the initial arrangement made then an early start will have been made in considering the additional provision that may be needed to support their progress.

When deciding whether to make special educational provision for a child or young person, the teacher and SENCO should look at information within the school / setting and have early discussions with parent carers. Consideration as to whether special educational provision is needed should start with the desired outcomes, including expected progress and attainment and the views, wishes of the learner and their parent carer. A Person Centred approach should be used to enable a clear understanding of the key factors affecting the family, i.e. what matters for the child / young person and their family. [Person Centred Planning tools](#) can help extract information, plan actions and review provision, these can be found on the [West Sussex Local Offer](#).

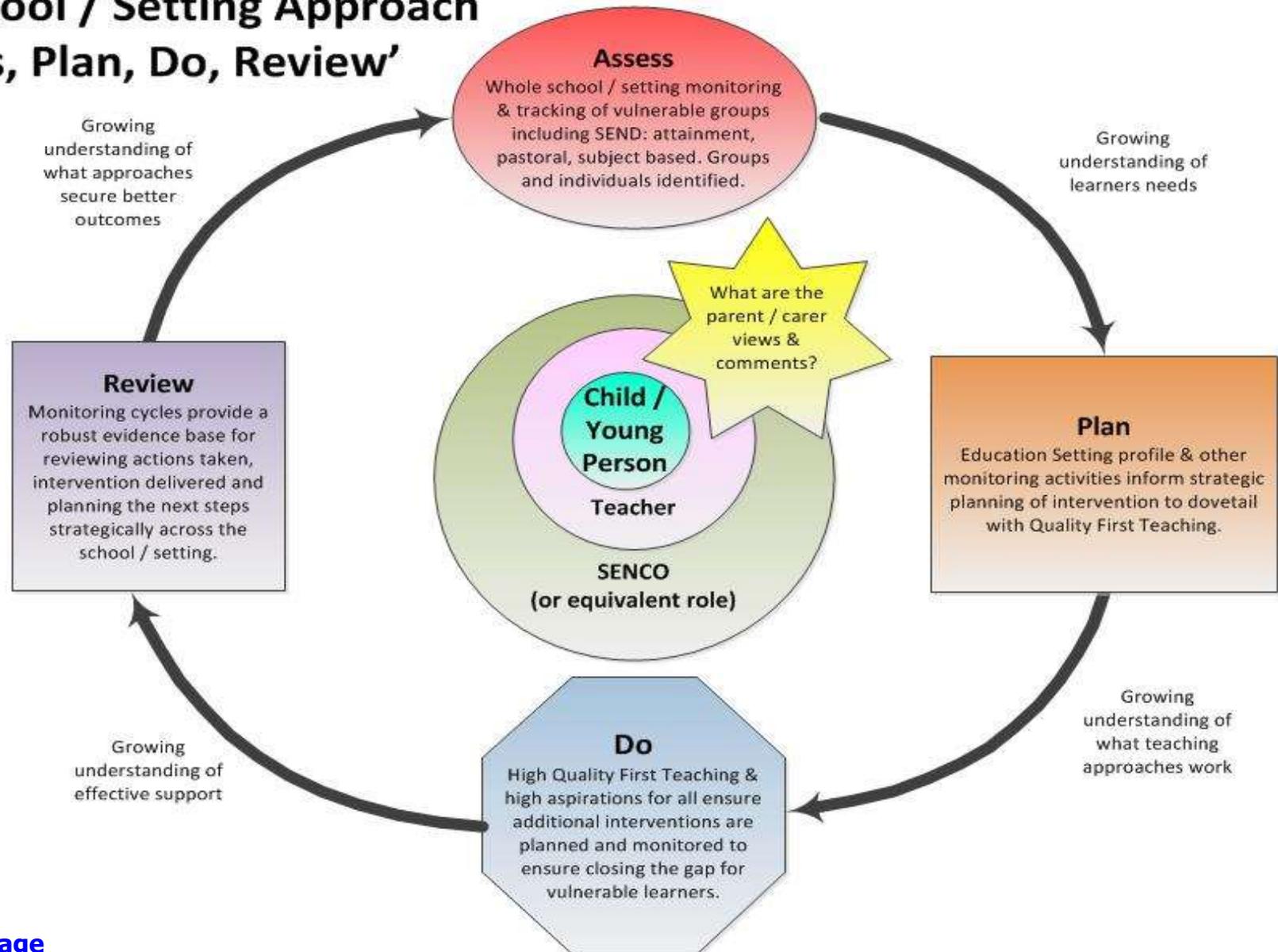
Effective leadership, management, disciplinary and pastoral arrangements and policies in schools and settings can help prevent some special educational needs arising, and minimise others. The senior leadership team of the setting, with teaching staff can use a provision mapping management system as part of monitoring and evaluation to consider quality first teaching for all learners, the deployment of staff to raise attainment and progress and personalisation of the curriculum alongside knowledge of successful intervention/s matched to individual needs.

Quality First Teaching will help the school or setting to meet the learning needs of **all** its children. Settings should not automatically assume that a child's / young person's learning difficulties result solely or even mainly from problems within the child / young person or their environment. The setting's practice can make a difference. The Governing Body, Headteacher and SENCO should be alert to any particular pattern in the emergence of children's special educational needs or parents' expressions of concern, and should examine the setting's general practices and policies in the light of any such patterns.

The following diagrams and tables illustrate the practical application of the graduated approach.

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Whole School / Setting Approach 'Assess, Plan, Do, Review'



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Taking a whole school / setting graduated approach using the 'Assess, Plan, Do, Review' cycle:

Assess:

Whole school/setting monitoring & tracking of vulnerable groups including SEND: attainment, progress, pastoral, subject based. Groups and individuals identified.



Actions:

- School / setting assessment policy and systems describe how learners are monitored and tracked so those who are not making expected progress can be identified: learners work; lessons / session observations; learning walks; middle / senior leadership drop ins.
- Assessment Co-ordinator analyses: attainment & progress for cohorts and groups including vulnerable learners; attainment & progress for individuals;
- In secondary / colleges this may also be pastoral and subject based, including baseline, standardised scores and cognitive tests;
- Inclusion Leader/ SENCO analyses attainment & progress for vulnerable groups including SEND (SEN Support, EHCP groups) by specific year groups to consider gaps in progress and raising attainment and other factors i.e. attendance.
- Teachers, year group leaders, Head of Department, Key Stage leaders consider gaps in interventions so adjustments to be made.
- Senior leadership team retain overview for whole school / setting profile.
- Report to governors on termly basis.

Systems in place to ensure:

- Robust evidence gathering.
- Checking quality of teaching.
- Ensure learner progress is measured accurately.
- Shared expertise within the school / setting: using SENCO or Inclusion lead for advice, gaps in staff training needs.

Plan:

Education setting profile and other monitoring activities inform strategic planning of intervention to dovetail with Quality First Teaching.



Actions:

- Feedback from school / setting profile: data analysis, learners' work, middle / senior leadership drop ins, lesson / session observations gathered and considered.
- Intervention in year groups, cohorts, key stages planned via strategic planning meetings with staff on termly, half-termly and weekly basis for individual learner. Staff updated on progress.
- Additional assessments considered.
- Interventions costed.
- Meetings with parent carers and learners (age appropriate).
- Additional equipment/resources sought.
- Deployment of staffing: teachers and support staff.
- Continuous Professional Development of staff: skills, knowledge, understanding.
- Human Resource considerations e.g. employment.

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Do:

High quality teaching and high aspirations for all ensure additional interventions are planned and monitored to ensure closing the gap for vulnerable learners.



Actions:

- High quality teaching for all.
- Additional targeted support/intervention dovetails with Quality First Teaching; personalised or individual timeframes set for interventions.
- Teachers planning activities links intervention with learning in class to ensure continuity and overlearning and the applying of skills.
- Training for staff provided.
- Additional resources, equipment provided.
- Teachers oversee where support staff deliver provision.
- Expectations set with milestones enabling learners to make progress.
- Further assessment planned 2- 3 times across year; could include quantitative scaling.
- Provision map compiled for each year group: could be termly, half-termly including costing of intervention.

A cycle of monitoring set in place to include;

- Learners voice.
- Outcomes within Learning/ Support Plans.
- Learners work scrutiny.
- Teachers scrutiny planning.
- Structured conversations with parent carers.
- Subject departments leading interventions: including whole school / setting booster groups.
- Filling gaps: whole school / setting intervention.

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Review:

Monitoring cycles provide a robust evidence base for reviewing actions taken, intervention delivered and planning the next steps strategically across the school or setting.



Actions:

The evidence base may include

- data meetings.
- teacher meetings.
- intervention review meetings with parent carers.
- parent carer meetings.
- reports to parent carer.
- monitoring within subject areas.
- learners voice.
- teaching & learning observations.
- teachers and support staff reflecting on their practice.
- staff views.
- successful support or intervention practices.
- support or intervention that have not been successful.
- value for money: from the cost of the support/intervention has it provided sufficient attainment, progress?
- feedback to and challenge from governors.

Consider:

- Are all those involved in the review process able to have meaningfully conversations (parent carers / learners / support, teaching & specialist staff)?
- Do staff have the skills and knowledge to discuss qualitative and quantitative outcomes of learners with SEN?
- Are systems in place to collate outcomes of the review to inform adjustments to provision?

What does Inclusive Quality First Teaching look like?

All children and young people have an entitlement to high quality teaching that is carefully planned and takes account of prior learning where:

- High achievement is explicit for all children / young people through high expectations and aspirations ensuring support and challenge for all;
- Quality First Teaching focuses on making learning purposeful, enjoyable and learner-centred;
- Everyone involved in teaching knows how to support learning.

Lessons have a clear structure and include learning objectives and success criteria that are shared, referred to and revisited during the session. Lesson planning involves everyone working with the children / young people and takes account of prior learning based on assessment for learning. This enables learning objectives to be specifically focused and differentiated appropriately with clear success criteria. A planned range of teaching skills, strategies and approaches are deployed to engage all learners. Teachers consider the use of language so it is matched to the needs and circumstances of the learner. Teachers give clear explanations of teaching points and use appropriate questioning to develop understanding and set challenges. Teachers use lively, dynamic, interactive teaching methods that ensure high quality teaching and learning takes different learning styles into account. A purposeful organised and well-resourced learning environment is provided which encourages and develops independence. Adults model good working practice. Learners are motivated to fully engage in learning, having opportunities to work both independently and collaboratively. Adults focus praise and effective feedback i.e. positive praise and reward through modelling, instructing, scaffolding, explanation, questioning and recording and marking, which need to be timely and specific. SEN provision and resources are provided using an 'assess, plan, do, review' approach.

Quality First Teaching promotes achievement by:

- creating a safe happy environment for learning;
- promoting independent learning;
- having high expectations for all and sharing clear expectations;
- engaging and motivating learners;
- empowering learners to take responsibility for their own learning and progress;
- developing resilience through supported risk taking.

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Quality First Teaching:

Conditions for learning:

Learners work in a supportive classroom climate and environment and in which they feel safe, secure and valued.

- Contribution of all learners is valued: secure, safe and supportive learning environment;
- Effective and positive behaviour management strategies are shared and used, including class routines, listening rules, seating plans;
- Classroom and behaviour expectations are displayed with visual prompts;
- Transition from whole-class work to group and independent work is clearly signalled and effectively managed;
- Evidence of clear structure to lessons during day, e.g. visual timetables are on display;
- Environment reflects the cultural and linguistic background of learners;
- Access to adults and resources has been planned, e.g. background noise avoided where possible, light source in front of teacher not behind, blinds at windows;
- Texts and equipment are at learner's instructional level matched to age, ability and needs;
- Classroom displays, resources and working walls are used effectively and interactively;
- Access to appropriate IT equipment and software. Minor adjustments to IT equipment and furniture have been considered including, screen position, keyboard size and style, mouse size and style;
- Differentiated software and appropriate fonts are used, e.g. a simplified or supportive word processing package, is used.
- Alternatives to paper and pencil tasks used where appropriate, e.g. IT, diagrams, verbal recording, 3D modelling etc.;
- Effective use of IT as an access strategy;
- Effective use of the Interactive Whiteboard (IWB) to model, demonstrate, reinforce and prompt;

Planning:

A range of assessment approaches, including peer and self-assessment, inform teaching

- All learners are clear about lesson objectives, outcomes and success criteria. These are displayed on walls or whiteboards and given to individual children / young people as reminders e.g. stickers, cards, bookmarks, charts;
- Tasks are clearly explained, exemplified or modelled, checks for understanding are made, timelines and expected outcomes made clear: task cards or boards as reminders provided;
- Learners are taught strategies to continue work without direct adult help if they get stuck or when they finish; prompts to remind them are on display;
- Tasks are simplified or extended, e.g. short, concrete text used by one group or long, abstract text by another;
- Peer and self-assessment strategies used;
- Assessment of language/numeric learning runs alongside curricular learning.

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Development or learning:

Questions probe understanding and develop thinking and reflection

- Links are made to previous learning;
- A variety of questioning and enquiry based techniques are used so as to all challenge learners;
- Time and support is given before responses are required, e.g. personal thinking time, talk partner, persisting with progressively more scaffolding, time for translation, and/or use of 'no hands' rule, until learner can answer correctly;
- Contributions reflected back by teacher in expanded form or expanded on by other learners;
- Tasks made more open or more closed according to learner's needs;
- Visual and tangible aids used and made available when required.

Knowledge of subjects and themes:

Teaching is engaging and lively, involves a blend of approaches that direct children's learning

- New or difficult vocabulary and language structures are explained, written, displayed and revisited with pre and post teaching;
- Multi-sensory teaching approaches (auditory, visual, kinaesthetic) used;
- Adults reflect back in literacy and numeracy to reinforce previous learning and language development;
- Time provided for orally rehearsing before writing;
- Bilingual resources provided, as appropriate.
- Links made to prior knowledge and learning.

Understanding Learners' needs:

Learners offered a variety of ways in which to record their learning

- ✚ Teacher checks for understanding of instructions, e.g. by asking a learner to explain them in their own words;
- Support in place for children / young people with working memory needs: sticky notes, jottings, tasks broken down, concrete material to support;
- Interactive strategies used: learners having cards to hold up, own whiteboards or coming to the front to take a role;
- Scaffolding: problem solving grids, visual tools, cue cards provided where needed, marking policy providing effective;
- Feedback and next steps both verbally and written. Learners given time to respond and make corrections following feedback.
- Talking and writing partners encouraged;
- Structured phonics teaching is implemented and embedded in reading whole texts and supported by other rich literacy experiences;
- Structured handwriting programme followed to develop handwriting patterns, letters and joining.

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Engagement with learners and learning:

Groups in which learners are taught

- Children / young people help and support each other with ideas; giving each other space to think and respond to questions e.g. talk/ writing partners;
- Variation of groups in which learners are taught so individuals are able to draw on each other's strengths and skills, produce random groups for talk partners;
- Effective use of additional adult support;
- Clear learning objectives and success criteria;
- Independence promoted;
- Peer interaction encouraged;
- Seating Plans are purposefully organised.

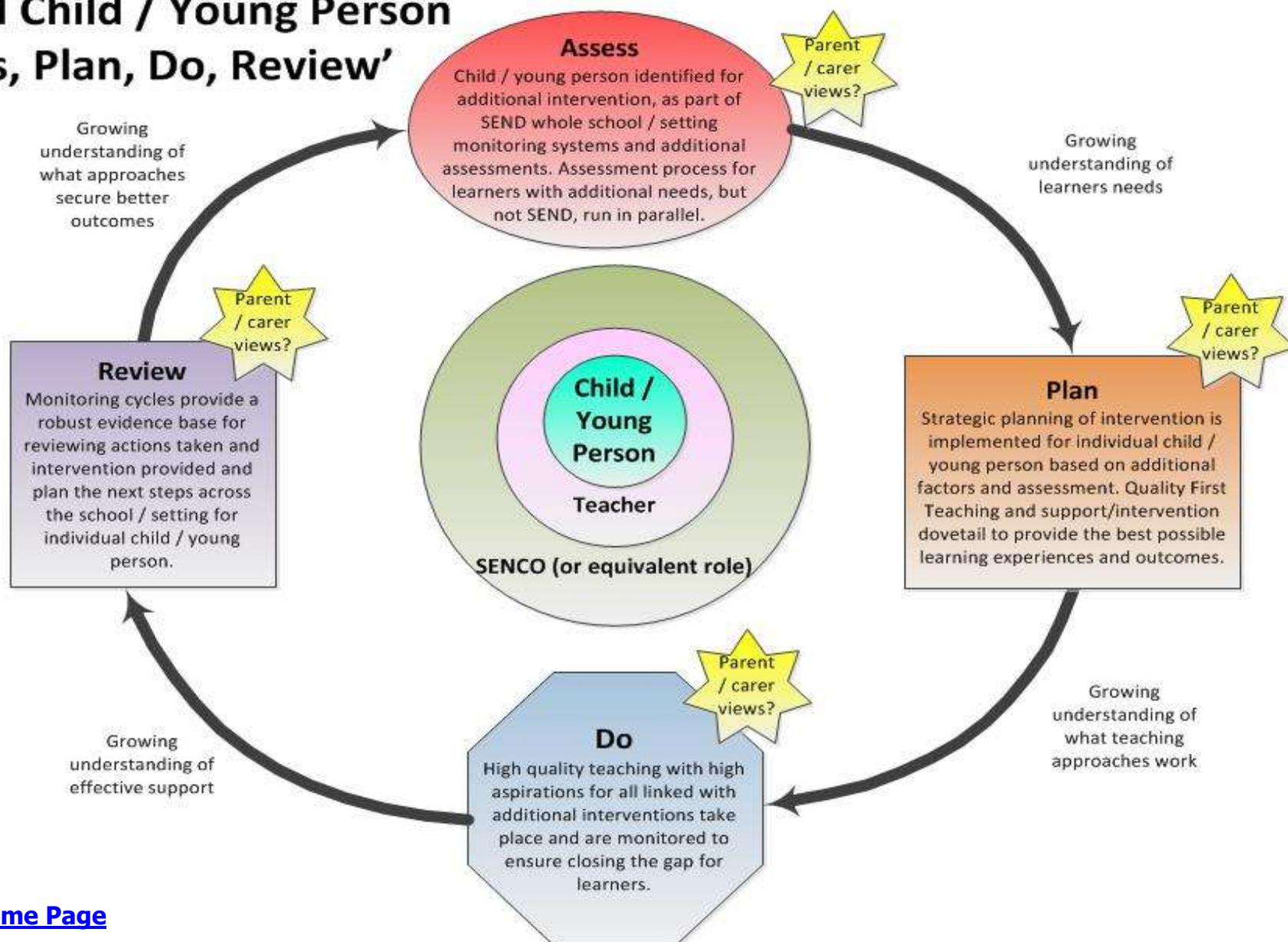
Links beyond the classroom environment:

Various approaches are used to help learners extend their learning

- Using outdoor environment such as Forest Schools to incorporate practical activities;
- Parent carers actively involved in their child's learning;

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Individual Child / Young Person 'Assess, Plan, Do, Review'



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A graduated approach to 'assess, plan, do, review' for individual learner level

Assess:

Individual child / young person identified for additional intervention, as part of SEND whole school and setting monitoring systems and additional assessments. Systems for learners with additional needs, but not SEND run parallel.



Actions:

- Gather parent carer views and ideas of what works well, areas of concern for child / young person in context of family;
- Gather learners ideas, successes, areas and ways to help;
- Collation of information from other agencies including health, social care might be contributory factors;
- Carry out relevant additional diagnostic assessments: e.g. dyslexia assessments, BPVS, reading and spelling, non-verbal, Boxall Profile, mental health assessment tool, West Sussex Speech and Language monitoring tool (EY), What to expect when? (EY);
- Consider feedback from assessment for learning;
- Use Early Help assessments if social, emotional, family aspects are a factor;
- Support/Learning Plan / Individual Plan formulated building on all information gathered;
- Parent carer has information and support plan as support/ intervention commences.

Plan:

Strategic planning of intervention is implemented for individual child / young person based on additional factors and assessment. Quality First Teaching, targeted support/ individualised intervention dovetail to provide the best possible learning experiences and outcomes.



Actions:

- Support plan written reflecting all learner needs, setting outcomes against interventions. The support plan may gather together other plans such as a pastoral support plan, personalisation of learning;
- A consistent approach is developed for the child / young person by all teachers and support staff;
- Outcomes for intervention are set with the child / young person;
- Professional development may be planned for individual staff to update skills and knowledge e.g.: how to set up a 'circle of friends';
- SENCO/Inclusion Leader writes programmes and schemes of work / One Page Profile for groups and individual support activities;
- Staff meet with parent carers and child / young person;
- Resource costs calculated: including financial costs, time commitment, of staff, external services.

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Do:

High quality teaching with high aspirations for all is linked with additional interventions for individual learners to 'close the gap'.

**Actions:**

- Quality First Teaching (QFT) links with booster lessons and in addition to/different from targeted support and individualised intervention;
- Teachers and staff use strategies and approaches as part of Quality First Teaching;
- Additional targeted support and individualised intervention dovetails with QFT; timeframes set for targeted support/ interventions;
- Teacher planning activities links to support/ intervention with learning in class to ensure continuity and overlearning, and applying of skills;
- Support staff understand their part in supporting learning and in completion of tasks;
- Links with other agencies are maintained if appropriate;
- SENCO/Inclusion Leader seeks advice from agencies as and when necessary.

Review:

Monitoring cycles provide a robust evidence base for reviewing actions and interventions to plan the next steps across the school for the individual child / young person.

**Actions:**

- Gather monitoring evidence from school / setting systems;
- Learner has personalised progress meetings e.g. 2 weekly, 4 weekly, half-termly, termly depending on school and setting policy and practice;
- Structured conversations with parent carers incorporate their reflections, wishes and ideas;
- Learners reflections, wishes and ideas reviewed alongside other information;
- All evidence helps to revisit, refine, refresh, revise what has worked well, what needs to continue and what needs to change.

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Working in co-production with Parent Carers

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West Sussex SEND
Information, Advice
and Support Service



The SEND Code of Practice 2015 outlines its expectations of principles that underpin all legislation and guidance related to SEND:

*“1.1 Section 19 of the Children and Families Act 2014 makes clear that local authorities, in carrying out their functions under the Act in relation to disabled children and young people and those with special educational needs (SEN), **must** have regard to:*

- *the views, wishes and feelings of the child or young person, and the child’s parents*
- *the importance of the child or young person, and the child’s parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions*
- *the need to support the child or young person, and the child’s parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood”*

The West Sussex SEND Information, Advice and Support Service (WS SEND IAS) provides impartial advice and support to parent carers of children who have special educational needs and/or disabilities. Since January 2016 we have also supported young people themselves to think through their own views wishes, aspirations.

Our advice and support is:

- impartial, confidential and free to access
- relevant for pre-schoolers right through to 25 years of age
- for children and young people at ‘SEN support’ stages as well as those with a Statement or Education Health and Care Plan

We can help by:

- talking to parent carers who have concerns about their child’s special educational needs
- explaining systems and procedures to parents, young people and SENCOs e.g. SEN Support, EHC Needs assessment
- empowering parents and young people with the information they need to make their own, informed choices
- helping parents and young people to focus their thoughts when completing forms and help in completion of form if necessary
- putting parents and young people in touch with local or national support groups and organisations
- supporting young people to think through their options when they leave school or college

We also provide information leaflets that help breakdown complex subjects into easy to read guides. Professionals often give us positive feedback about how they used the leaflets to support them to explain certain subjects to parents. To view all our leaflets, please visit our information page on the Local Offer: <https://westsussex.local-offer.org/information/3-information-advice-ias>

To view our summary card on the Local Offer which gives our contact details and explains how we can support parent carers and young people <https://westsussex.local-offer.org/services/7>.

Further information on how settings can improve engagement with parent carers can be found in Appendix 2 of this document.

HELPLINE: 0330 222 8555 / **Email for parent support:** send.ias@westsussex.gov.uk / **Email for young people support:** cyp.sendias@westsussex.gov.uk

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Appendix 1: Strategies and Interventions to Support Children and Young People with SEND.

The following tables contain a range of observations /characteristics which might be noted for each area of need along with commonly used strategies and interventions that could be used to support the learner. Separate tables are provided for each education age phase (Early Years, School, Post-16). It is helpful to consider the child / young person's developmental age, as well as their chronological age, when using this guidance document as some of the information in other education phases may be of use.

The list of characteristics and strategies is not exhaustive and not all suggestions will suit a particular child or young person. The information is provided to act as suggestion prompt rather than a 'must-do' list. Links to documents and website are also included to enable professionals to seek further information to make an informed choice about which interventions to use.

Age Phase	Broad Area of Need	Specific Area of Need
Early Years	Cognition and Learning	
	Communication and Interaction	
	Social Emotional and Mental Health	
	Sensory and or Physical Needs	Medical needs
Schools	Cognition and Learning	
	Communication and Interaction	Speech, language and communication needs
		Social Communication Difficulties including Autistic Spectrum Conditions (ASC)
	Social Emotional and Mental Health	
	Sensory and or Physical Needs	Hearing Impairment
		Visual Impairment
	Multi-Sensory Impairment	
	Medical Needs	
Post-16 Education Providers	Cognition and Learning	
	Communication and Interaction	
	Social, Emotional and Mental Health	
	Sensory and or Physical Needs	Physical and Medical
		Hearing Impairment
		Visual Impairment

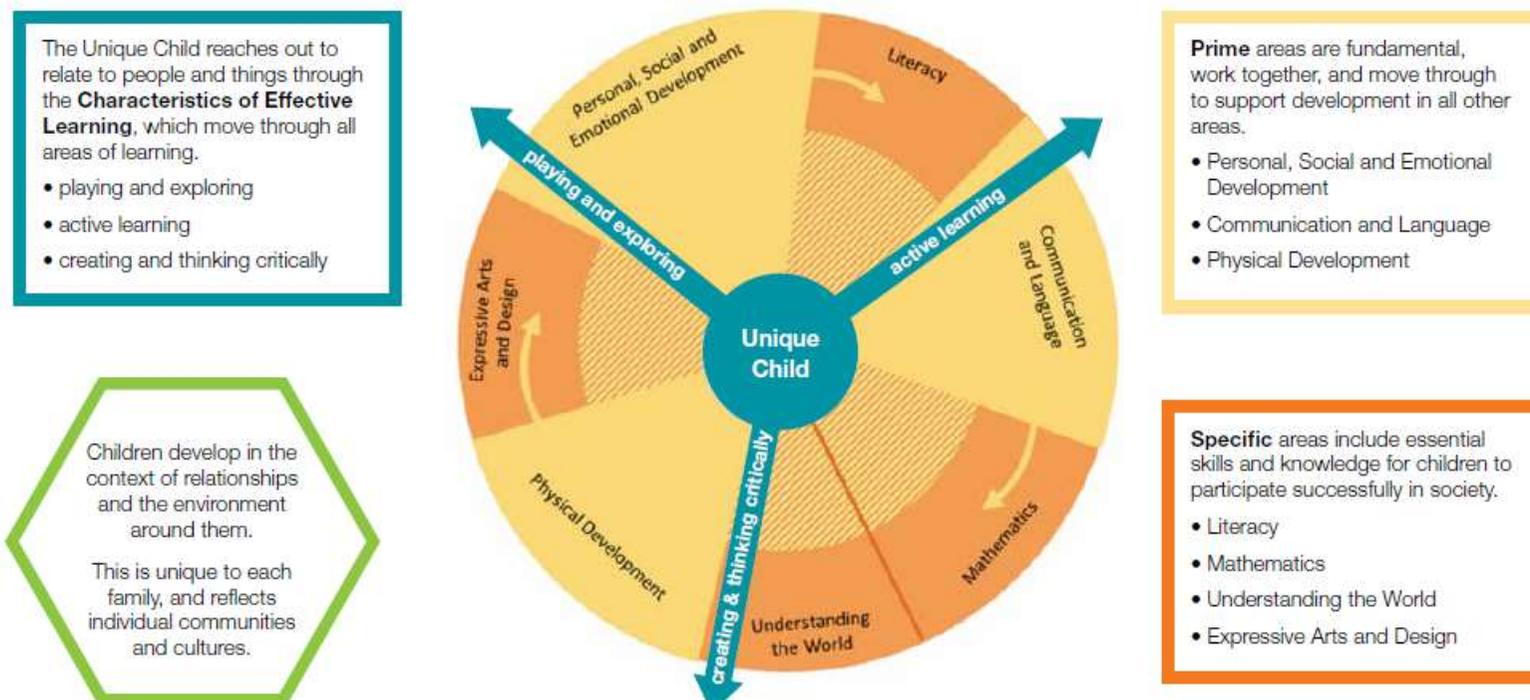
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Early Years

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The way in which a child engages with other people and their environment (playing and exploring, active listening, creating and thinking critically) underpins their learning and development.

In assessing progress of children in early years, practitioners often use the non-statutory Early Years Outcomes, [Development Matters](#), as a guidance tool to assess the extent to which a young child is developing at expected levels for their age. The guidance tool sets out what most children do at each stage of their learning and development across 7 areas (3 prime and 4 specific) of learning – these are shown in the wheel below.



Characteristics of Effective Learning
<p>Playing and exploring – engagement</p> <p>Finding out and exploring Playing with what they know Being willing to 'have a go'</p>
<p>Active learning – motivation</p> <p>Being involved and concentrating Keeping trying Enjoying achieving what they set out to do</p>
<p>Creating and thinking critically – thinking</p> <p>Having their own ideas Making links Choosing ways to do things</p>

Area of Learning and Development	Aspect
Prime Areas	
Personal, Social and Emotional Development	Making relationships
	Self-confidence and self-awareness
	Managing feelings and behaviour
Physical Development	Moving and handling
	Health and self-care
Communication and Language	Listening and attention
	Understanding
	Speaking
Specific areas	
Literacy	Reading
	Writing
Mathematics	Numbers
	Shape, space and measure
Understanding the World	People and communities
	The world
	Technology
Expressive Arts and Design	Exploring and using media and materials
	Being imaginative

When a child appears to be behind expected levels or progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting. From within the setting practitioners should particularly consider information on a child's progress in communication and language, physical development and personal, social and emotional development.

All early years providers are required to have arrangements in place to identify and support children with SEND or disabilities. Children's SEN needs are normally considered against 4 main areas which are shown in the following tables along with suggested support strategies that could be put into place.

(Wording and diagrams on page 18 and 19 is based on [Development Matters](#) and [SEND guide for Early Years Settings](#))

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Early Years: Cognition and Learning (<i>Consider the three characteristics of Effective Learning</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child shows little curiosity about people, objects or the world around them.</p> <p>Child is very passive and does not engage in spontaneous sensory or exploratory play.</p> <p>General lack of engagement.</p>	<p>Ask the parents / carers what the child is interested in at home and provide similar resources.</p> <p>Use the child's name to focus attention when speaking to him / her.</p> <p>Ask the parents / carers what the child is interested in at home and provide similar resources.</p> <p>Try to engage the child's interest using peek-a-boo games, action songs etc.</p> <p>Ensure that appropriate health checks have taken place e.g. 2 year check, hearing, vision etc.</p> <p>Discreetly observe the child very carefully for any signs of interest or schemas and use those signs to develop play opportunities / resources (e.g. hoovers, spinners, rockers, cause and effect etc.).</p> <p>Provide favourite toys that are the same as those at home.</p> <p>Provide a range of open-ended play experiences e.g. loose parts, outdoor exploration, dens, fabric, hats etc.</p>	<p>Leuven scale of Involvement. https://www.westsussex.gov.uk/media/5552/wellbeing_involvement_in_care.pdf</p> <p>What to expect, when? Document by 4Children.</p> <p>Books and leaflets on recognising and understanding schemas e.g. <i>Threads of Thinking</i>. Cathy Nutbrown</p> <p>Occupational Therapy Drop-in clinic.</p> <p>Narrative observations.</p> <p>Use of cameras.</p> <p>Provide a range of musical instruments, messy and sensory play activities, treasure baskets, photographs, mirrors, streamers, ICT...</p>

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Early Years: Cognition and Learning (<i>Consider the three characteristics of Effective Learning</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child shows little involvement and low levels of concentration.</p> <p>Child gives up easily and shows a lack of persistence.</p> <p>Child shows little motivation, enjoyment or sense of achievement.</p>	<p>Review planning and provision to ensure that play opportunities and resources are interesting to the individual child and match his / her interests.</p> <p>Adults show a playful attitude and sense of fun when playing with children.</p> <p>Play alongside the child – copy what the child does.</p> <p>Model possible ways to develop the play (e.g. child holds a doll – adult holds another doll picks up a spoon and pretends to feed it).</p> <p>Adults use reassuring physical cues – facial expression, body language, gesture, sign etc. to encourage effort –no matter how small it is.</p> <p>Provide a really simple play narrative using key words only e.g. teddy jumps etc.</p> <p>Adults use specific, meaningful praise when a child persists at or achieves something new.</p> <p>Fun – let them see that you enjoy playing.</p> <p>Verbal and visual encouragement.</p> <p>Visual support such as photos, symbols, choice boards, now / next boards to suggest and support development of play sequences or routines.</p> <p>Provide a range of resources that offer an extension to the play (e.g. add small world people, toy animals or mark making resources to train play.)</p> <p>Specific motivators – learn what the child really responds well to and include it in play situations (often food!).</p> <p>Provide time for a child to become immersed in an experience.</p> <p>Positive process-orientated displays to celebrate children’s achievements.</p>	<p>Leuven involvement scale https://www.westsussex.gov.uk/media/5552/wellbeing_involvement_in_care.pdf</p>

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Early Years: Cognition and Learning (<i>Consider the three characteristics of Effective Learning</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child seems unable to express or explore his / her own ideas and thinking.</p> <p>Child does not make links e.g. between experiences at home and nursery.</p> <p>Child shows rigidity in play and does not choose how he / she would like to do things.</p>	<p>Observe where the child may be extending their thinking. Model the use of simple statements such as <i>I wonder...</i> or <i>what if...</i> rather than questions.</p> <p>Make links between experiences or objects explicit using simple language <i>the same</i>, Makaton signs or photographs.</p> <p>Show the child that you know him / her and that you can recognise the links.</p> <p>Be patient with repetitive play – some children need to over-learn before being able to move on.</p> <p>When appropriate, always offer a choice (e.g. of bubbles or glitter in the water tray) - even if you know that he / she will always choose the glitter.</p> <p>Use the objects or pictures to make the choice from if the child is non-verbal.</p> <p>Ensure that the child sees other children playing in different ways.</p> <p>Provide a range of familiar and “new” resources.</p>	<p>A copy of the <i>100 Languages of children</i> poem by Loris Malaguzzi to remind staff / parents / carers that children express their thinking in a variety of ways.</p> <p>Provide information on schemas and schematic play for discussion in staff meeting.</p> <p>Create a choice board.</p> <p>Consider using Supported Transition Pack See link below: Including all children - West Sussex County Council</p>

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Early Years: Communication and Interaction (consider EYFS Communication and Language)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child needs support in understanding others – this may be in understanding of or in processing spoken language.</p> <p>Child needs support in expressing themselves – this may be with fluency of speech in forming sounds and words or in expressing their thoughts and ideas clearly.</p> <p>Child’s level of communication skills may limit participation in activities and social communication and interaction with peers.</p> <p>The child’s language and communication difficulties may lead to frustration or emotional and behavioural difficulties.</p> <p>Return to start of Early Years section</p>	<ul style="list-style-type: none"> • Support verbal explanations using pictures and object of reference. • Use simple language and repetition. • Model functional language such as ‘hello’, ‘please’, ‘toilet’, ‘give me’, ‘milk’ ‘banana’. • Consistent use of natural gesture, pointing, facial expression, signs and symbols. • Adult uses child’s name to gain attention. • Use simple choices e.g. ‘milk or water’? • Repeat key words and phrases. • Repeat what the child says and add one word. • Don’t ask the child to copy or say speech sounds or words that they find difficult. • Adult is physically at child’s level. • Simple instructions e.g. Keep It Short and Simple. • Staff use consistent language for equipment and routines, e.g. all staff use the term ‘apron’ rather than ‘overall’. • Give time for the child to respond. • Prepare children for routine changes e.g. change in activity / end of session. • Develop a Communication Friendly environment with photos / pictures to show routine of setting. • Equipment labelled with photos or pictures and accessible to all children. • Use of gestures and signs. • Keep activities short and finish before the child gets bored. • Join in play, be playful. • Use visual timetables, Now and Next boards to show the structure of the day, and specific experiences. • Provide opportunities for small group or 1:1 activities. • Talk with parent/carer and other professionals to discuss appropriate intervention support for the child. • Time to talk to parent/carer. Discuss how strategies/skills can be reinforced at home. • Provide continuing professional development for the whole staff team on supporting children with speech language and communication needs, and the implications for the child if strategies are not used consistently by the staff team. • Opportunities to listen to stories / activities within a quieter environment or group. 	<p>Natural gesture; Signs; Symbols; Photos; Pictures; Labels; Objects of reference. Other alternative means of communications</p> <p>Communication Friendly Spaces information http://www.elizabethjarmantraining.co.uk/index.php?option=com_content&view=article&id=2</p> <p>Click link below and select communication and language to access the referral form for support from the Speech and Language Therapy Service Including all children - West Sussex County Council</p> <p>Book and attend training focusing on Speech, language and communication Early years and childcare training schedule - West Sussex County Council</p> <p>For e-learning and National Strategies documents related to speech, language and communication: http://www.idponline.org.uk/eyslcn/lau_nch.html</p> <p>‘Speech, Language and Communication in Early Years Settings – Practical Activities and Information for Early Years Practitioners’ – from Sussex Community NHS Trust including ICAN</p>

Early Years: Communication and Interaction (<i>consider EYFS Communication and Language</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Some children may need support with social interaction.</p> <p>They may struggle with attention and listening, social understanding and may need support to develop flexibility in thought and behaviour.</p> <p>Child has a special interest/fascination that overshadows other experiences on offer in the setting e.g. spinning toys, pouring water, dinosaur play.</p>	<p>Use the child's name before communicating. Use visual prompts to support communication.</p> <p>Provide narrative to the child's play.</p> <p>Observe child's interests to identify if there is a trigger to the child's actions (is the child anxious, sensitive to sound/light/temperature etc.).</p> <p>Mirror the child's play to show that it is valued.</p> <p>View their interest/s as a way to introduce new ideas to extend the play e.g. when a child's interest is pouring water - use a cup to catch the water – adult model pretending to drink.</p> <p>Use the interest as a motivator for the child to try new interests e.g. 'now puzzle, next dinosaurs'.</p> <p>If the fascination interferes with or stops the play of other children, introduce a time limit to the play using visual prompts.</p> <p>Take time to talk to the parents – does the child have the same interests at home?</p> <p>Provide a wide range of resources and space for the child to further develop their interests.</p> <p>Audit the environment and make changes where possible if the environment has been identified as a trigger to behaviours e.g. change flickering lightbulbs; reduce noise by providing quieter more relaxing areas;</p>	<p>Use the West Sussex speech and language monitoring tool and guidance available here: Including all children - West Sussex County Council</p> <p>For e-learning and National Strategies documents related to speech, language and communication; supporting children with autism, and behavioural emotional and social difficulties – follow the link : http://www.idponline.org.uk/eyslcn/launch.html</p> <p>Private voluntary and independent early years settings can request support from an Early Years and Childcare Advisor – click the link below and follow the guidance document. Request targeted support - West Sussex County Council</p> <p>Create now and next prompts to enable child to experience new interests. Create a personal visual timetable in addition to the whole group visual timetable. Laminate an A4 coloured card, add 3 Velcro dots and use this to add photo prompts to support the child to move to and from experiences.</p>

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Early Years: Communication and Interaction (<i>consider EYFS Communication and Language</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child shows little or no interest in the play of other children.</p>	<p>Play alongside the child – name other children nearby.</p> <p>Provide narrative about similar play of other children e.g. Lily pouring, Jack pouring.</p> <p>Model interactions with other children – ‘hello Jamal’ ‘do you want a bucket?’ ‘Jamal’s bucket, Jack’s bucket’.</p> <p>Model and offer suggestions e.g. ‘Anna give spade to Jamal...Jack give bucket to Jamal’.</p> <p>Use natural gesture, pointing, simple signing, pictures, photos to support any communication.</p> <p>Provide duplicate/similar resources for shared interests.</p>	<p>Make photo prompts of children playing (showing similar interests).</p> <p>Make social stories/picture cards.</p> <p>Have resources available that facilitate shared play e.g. large marble run, floor puzzle, football, seesaw rocker etc.</p> <p>Consider using Supported Transition Pack See link below: Including all children - West Sussex County Council</p>
<p>Child misinterprets actions of peers, resulting in physical actions and children getting hurt.</p> <p>Return to start of Early Years section</p>	<p>Use STAR observations to identify triggers e.g. when the noise level rises in the setting; when a child has a specific favourite toy; when a child is crying/upset, when children are running around, when children are too close.</p> <p>Ensure adults are aware of child’s actions and potential triggers and there is an adult nearby to lessen/prevent physical incidents occurring. Reflect on STAR observations to understand the emotions underlying the actions.</p> <p>Model play alongside the child. Use simple language (if appropriate), to explain e.g. ‘Jamal’s car, Jack wait’. Use visual prompts such as large sand timer/gel timer.</p> <p>Anticipate the trigger and use distraction to avoid physical interactions.</p> <p>Talk about feelings out loud e.g. ‘Jack doesn’t like it when people stand too close at the water tray’. Promote and facilitate problem solving with children. ‘What might help Jack to feel safe/happy again?’</p>	<p>Refer to Communication Friendly Spaces for ideas about calming environments: http://www.elizabethjarmantraining.co.uk/index.php?option=com_content&view=article&id=2</p> <p>Consider making an application for Inclusion Funding, refer to application guidance here: Including all children - West Sussex County Council.</p> <p>STAR observation link here: Including all children - West Sussex County Council</p> <p>Provide duplicate resources to minimise conflict.</p>

Early Years: Communication and Interaction (<i>consider EYFS Communication and Language</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
	<p>Provide quiet areas as an alternative to the more active areas.</p> <p>Maintain the highest ratio of adults to children as possible within your setting budget. (Once triggers are identified and understood staffing may be able to be reduced).</p>	
<p>Child has a special interest/fascination that causes distress to peers e.g. hair-pulling/pushing other children over.</p> <p>Return to start of Early Years section</p>	<p>Use STAR observations to identify if there are specific triggers to the actions e.g. favourite shampoo smells, long hair, a child with a similar interest, children running etc.</p> <p>Co-play to help prevent negative interactions.</p> <p>Name actions and associated emotions e.g. 'Billy wants to stroke Ava's hair...Billy, Ava sad'. Continue to commentate on the situation to help both children 'Billy likes Ava's hair, Ava says stop'. Billy will begin to understand that hair pulling is not acceptable, Ava will learn that she can say 'stop' or 'no' in situations that she is not happy with.</p> <p>Distract the child to a positive alternative activity e.g.</p> <ul style="list-style-type: none"> • Provide dolls with hair to distract the child. • If setting animals are available encourage stroking actions. • If smell is a stimulus find out what the favourite smells are and use these on dolls hair e.g. coconut shampoo. • If movement is a stimulus be prepared to use distraction as soon as children start running around. <p>If similar interests are known, use distraction with resources for both children e.g. 'Jack's ball, Lilly's ball'.</p> <p>Discuss with parent 'does the child have the same interest at home?'</p> <p>Provide emotional support to both children involved.</p>	<p>STAR observation link here: Including all children - West Sussex County Council</p> <p>Use resources from the toy library or sensory toy library Toy libraries - West Sussex County Council</p> <p>Where a child has a diagnosis of Autism and are supported by Portage – the Portage service may be able to provide whole setting training to support the needs of the individual child. Contact the Portage worker: Portage Service, West Sussex West Sussex Local Offer</p> <p>...or your Early Years and Childcare Advisor at your local Children and Family Centre.</p>

Early Years: Communication and Interaction (<i>consider EYFS Communication and Language</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
The child shows little or no interest in pretend play.	<p>Once a relationship has been developed with the child they may be responsive to a familiar adult introducing simple pretend play, for example modelling new play with familiar objects e.g. pretending to fill a favourite car with 'petrol'. Pretending to drink from a cup that the child normally uses for spinning.</p> <p>Use simple signs and gesture to support play ideas.</p> <p>Plan time to partner play.</p> <p>Duplicate resources that the child prefers to play with – one for the adult, one for the child.</p> <p>Be a playful partner for the child.</p> <p>Plan time for the child's key person to support play alongside the child.</p>	

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Early Years: Social, Emotional and Mental Health (<i>consider EYFS Personal, Social and Emotional Development</i>)		
What do you observe about the child?	What can adults do?	Tools / resources
<p>The child has little or no positive sense of self and others.</p> <p>They need support with social interactions, managing their feelings; understanding behaviour expectations; developing self-confidence and self-control.</p>	<ul style="list-style-type: none"> • Model positive interactions. • Narrate the child's positive actions during play e.g. 'I think that tall tower you built is amazing – you've worked really hard'. 'It made you smile when you followed Ben on the slide – you are both having fun' let the child know that you value them as an individual. • Talk with parent/carer about sharing photos from home e.g. a favourite day out, family members, pets – interests that can be shared at the setting with others. • Identify and support peer play focusing on shared interests. • Support the child to take photos and create a photo book of their likes and dislikes. 	<p>Book and attend training focusing on Promoting Positive Behaviour Early years and childcare training schedule - West Sussex County Council Provide a camera for the child to express their likes and dislikes through images.</p> <p>Listening to Young Children - The Mosaic Approach Alison Clark and Peter Moss</p>
<p>The child needs support with transitions during the session e.g. becomes anxious, angry, reverts to repetitive play.</p>	<ul style="list-style-type: none"> • Discuss with parent/carer and speech and language therapist to find out what resources will be appropriate to support the child's understanding. Some children will understand objects of reference rather than photos e.g. a plate to signify snack time, a nappy for nappy change, a book for story etc. • Monitor transitions during the day and review practice to identify if there are unnecessary transitions that would impact on any child e.g. all children lining up to wash hands at the same time – can this be staggered/managed in a different way. • Create visual prompts to warn of changes to routines and/or gather 'objects of reference' that will be used consistently by all adults. • Consider staff deployment to manage 'flashpoints' during the session. • Plan time for visits to the next room or to another setting/school if the transition is a significant one. Provide time for the child to get to know their next key person. 	<p>Objects of reference</p> <p>Natural gesture</p> <p>Signing</p> <p>Create photo prompts</p> <p>Create a visual timetable</p> <p>Consider using Supported Transition Pack See link below: Including all children - West Sussex County Council</p>

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Early Years: Social, Emotional and Mental Health (<i>consider EYFS Personal, Social and Emotional Development</i>)		
What do you observe about the child?	What can adults do?	Tools / resources
The child appears to be 'in a world of their own' .	<p>Establish the child's personal space boundaries e.g. some children do not respond to the adult sitting too close.</p> <p>Partner the child and tune into' their interests, follow their lead.</p> <p>Maintain awareness of the child's personal boundaries - join in and mirror/imitate the child's vocal sounds and actions.</p> <p>Whilst copying their play, using the same or similar resources, use simple language to narrate the play e.g. 'splish', 'splash', 'brm'.</p> <p>Use mirror play to engage the child. Play peekaboo; make faces in front of the mirror.</p> <p>Reflect on observable behaviours e.g. the child may like to sit under the table – the adult could do the same – what is the child getting from the experience? Can this be provided in other ways to provide variety in their play?</p> <p>Plan time to partner the child's play.</p>	<p>Small tents to provide personal spaces.</p> <p>Provide the same or similar resources as the child.</p> <p>Plastic mirrors for children to hold and investigate.</p>
The child may display withdrawn or isolated behaviours.	<p>Make sure all adults are aware of their reactions to the observed behaviour – avoid fighting fire with fire! A calm and sensitive approach gives the child more opportunity to learn from the support.</p> <p>Arrange a home visit (where possible). Find out what the child likes to play with and duplicate this in the setting where possible.</p>	<p>Private voluntary and independent early years settings can request support from an Early Years and Childcare Advisor – click the link below and follow the guidance document. Request targeted support - West Sussex County Council</p>

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Early Years: Social, Emotional and Mental Health (<i>consider EYFS Personal, Social and Emotional Development</i>)		
What do you observe about the child?	What can adults do?	Tools / resources
<p>The child may display challenging, disruptive or disturbing behaviours – which may impact on their learning or the learning of other children.</p> <p>The child may need intensive support to keep safe due to self-harming or anxious behaviours.</p> <p>The child may respond to adults/other children with significant challenging physical and verbal interaction; or overly sexualised behaviour.</p> <p>Return to start of Early Years section</p>	<ul style="list-style-type: none"> • Use STAR observations to identify triggers to the child’s actions. • Talk to parent/carer – do they experience the same/similar behaviour actions at home? Is the child getting enough sleep? Does s/he manage to eat breakfast/lunch before attending their session? • Find out what helps to soothe/calm the child at home. • Review routines, practice and provision in the setting – are there changes that could be made to support all children? E.g. avoiding having all the children line up to use the toilet and wash hands at the same time. Consider is the child hungry? Does the snack need to be available longer during the session? • Discuss the support available through the family and an Early Help plan. • Ensure all adults use consistent strategies – share any additional planning for the child with the staff team. • Discuss with the child a safe quiet environment when they are feeling overwhelmed e.g. a small tent, a box of familiar toys, a favourite book/activity, sensory toys. • Provide emotional language. When the child is calm name their emotions and those of others in a natural way in the learning environment. • Through support to the child find alternative ways for the child to express their anger e.g. using their words, showing an adult. • Model ways of managing interactions with others e.g. using visual prompts such as timers, moving to another experience while they wait for their turn, being able to use their voice to say ‘stop’ or ‘no’ rather than using physical communication. • Contact your local Early Years and Childcare Advisor for further advice and guidance. • Some children self soothe by rubbing their genitals. Distract to other experiences partnered by the adult if this activity is limiting their access to a wide curriculum. • If the child’s behaviour is overly sexualised – refer to MASH for advice and guidance – record the incident using facts not interpretation. 	<p>Consider making an application for Inclusion Funding, refer to application guidance here: Including all children - West Sussex County Council.</p> <p>STAR observation link here: Including all children - West Sussex County Council</p> <p>Signpost the parent to support from their local Children and Family Centre</p> <p>Information on starting an Early Help plan with the family Think Family and early help - West Sussex County Council</p> <p>How to contact MASH (Multi Agency Safeguarding Hub) for advice or to raise a concern about a child. Raise a concern about a child - West Sussex County Council</p> <p>Talk to the child’s school if they are due to transition, to arrange a transition meeting to create a plan with the parent/carer and school. Transition pack available here: Including all children - West Sussex County Council</p>

Early Years: Sensory and/or Physical Needs (<i>consider EYFS Physical Development</i>)		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child is constantly mouthing objects in the setting which could prove a choking hazard.</p> <p>Child explores with their mouths but is at an age where this is unusual. (3/4?)</p>	<p>Use STAR observations to explore why child is mouthing objects. Is it at the start of session? Anxiety? Self-comforting? Habit? Sensory need? Is it always same texture? Object? Sore mouth?</p> <p>Give the child an alternative 'Safe' object to mouth if their need is overwhelming.</p> <p>Encourage child to post objects into a container to discourage mouthing them. Time to talk to parents. Does child mouth objects at home? What strategies do parents use to keep child safe?</p> <p>Provide child with 'safe' objects in an easily accessible basket/box for them to explore with their mouths.</p> <p>Provide other sensory experiences for the child to access to encourage exploration using hands, feet, ears, eyes.</p> <p>A sensory bag they can access easily.</p>	<p>Large plastic toys such as ballpit ball, spoons, plastic cups, baby teethers.</p> <p>Bubble wrap, shredded paper, crazy soap, musical toys, brushes, water/oil filled containers to explore, laminated paint pouches.</p> <p>Sensory bag containing things like stress balls, whistle/kazoo, unbreakable mirror, 2 footprints that can be placed on the floor to jump on, scented pieces of material.</p>
<p>Child is often throwing toys. Throwing is unpredictable and indiscriminate.</p>	<p>Use STAR to look at the underlying causes of the throwing. There is often a sensory/ physical need to throw.</p> <p>Provide child with safe things to throw which meet the physical need to throw but won't hurt.</p> <p>Provide containers to throw into which have a sensory reward.</p> <p>Offer other gross motor activities. E.g. Decorators paintbrush, water and fencing, large scale chalking outside on walls.</p>	<p>Large balloon/ blow up ball, feathers, scarves.'</p> <p>Washing basket with safe mirror in the bottom. Containers to post into. Change position of containers to give child opportunity to stretch up.</p>

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Early Years: Sensory and/or Physical Needs <i>(consider EYFS Physical Development)</i>		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child finds transitions difficult. (Sensory overload?)</p> <ul style="list-style-type: none"> • Coming into or leaving setting, • Moving from one room to another, • Moving from one activity to another, • Going from outside to inside. 	<p>Talk to parents about what they notice at home. Child cries if washing machine on spin cycle for example.</p> <p>Ask parents what strategies they use at home or out and about which helps child. (earphones? Now and Next board?)</p> <p>Adults can encourage the child to take an object from one activity to the next activity to act as a 'bridge.' E.g. if the child is engaged in play dough, take a piece of play dough to the small world play.</p> <p>Provide flexibility about start and finish times to child's session to avoid the busiest times. (Jointly agreed by parents, not dictated by setting with a constant focus on inclusion.</p> <p>Provide time for observation of child. STAR A (Antecedent) – what did you see child doing? S (Setting) – where? When? Who was there? Time? T (Triggers) – what possible triggers could there be? Crowding? Sensory sensitivities? Communication difficulties? R (Response) – what response did you see/hear from the children/ adults around?</p> <p>Provide flexibility around routine at setting. Does child have to come and play indoors first thing? Could they start their session outside where it may be quieter and less overwhelming?</p> <p>Provide objects of reference to help child understand they are moving on to a new activity. E.g. train to show child the train track is nearby to play with.</p>	<p>Provide ear defenders, sunglasses for child to use at stress times.</p> <p>Access to choice boards for child to make simple choices using visual cues.</p> <p>Access to Now and Next board to help cut down anxiety and aid transitions.</p> <p>Various timers to prepare child for coming to end of an activity.</p> <p>Consider using Supported Transition Pack See link below: Including all children - West Sussex County Council</p>

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Early Years: Sensory and/or Physical Needs <i>(consider EYFS Physical Development)</i>		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child has physical sensitivities</p> <p>For example: a strong dislike of messy play, getting dirty hands, eating sticky food etc. (Hypersensitive)</p>	<p>Talk to parents/ child about child's sensory dislikes.</p> <p>Give child opportunity to explore messy play using long handled spoon or large toy car, dinosaur etc. so they do not have to touch the substance.</p> <p>Think about what the child likes playing with/ where they like to play. Set up messy play in E.g. garage, dish of crazy soap as car wash?</p> <p>Provide sensory experiences which child does not need to touch but can experience.</p> <p>Ensure child has access to messy play without too many children to reduce the chance of being exposed to touching substance until they are ready.</p> <p>Don't insist on child wearing an apron, many children are put off exploring as they don't want to wear stiff plastic apron – this can cause a sensory overload for the child.</p>	<p>Plastic bottles filled with gloop/glitter/oil/ice/ sand/ soil, bubbles.</p> <p>Laminated pouches of cornflakes, golden syrup, sand, paint etc.</p> <p>Small bowl of messy play away from lots of other children.</p> <p>Consider using egg cups or yogurt pots? Some children are put off by large builders trays etc.</p>

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Early Years: Sensory and/or Physical Needs <i>(consider EYFS Physical Development)</i>		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child has weakness in one arm/hand.</p> <p>Hand often clawed shut. Arm has limited movement. (Always check with parent/physio and take advice about how much a child can be encouraged to do without causing harm or discomfort)</p>	<p>Think about how the child is sitting. They need to be sitting securely to be able to concentrate on using their arms/hands without having to concentrate on their core balance.</p> <p>'Wake up' muscles in arm and hand with rhymes and rhythms, sensory experiences, brushing, strings of beads, bangles etc. Strengthen signals from brain to hand by stimulating the nerves. ('Round and round the garden' in palm of hand encourages an open palm ready to play)</p> <p>Adult to encourage two handed play e.g. cutting Velcro fruit, hold with one hand – cut with the other (plastic play knife), drumming with a beater in each hand, tearing paper – hold with one hand, tear down with the other, drawing/painting with a marker/ brush in each hand.</p> <p>Provide chair with arms and foot-block (Pile of catalogues taped together works).</p> <p>Put together an easily accessible collection to stimulate nerve receptors. (Vibrating ball, nail brush, water spray, strings of beads, etc.)</p> <p>List of songs available to practitioner to play finger games, (this little piggy, Peter Pointer, 1, 2, 3, 4, 5 once I caught a fish alive, etc.).</p>	<p>Provide soft brushes, malleable dough, 'stress' balls.</p> <p>Speak to the child's Occupational Therapist or Physiotherapist for advice on specialist equipment needs.</p>

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Early Years: Sensory and/or Physical Needs <i>(consider EYFS Physical Development)</i>		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child is visually impaired</p> <p>Talk to parents to get an accurate idea of what the child can see and the range. Use information from Sensory Support Team whenever possible for individual children.</p>	<ul style="list-style-type: none"> • Talk to parents to get an accurate idea of what the child can see and the range. Use information from Sensory Support Team whenever possible for individual children. • Adopt a multi-sensory approach wherever possible. Use real objects rather than visual representation of something. • Give child extra time to explore new toys/ activities. • During story time, include real objects as part of the story. • When mark making, ensure contrasting materials are provided. Adult can provide commentary for the marks the child is making. • If a child is visually impaired in one eye, ensure activities are presented to dominant eye and at eye level. • Provide visual timetable/ choosing board made of objects rather than visuals. Glue the toy cars, Lego, puzzle piece, pencil, spoon, paint brush, leaf to timetable strip or choosing board. • Provide uncluttered space and plain backgrounds/ table coverings to give the child the best chance of focussing on an object. • Prepare story in advance. Provide plant spray for rain, hand fan for wind, plastic animals etc. and pass to child to then pass to other children as story progresses. • Provide light paper and dark thick mark making materials. Think about the lighting for the child e.g. painting at an easel facing towards a brightly lit window makes it hard to see the marks they make. • Consider position of child. Dominant eye positioned nearest to activity/ speaker? • Allow child extra time to focus on what they are seeing if they can and to process their vision. 	<p>Plain matt table surfaces/ carpet/ flooring.</p> <p>Objects connected to story. Include smells if possible. Lavender for flowers, biscuit wrapper for cake, soil for journey etc.</p> <p>Public library has sensory story sacks available to borrow.</p> <p>Thick dark markers, paint, light paper (not necessarily white).</p> <p>New toys/ resources/ activities/ experiences presented away from clutter. Be aware of background visual distractions.</p> <p>Sensory Support Team for specialist support <u>Support for children with visual and hearing impairment - West Sussex County Council</u></p>

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Early Years: Sensory and/or Physical Needs <i>(consider EYFS Physical Development)</i>		
What do you observe about the child?	What can adults do?	Tools/resources
<p>Child is hearing impaired.</p> <p>Persistent appearing to ignore and / or misunderstand instructions.</p> <p>Difficulties in understanding or responding to verbal cues.</p> <p>Difficulties in communicating though spoken language / interactions with peers and adults.</p> <p>Frustrations and anxieties arising from difficulties to communicate leading to associated behavioural difficulties and peer relationships.</p> <p>Tendency to rely on peers, observing behaviour and activities to cue into expected responses.</p> <p>Tendency to withdraw from social situations and increasing passivity and absence of initiative.</p>	<p>Talk to parents/Sensory Support Team to get an accurate idea of what the child can hear and the particular difficulties. Use information from Sensory Support Team whenever possible for individual children.</p> <p>Encourage adults and children to talk at appropriate pitch and pace for learning to take place.</p> <p>Provide training for key workers in deaf awareness and additional equipment.</p> <p>Clear and precise instructions supported by visual cues e.g. key words and pictures.</p> <p>Pre-teaching of subject based concepts and vocabulary.</p> <p>An environment with a good listening environment – e.g. all children seated so they can see and hear the adult, good lighting, acoustics.</p> <p>Access to additional targeted intervention.</p> <p>Repetition of answer in group time.</p> <p>Additional time for a child with a hearing impairment to process questions / information.</p> <p>Partnered play opportunities to improve social skills, interaction, communication skills and self-esteem.</p> <p>Careful monitoring of communication and language programme implementation by qualified Teacher of the Deaf. A speech and language therapist may also be involved.</p>	<p>Amplification systems such as radio aids – these will be provided by the Sensory support Team as appropriate.</p> <p>Audiological equipment and other additional communication systems such as British Sign Language.</p> <p>Sensory Support Team for specialist support <u>Support for children with visual and hearing impairment - West Sussex County Council</u></p>

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Early Years: Medical		
What do you notice about the child?	What can adults do?	Tools / Resources
<p>The parent shares information about the child's health condition e.g. epilepsy; their need for tube feeding; diabetes etc.</p>	<p>Plan a pre-entry meeting to find out more information – invite health professionals if available (ask for up to date reports from health professionals).</p> <p>Find out about specific staff training available from the professionals who support the child.</p> <p>Speak to your Early Years and Childcare Advisor for further guidance on Inclusion Funding to enhance ratios where needed, and or to enable staff to attend training from a health professional.</p> <p>Audit the learning environment to ensure accessibility for children.</p>	<p>The documents below are available in the Transition Pack here: Including all children - West Sussex County Council</p> <p>Risk management plan Healthcare plan Accessibility audit document</p> <p>One Page profile Soon to be added to the West Sussex website as part of a Person Centred Planning pack</p>

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Schools

This section aims to help schools consider and put into place a range of strategies that could be used to meet the needs of a learner. Each area of need contains further information about each broad area of SEND.

Differentiated and personalised teaching approaches, often referred to as **Quality First Teaching (QFT)** or universal approaches which will benefit all children / young people as well as those also with special educational needs and these are captured at the beginning of each area of need.

Some children / young people will require support that is additional to or different from universal Quality First Teaching. These learners will require more focused intervention and support and these are referred to as **targeted interventions**.

A few children / young people will also require **specialist interventions** in addition to targeted interventions and Quality First Teaching. Examples of both targeted and specialist interventions are shown in the tables.

Please note: It is helpful to consider the child / young person's developmental age, as well as their chronological age, when using this guidance document as some of the information in other education phases may be of use.

Quick Reference Table	Area of Need
Schools	Cognition and Learning
	Communication and Interaction <ul style="list-style-type: none"> ➤ Speech, language and communication needs ➤ Social Communication Difficulties including Autistic Spectrum Conditions (ASC)
	Social Emotional and Mental Health
	Sensory and or Physical Needs <ul style="list-style-type: none"> ➤ Hearing Impairment ➤ Visual Impairment ➤ Multi-Sensory Impairment ➤ Medical Needs

Area of Need: COGNITION AND LEARNING

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD) though to profound and multiple learning difficulties (PMLD) where children / young people are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD) affect one more specific aspects of learning.

Moderate Learning Difficulties (MLD)

The majority of children and young people with learning difficulties will be identified early in their school career. In most cases, they will have difficulty acquiring basic numeracy and literacy skills and learn at a slower pace than their peers, even with appropriate differentiation. Children and young people may also have other difficulties, such as social emotional and mental health, speech, language and communication.

Children and young people who have received support through targeted interventions should not necessarily be categorised as having learning difficulties, unless there is evidence of difficulties in most of the areas below:

- memory and reasoning skills;
- organising and co-ordinating spoken and written language;
- sequencing and organising the steps needed to complete tasks;
- problem solving and developing concepts;
- fine and gross motor skills, which significantly impair access to the curriculum;
- understanding of abstract concepts.

Severe Learning Difficulties (SLD)

Children and young people with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the setting curriculum without support. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Children and young people with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some children and young people may use sign and symbols but most will be able to hold simple conversations and gain some literacy skills.

Profound and Multiple Learning Difficulties (PMLD)

The children and young people would have significant cognitive difficulties and developmental delay in a number of areas. They may have additional needs including basic self- help. The children and young people may be working at pre-National Curriculum levels in some or all areas. Children and young people

have severe difficulty in accessing most areas of the curriculum independently. In addition the children and young people will have significant difficulties most of the following:

- Self-organisation
- Social competence
- Attention/concentration
- Expressive and/or receptive language
- Self-care

Children and young people with profound and multiple learning difficulties have severe and complex learning needs; in addition, they have other significant difficulties such as physical disabilities or sensory impairment. Children and young people require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some children and young people communicate by gesture, eye pointing or symbols, others by very simple language.

Specific Learning Difficulty (SpLD)

Specific Learning Difficulty is the overall term used to describe a developmental condition such as dyslexia, dyscalculia and Developmental Co-ordination Disorder. (DCD). Effects of a specific learning difficulty can largely be managed by a combination of good QFT and appropriate provision, including the use of compensatory strategies. CYP with specific learning difficulties fail to acquire levels of skills in some subjects commensurate with their performance in others, despite good attendance and health, satisfactory attitudes to learning and sound teaching.

It is possible for specific learning difficulties to be present alongside other learning disorders, thus creating different complexities of special need.

Dyslexia - Dyslexia is the most common type of specific learning difficulty that children and young people are likely to experience with about 10% of the population having some degree of dyslexia. 'Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.' (Sir Jim Rose, 2009) In addition, short-term memory, mathematics, concentration, personal organisation and speech and language may be affected.

Dyscalculia – Dyscalculia is a condition that affects the ability to acquire arithmetical skills. Learners with Dyscalculia may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence. (DfES 2001)

Developmental Coordination Difficulties (DCD) is a condition where pupils of average or above average ability show significant motor impairment, including motor skill delay and difficulty learning new motor skills where there is no other medical explanation. These motor problems impact on ability to perform every day self-care, leisure and academic activities. (DSM 5, 2013)

Schools: Cognition and Learning

Schools: Cognition and learning difficulties		
What do you notice about the child / young person?	Quality First teaching Strategies/ approaches/adaptations	Relevant information, assessments & links
<ul style="list-style-type: none"> Levels of attainment which are generally lower than those of their age equivalent peers. Some difficulty in acquiring early development skills or language, literacy and numeracy skills. Learning progresses at a slower pace than their peers, even with appropriate differentiation. Poor self-esteem may lead to social and emotional issues. They may find difficulties particularly frustrating if they become an obstacle to the development of learning in other areas. Poor concentration and behavioural difficulties can arise as a consequence. 	<p>Strategies should be implemented, monitored and amended as appropriate.</p>	<ul style="list-style-type: none"> Reasonable adjustments will be made to enable pupils to participate in appropriate school assessments/ statutory assessment and tasks. Evidence will be gathered for Access Arrangements for external assessment Learning and Behaviour Advisory Team provide a range of training to support CYP. Email SchoolsABC@westsussex.gov.uk for details Learning and Behaviour Advisory Team 'Assess, Plan, Do, Review' and Assessment Guides. Information on the Learning and Behaviour Advisory Team can also be found here https://westsussex.local-offer.org/services/229 Baseline assessment booklets for school based assessment – (City of Bradford Metropolitan District Council)- A basic assessment 'toolkit' for schools to use to inform the assess-plan-do-review cycle and/or discussions with outside agencies.

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Schools: Literacy		
What do you notice about the child / young person?	Quality First teaching Strategies/ approaches/adaptations	Relevant information, assessments & links
<p><i>Difficulties associated with:</i></p> <ul style="list-style-type: none"> • <i>skills involved in accurate and fluent word reading and spelling.</i> • <i>difficulties in phonological awareness verbal memory</i> • <i>verbal processing speed.</i> <p><i>Dyslexia occurs across the range of intellectual abilities. It is best thought of as a continuum, not a distinct category, and there are no clear cut-off points.</i></p> <p><i>Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.</i></p> <p><i>A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention.</i></p>	<ul style="list-style-type: none"> • Daily use of well researched, evidence based programmes for reading or spelling, e.g. Letters and Sounds, Read Write Inc., • Access to grouping that enables pupils to work with peers who will provide good role models for language and communication skills and for co-operative and independent application to task; • Opportunities for over learning; • Support to access reading materials, e.g. reading buddy, adult help or use of ICT. • Effective spelling strategies and provision of subject specific spelling lists, specialist dictionaries and thesaurus; • Alternative methods of recording, including the use of ICT; • Modelling, explaining and questioning; • Links to prior learning made explicit to CYP; • Opportunities for pupils to verbalise their learning; • Appropriate learning resources are available through all the phases and CYP are taught how to use them, e.g. pencil grips, sloping boards, concrete materials, spelling aids, talking tins; • Specific praise and feedback; • Time to think – think, pair, share. 	<p>The provision for literacy difficulties and dyslexia is similar; the following audit can be used to decide next steps for implementing appropriate provision.</p> <p>Use of the Inclusion Development Programme (IDP) - a suite of training materials for schools to increase their knowledge and skill around difficulties with Literacy and Dyslexia. www.idponline.org.uk IDP - DVD</p> <p>Primary and Secondary Inclusion Development Programme: Teaching and supporting pupils with dyslexia</p> <p>Resources British Dyslexia Association: Schools pack http://www.bdadyslexia.org.uk/common/ckeditor/filemanager/userfiles/QM_DFS-info_pack.pdf</p> <p>British Dyslexia Association. Dyslexia Friendly Schools Pack. Technology Supplement. http://www.bdadyslexia.org.uk/common/ckeditor/filemanager/userfiles/Services/QM/Technology-for-Literacy-2013.pdf</p> <p>Some useful Apps can be found here.</p> <p>Ipad Apps for Dyslexia Chrome Book Apps for learners with Dyslexia Android Apps for Learners with Dyslexia / Reading and Writing Difficulties</p>

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Schools: Numeracy		
What do you notice about the child / young person?	Quality First teaching Strategies/ approaches/adaptations	Relevant information, assessments & links
<p>Difficulty with some or all of the following;</p> <ul style="list-style-type: none"> • Number awareness • Estimating • Memory • Reliable counting • Visual and spatial orientation • Directional confusion • Slow processing • Sequencing • Noticing patterns • Money • Telling the time 	<ul style="list-style-type: none"> • Access throughout all phases to concrete resources e.g. hundred squares, number lines, Numicon, cubes etc. • Priority given to understanding above rote learning; • Teach in the sequence of language, concrete resources and diagrams before symbols; • Use of a calculator when calculation is not the focus of the lesson, e.g. when solving word problems; • Opportunities for over learning through games • Planned regular revisiting of prior learning • Link learning to real world situations 	<ul style="list-style-type: none"> • The Sandwell Early Numeracy Test KS2-KS3 (SENT-KS2) • The Sandwell Early Numeracy Test – Revised (SENT-R) http://www.sandwellearlynumeracytest.co.uk/ <p>OFSTED (2013). Effective Numeracy Support that makes a Difference. Case Study: New College, Durham. Available online: https://www.gov.uk/government/publications/effective-numeracy-support-that-makes-a-difference/</p> <p>Swan, M. (2005). Standards Unit. Improving Learning in Mathematics. Challenges and Strategies. Available online: https://www.ncetm.org.uk/public/files/224/improving_learning_in_mathematics.pdf</p> <p>Dyscalculia resources https://www.tes.com/teaching-resource/dyscalculia-resource-treasure-collection-6302884</p>

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Schools: Developmental Coordination Difficulties (DCD)		
What do you notice about the child / young person?	Quality First teaching Strategies/ approaches/adaptations	Relevant information, assessments & links
<p>CYP may experience difficulty with the following:</p> <ul style="list-style-type: none"> • Gross and fine motor skills; • Spatial awareness; • Organisational skills; • Over reliance on vision to guide motor behaviour; • Poor core stability, balance, excessive fidgeting; • Gross and fine motor planning; • Visual perception. 	<ul style="list-style-type: none"> • Core stability, e.g. wobble cushion, exercises and games; • Correct seating position, e.g. appropriate size tables and chairs; • Development of letter formation, e.g. using a multi-sensory handwriting scheme, pencil grips, sloping board etc.; • Gross motor skills, e.g. throwing, catching hopping etc.; • Fine motor skills, e.g. hand and arm exercises, specialist scissors, specialist rulers, pegboard, threading, play dough, putting pegs on washing lines, etc.; • Sequencing and organisation skills e.g. first/next boards, writing frames, visual timetables. 	<p>Checklist for DCD http://www.dcdq.ca/</p> <p>Supporting Children and Young People with Co-ordination Difficulties North Yorkshire County Council</p> <p>http://cyps.northyorks.gov.uk/CHttpHandler.ashx?id=12976&p=0</p>

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Schools: Memory		
What do you notice about the child / young person?	Quality First teaching Strategies/ approaches/adaptations	Relevant information, assessments & links
<p>Memory weaknesses often accompany learning difficulties.</p> <p>Pupils will often have difficulty with the following:</p> <ul style="list-style-type: none"> • Following instructions – they may only be able to retain the first or last part of instruction; • Organisation e.g. remembering equipment; • Place keeping difficulties e.g. copying from the board, reading from a book, working from a text book; • Task completion; • Volunteering information; • Recognition of shape and orientation of letters and numbers and the sound related to them; • Memory of visual sequences e.g. pattern and written alphabet; • Recall of recent events and teaching; • Undertaking homework. 	<ul style="list-style-type: none"> • Slow down delivery of information; • Chunk information; • Allow thinking time; • Provide visual support, e.g. gesture , diagrams or illustrations; • Pupils have access to memory aids, e.g. alphabet strips, number squares, post –its, keyword lists, table squares; • Use of planning tools, e.g. mind mapping; • Plan for over learning; • Provide written instructions (if they read). 	<p>Gathercole, S., & Alloway, T. (2007). Understanding working memory: a classroom guide. The University of York. https://www.mrc-cbu.cam.ac.uk/wp-content/uploads/2013/01/WM-classroom-guide.pdf</p> <p>The Working Memory Rating Scale (WMRS) is a behavioural rating scale developed for teachers to facilitate easy identification of children with working memory deficits. http://www.pearsonclinical.co.uk/Education/Assessments/WorkingMemory/WorkingMemoryRatingScale(WMRS)/WorkingMemoryRatingScale(WMRS).aspx</p> <p>Booth, J. (2009) Memory Magic. A resource for teachers and therapists to assess working memory and develop memory skills with children at Key Stages 1 - 3. http://www.stass.co.uk/publications/memory-magic</p>

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Schools: Targeted support for pupils with cognition and learning difficulties		
Quality First Teaching strategies, approaches, adaptations for pupils with cognition and learning difficulties should be implemented and evidenced		
What do you notice about the child / young person?	Targeted Strategies (some children)	Relevant information, assessments & links
Evidence of continuing difficulties with literacy, numeracy and co-ordination which affect progress in other areas of the curriculum.	<p>In addition to the basic strategies and approaches described above in the Quality First Teaching, pupils require the following:</p> <ul style="list-style-type: none"> Adapted use of multi-sensory teaching targeted at area of needs Pre and post tutoring; Breaking down of tasks into even smaller steps; Small group intervention using time limited programme at least twice a week in addition to the daily phonics and numeracy sessions; Daily overlearning of the reading of irregular words; Daily over learning of the spelling of irregular words; Opportunities to transfer knowledge of spelling at word level to sentence level through dictation; Opportunities for frequent game based activities to reinforce learning and develop skills, e.g. games for memory, numeracy, reading, spelling and motor skills; Work systematically at the pupils' pace until mastery level is attained. 	<p>Following an assess plan do review process schools can access advice and support from: Learning and Behaviour advisory team https://westsussex.local-offer.org/services/229 Educational Psychology Service http://schools.westsussex.gov.uk/Services/3282</p> <p>Resources: Literacy An overview of evidenced and well researched interventions can be found within the following: What works for children and young people with literacy difficulties. Greg Brooks - The Dyslexia-SpLD Trust www.interventionsforliteracy.org.uk</p> <p>Numeracy An overview of evidenced and well researched strategies and interventions can be found within What does work for mathematical difficulties? http://webarchive.nationalarchives.gov.uk/20110202093118/http://nationalstrategies.standards.dcsf.gov.uk/node/174504</p> <p>DCD There are many programmes/interventions beneficial to pupils with aspects of difficulties associated with DCD including the following: Write Dance - www.writedancetraining.com 'Speed Up' Lois Addy (LDA) http://www.ldalearning.com/products/acmt10918_speed-up! Write from the Start Teodorescu and Lois Addy http://www.ldalearning.com/products/acmt01082_write-from-the-start Jump Ahead West Sussex Inclusion Team Fizzy –Kent NHS http://www.ekhuft.nhs.uk/patients-and-visitors/information-for-patients/patient-information-leaflets/fizzy-leaflets/</p>

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Schools: Individual Specialist Interventions for pupils with Cognition and Learning difficulties		
Quality First Teaching strategies and targeted, approaches, adaptations for pupils with cognition and learning difficulties above should be implemented and evidenced		
What do you notice about the child / young person?	Specialist approaches (few children)	Relevant information, assessments & links
The student's difficulties in acquiring expected literacy and/or numeracy skills are significantly greater and more persistent than would normally be expected for CYP of his/her age.	<p>CYP will have continued access to good Quality First Teaching and Targeted Intervention.</p> <p>Daily highly individualised learning programmes using well researched evidence based interventions, managed and monitored by the SENCO will be in place.</p> <p>Where not making expected progress despite good Quality First Teaching and Targeted intervention, advice and support can be sought from Specialist Teachers.</p>	<p>Resources recommended within Quality First Teaching and Targeted Intervention.</p> <p>Regular liaison between external professionals and school staff in relation to specific programmes and targets.</p> <p>Individual diagnostic assessment of child /young person's fundamental skills and knowledge to identify specific gaps that are preventing progress.</p>

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Area of Need: Communication and Interaction – SLCN

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. Their needs may change over time and the profile for every child or young person with SLCN is different. They may have difficulty with using clear speech (speech production); in being able to find words and structure sentences to express needs, wants and ideas (expressive language); in understanding what others say (receptive language and comprehension); or in understanding or using social rules of communication and reading social interaction cues (social communication). Children and young people may have difficulty in acquiring and developing skills in one, some or all of these areas of speech, language or social communication as well as facing difficulties at different times of their lives.

Persistent difficulties with SLC may lead some children and young people to experience feelings of anxiety or frustration which can present as problems with behaviour, self-esteem and impact on social relationships with peers and adults.

Children and young people with English as an Additional Language and SLCN will experience SLC difficulties across all their languages. However, the fact that a child or young people uses and understands English as an Additional Language does not in itself constitute a speech and language difficulty. Different languages have different structures and sound systems which may lead to short term difficulties, as part of usual second language development.

Children and young people with autistic spectrum disorder (ASD), including Asperger's Syndrome and Autism, will be particularly affected in the area of social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Schools: Quality First Teaching for pupils with Speech Language Communication Needs		
What do you notice about the child / young person?	Quality First Teaching Strategies/Universal Adaptations	Relevant information, assessments & links
<ul style="list-style-type: none"> Children and young people may have difficulties with attention and listening, particularly in situations of high verbal language demand, and where visual cues and support are not available. Speech has immaturities but is generally intelligible to others. Some children and young people may experience some difficulty with social confidence and interaction. Speech production and awareness of sound (phonological awareness) may be at an early stage of development and impact on the acquisition of phonics and literacy. Response to questioning and comments often reflect incomplete or poor understanding of points discussed, the topic of conversation, information or vocabulary used in a whole class or group situation. Sometimes able to develop and explain own ideas more clearly in context, but may need support. 	<ul style="list-style-type: none"> Adults provide support for active attention to listening; visual cues and support; differentiation of listening demand in some tasks to aid access to the curriculum. Adults are aware of the impact that phonological awareness and processing difficulties may have on early phonics acquisition, and differentiate phonics teaching according to best practice. E.g. guidance from The Communication Trust http://www.thecomunicationtrust.org.uk/projects/phonics/ Adults reflect back correct speech production rather than correcting. Children and young people are supported and encouraged to collaborate and work with peers in pairs and small groups. Adults are aware of the need to adapt their own use of language and use methods such as; gain active attention; reduce complexity and length of sentences when addressing the child / young person; use multi-sensory approaches and visual cues. Adults actively draw attention to key vocabulary, including Tier 2 vocabulary, in their interactions with children and young people and in classroom displays. Settings may have accessed the Universal 'Communication Friendly Classroom' training provided by Speech and Language Services to schools. Staff may have used the Inclusion Development Programme audit tool for SLCN. http://www.idponline.org.uk/psslcn/fscommand/launch.html The school will use a simple screening tool or checklist to inform their understanding of the child or young person's needs within SLC. E.g. the screening tool provided by Speech and Language Services, or tools available online. 	<ul style="list-style-type: none"> Effective home/school liaison. Children and young people's pastoral care needs are met. Children and young people have regular opportunities to evaluate their performance in learning activities, if necessary using low-verbal language tools. Children and young people's self-assessment routinely used to set individual learning targets. Schools may provide interventions such as Early Talk, Talk Time, Talkabout or Narrative Therapy groups. A Speech and Language Therapist may have carried out screening or assessment pre-school. A Speech and Language therapist or specialist teacher from a local SEN hub or locality may have assessed the child or young person's progress. At Early Years the child may be attending the local health clinic to receive speech and language therapy. Examples of screening tools or checklist to assess need include – screening tool provided by West Sussex Speech and Language Therapy Service to inform referral; The Communication Trust Universally Speaking https://www.thecomunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking.aspx ; Talking Point Progress Checker http://www.talkingpoint.org.uk/progress-checker ; Afasic Checklists http://www.afasic.org.uk/2016/02/how-to-identify-and-support-children-with-speech-and-language-difficulties/ There may be some low-level contact between a Speech and Language Therapist and the school; schools may have received setting training at Universal level 'Communication Friendly Classroom' from SLT service. Schools may have accessed universal setting training for awareness raising from the Autism and Social Communication Team, or hold the West Sussex Autism Aware Award. A range of useful resources and checklist for schools can also be found on the Talking Point, Communication Trust website, for example here and Patoss websites. Creating Autism Friendly Classrooms Primary School edition. Person Centred Planning and Circle of Friends resources

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Electronic copies of this document can be found on the West Sussex Local Offer www.westsussex.local-offer.org

Schools: Targeted Support for pupils with Speech Language Communication Needs : (Quality First Teaching strategies (previous page) for pupils with SLCN should be implemented and evidenced)		
What do you notice about the child / young person?	Targeted Support and Adaptations	Relevant information, assessments & links
<ul style="list-style-type: none"> • Persistent delay or disordered speech sound production impacts on acquisition and development of literacy skills. • Difficulties with spoken language or comprehension and in using language for learning impact on access to curriculum without universal school based support. • Performance may show a marked discrepancy between attainment levels in English and other areas of learning. • Difficulties with social interaction (other areas of expressive language appear age-appropriate. The child or young person's responses to verbal and non-verbal communication are often inappropriate. • Lower than expected attainment across a number of curriculum areas, compared to evidence of learners underlying ability. • Challenging behaviour observed in variety of learning and/or social settings. • Learner may exhibit passive behaviour, or elect not to speak across a range of contexts within the school day. • Significant speech or language difficulty prevents access to a large part of the National Curriculum. 	<ul style="list-style-type: none"> • Whole word and language based approaches in addition to synthetic phonics may be used to support literacy acquisition. • Individual or small group phonological awareness and speech production target work informed by SLT advice. • Adults use a range of teaching approaches and supports including: visual timetables/now and next; visual aids; natural gesture and signing; use of ICT; audio-visual aids to support understanding in lessons and across the school day. • Adults identify and actively teach key vocabulary, including Tier 2 vocabulary, giving learner opportunities to revisit understanding and use of these words. The school may access targeted training provided by West Sussex SLT such as 'Robust Vocabulary Teaching' • Adults may need to actively teach one or more of: comprehension and inference; use of language; sentence structures; speech sound production; sequencing and active listening skills. Individual support for skill development provided. • Adults use of language is modified for verbal instructions and explanations, visual or experiential support and opportunity for reinforcement provided. • The classroom environment is planned to support active listening, independence in organisation, with explicit structure and expectation. • Adults plan for class groupings and opportunities that provide peer support, structured conversation and the development of social understanding and inference. Group work is planned and used flexibly to promote independence and reduce an individual child or young person's dependence on a named adult. Individual or small group intervention to address individual needs may be provided in the classroom or on timetabled withdrawal sessions. • The school will plan / provide staff training to develop understanding of characteristics of children and young people with SLCN and the impact on curriculum access. • The school may refer, in consultation with parents, for further assessment and advice from Speech and Language Services. • The class teacher will maintain responsibility for using the Assess, Plan, Do Review cycle to inform outcomes. 	<ul style="list-style-type: none"> • The school should work with the parent/carer and the child or young person to write, implement and monitoring progress against personal targets. • Further assessment and/or advice may be required from Speech and Language Services to inform targets and provide supervision of intervention programme. • Schools may seek advice from Autism and Social Communication Team or Learning and Behaviour Team to inform targets, classroom adaptations and curriculum differentiation. • Multi-agency advice may be required through the Early Help or diagnostic process due to overlap of educational, social health needs. • A record of consultations with any external professionals, such as Speech and Language Therapists, Educational Psychologists or specialist teacher will be systematically kept and outside agency advice reflected in the learners Individual Education Plan (ILP). • Staff will have received training on the specific implications of the effects of SLCN on the children and young people. E.g. IDPonline SLCN module http://www.idponline.org.uk/psslcn/fscommand/launch.html; Advanced Training Materials SLCN module http://www.advanced-training.org.uk/module5/M05U01A.html. • Targeted training from West Sussex Speech and Language Service, relevant to the individual child or young person's needs, will have been accessed – e.g. Robust Vocabulary Teaching; Visual Structure; Narrative Therapy; Speech Sounds. • The school will monitor and assess for access arrangements for examinations, and, where the child or young person meets the JCQ criteria, the school will make application for appropriate adaptations. http://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration

Schools: Personalised Interventions for pupils with Speech Language Communication Needs
 (Quality First Teaching and Targeted Support strategies for pupils with SLCN should be implemented and evidenced)

What do you notice about the child / young person?	Personalised Interventions/Specialised Adaptations	Relevant information, assessments & links
<ul style="list-style-type: none"> • The child or young person’s progress in many areas of the curriculum, notably literacy and numeracy, is significantly and specifically impeded by his/her speech and language difficulties. • There is a significant discrepancy between the child or young person’s expressive language and verbal comprehension skills, or between his/her language and cognitive abilities. • Despite implementation of relevant teaching programmes funded from the school’s delegated budget and SEN Notional Budget reviews shows that they have not enabled him/her to make expected progress. 	<p>Highly individualised learning programme developed by the SENCO (or named person with responsibility for coordinating SEND) with support from, and in collaboration, with external professionals as required which evidences:</p> <ul style="list-style-type: none"> • Advice from external professionals, interventions implemented and impact on progress; • Planned strategies to support the individual child or young person with expected outcomes; • Highly individualised and differentiated provision is required to be made, overseen by professionals who are specialists in this field. • The class teacher will maintain responsibility for using the Assess, Plan, Do, Review cycle to inform outcomes. 	<ul style="list-style-type: none"> • Speech and Language Services may be directly involved – e.g. regular review by Speech and Language Therapist, individual intervention by Speech and Language Therapy Assistant (SALTA). • Speech and Language Therapy Services may provide specialist assessment – e.g. assessment for Augmentative and Alternative Communication (AAC). • Schools may plan and provide access to more specialised training for key workers from SLT– e.g. signing support; cued articulation; use of AAC – or Autism and Social Communication Team – e.g. Specialist Teaching Assistant Award. • Wide multidisciplinary team involvement may be required. • Application for an Education, Health and Care Needs Assessment, leading to possible formation of an Education, Health and Care Plan may be appropriate, depending on whether the child or young person meets the criteria. See West Sussex Local Offer for details. https://westsussex.local-offer.org/information/4-ehc-needs-assessment • Android Apps for AAC

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Area of Need: Communication and Interaction**Particular focus:** Social Communication Difficulties (SCD) including Autistic Spectrum Conditions (ASC)**Description of Need:**

Children with Social communication difficulties (SCD) and Autistic Spectrum Conditions (ASC) experience difficulties typically falling within the areas of social interaction and relationships, social communication, social understanding, flexible thinking and sensory challenges. Social Communication Difficulties and Autistic Spectrum Conditions occur across a wide range of abilities and may also be found in combination with other difficulties.

Some of the characteristic difficulties include:

- Difficulties in understanding social situations and responding to normal environmental and social cues;
- Difficulty in intuitively sensing other people's feeling and intentions;
- Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships;
- Rigidity of thinking and a tendency to follow personal agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others;
- Difficulty with open-ended or unstructured situations and with change;
- High susceptibility to anxiety and stress;
- Preference to participate in obsessive interests or repetitive activities may limit expressive or creative activities;
- Impaired use of language, expressive and/or receptive, which may include odd intonation, literal interpretations and idiosyncratic phrases and may extend to more bizarre expressive forms and limited expression, reducing the potential for two-way communication. Good vocabulary, particularly in preferred subjects and topics, may lead adults and peers to overestimate the true level of understanding of language;
- Difficulty in processing and navigating environments; e.g. transitioning from activities, rooms, year groups and schools;
- High susceptibility to hyper/hypo- sensory sensitivity.

The majority of children with Social Communication Difficulties/Autistic Spectrum Conditions will have their special educational needs suitably addressed by arrangements in mainstream classrooms supported, if necessary, as described above, by the school's delegated budget. There will, however, be some pupils who continue to experience a much higher level of difficulty than their peers in making progress in their education. These situations may occur when, despite carefully planned and executed interventions by the school, the children continues to have difficulties with communication, interaction and imagination which impede his or her access to the curriculum. The difficulties are more clearly evident and severe: impaired language development, rigidity and inflexibility of thought and behaviour, difficulties with social interaction and communication and sensory issues.

Schools: Quality First Teaching for children with Social Communication Difficulties / Autistic Spectrum Condition

What do you notice about the child / young person?	Quality First Teaching Strategies (all)	Relevant information, assessments & links
<p>Mild social difficulties. Able to work on same tasks as peers with some additional support. Able to learn in the whole class group. Interested in peers and wants to have friends but needs help with this.</p> <p>Child responds to planned strategies.</p> <p>Children may be developing understanding of their difficulty and can manage their levels of occasional mild anxiety and sensory needs. This will depend on the child, their age, cognitive ability and their social communication difficulty/autism.</p>	<p>Whole school awareness and understanding of SCD/ASC and its implications for the curriculum.</p> <p>Tasks may need to be differentiated by level/outcome/pitch/pace and grouping. Aspects of structured teaching (TEACCH) may be helpful.</p> <p>Staff are skilled at selecting appropriate methods and materials into their lesson plans to ensure access across the curriculum for child with individual needs e.g. explicit, visual instructions, clear example of what finished looks like, alternative methods of recording considered.</p> <p>Class teacher uses appropriate social communication and sensory assessments to inform outcome setting and using the plan, review, assess cycle.</p>	<ul style="list-style-type: none"> ➤ Autism & Social Communication Team provide a range of training including Raising Awareness of ASC and Practical Strategies to support CYP. Email SchoolsABC@westsussex.gov.uk for details. Social Communication Team link: https://westsussex.local-offer.org/services/114 ➤ Provide effective home/school liaison; 'Success Book', communication book, regular email feedback. ➤ Child's pastoral care needs are met. ➤ Whole class good practice strategies are embedded e.g. use of visual timetable. Creating Autism Friendly Classrooms Primary School edition. ➤ Child has regular opportunities to evaluate their performance in learning and social activities. ➤ Child's self-assessment routinely used to set individual learning and social targets. ➤ Assessment profiles (Fulton Profile) and sensory profile tools available from the Autism & Social Communication Team. Email SchoolsABC@westsussex.gov.uk for details. ➤ Some useful Apps can be found here. ➤ Person Centred Planning and Circle of Friends resources to support inclusion.

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Schools: Targeted Support for pupils with Social Communication Difficulties / Autistic Spectrum Condition (SCD/ ASC)

Quality First Teaching Strategies above should be implemented and evidenced.

What do you notice about the child / young person?	Targeted Support (some children)	Relevant information, assessments & links
<p>The child's difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • inability to interpret social cues • poor social timing • lack of social empathy • rejection of normal body contact or unawareness of other people's personal space, • sensory reactions to body contact • difficulties maintaining appropriate eye contact • lack of social conversation skills • literal use and interpretation of speech rigidity and inflexibility of thought processes • resistance to change • solitary play and unusually focussed special interests • may have issues relating to health and personal care issues <p>The child can exhibit highly atypical behaviour, such as: obsessive, challenging and/or withdrawn behaviours, inappropriate use of language, abnormal responses to sensory experiences and signs of distress requiring significant adjustments.</p> <p>Return to start of Schools section</p>	<p>Child may need access to:</p> <ul style="list-style-type: none"> • Flexible teaching arrangements. • Help in acquiring, comprehending and using language. • Help in articulation. • Help in acquiring literacy skills. • Where necessary, help in using low level alternative means of communication. • Support in using different means of communication confidently for a range of purposes. • Support in organising and coordinating oral and written language. • Withdrawal facilities provided for times of stress. • Opportunities for the development of social interaction and communication skills. • Staff to monitor child during break times and lunchtimes and have strategies in place to reduce anxiety during unstructured times. • Curricular language will benefit from 'scaffolding' and pre-learning approaches. • Additional access to I.T. may be necessary. • Child may need considerable preparation for changes in routine. • Provision map targets will be addressed through individual, small group and class work within the curriculum framework. • Strategies used to facilitate transfer from one school/teacher to another, may include passports, one page profiles, a familiarisation book of photos of the new environment, a file of coping strategies/equipment and social scripts. • Structured programmes of work may need to be clearly set out via a visual timetable or Now and Next approach. • There should be consistency within the classroom in terms of organisation, structure, routines, space and place. • Child may need access to a workstation and equipment for Augmented and Alternative Communication (AAC), e.g. Picture Exchange Communication System (PECS) (direct adult input and support will be necessary in early stages), signing or due to sensory integration difficulties. • Consideration may need to be given to the physical environment. 	<ul style="list-style-type: none"> • Staff have received focused training on the specific implications of the effects of SCD/Autism on the child. Email SchoolsABC@westsussex.gov.uk for details of practical strategy training available. • Specialist Advice, individualised for the child, from the Autism Social Communication Team may be required. Email SchoolsABC@westsussex.gov.uk for further details and referral form. • Implementation and monitoring of agreed actions following specialist advice. • Strategies such as Social Stories, Comic Strip Conversations, LEGO Therapy, PIKAS and Circle of friends may be used to promote social success/appropriate behaviour. • Assess social progress using a resource such as 'The Social Play Record' by Chris White. Further details available from the Autism & Social Communication Team. • Parent/carer to be involved in the formulation, monitoring and implementation of targets. • Individualised targets, including a target focusing on the child's social development. • Multi-agency advice may be required through the Team Around the Family or diagnostic process. A record will be kept of consultation with external professionals, such as the Specialist Teacher, Educational Psychologists, CAMHS or Speech and Language Therapists if they are involved with the child. • Parent/carer to be involved in the formulation, monitoring and implementation of targets. • Use of a home-school diary to aid communication. • Child may need an individual risk reduction/behaviour plan. • Staff able to implement assess, plan, review cycle using appropriate tools. Specialist Advice from the Autism & Social Communication Team may be required. Email SchoolsABC@westsussex.gov.uk for further details and example tools/resources. • Staff able to monitor and assess for access to special exam arrangements.

Schools: Specialist Interventions for pupils with Social Communication Difficulties /Autistic Spectrum Condition (SCD/ASC)

Quality First Teaching Strategies and Targeted Support for pupils with SCD/ASC, above should be implemented and evidenced.

What do you notice about the child / young person?	Specialised adaptations (a few children)	Relevant information, assessments & links
<ul style="list-style-type: none"> • The impairments resulting from the child's SCD/ASC affecting their social development, communications and rigidity of behaviour and thought are enduring, consistently impeding his/her learning and leading to severe difficulties in functioning within the setting environment. • Adjustments and revision of the differentiated classroom provision for the child's education has not resulted in the expected progress towards achieving academic, social and emotional targets. • Evidence of the child's need for a more specific programme of support to develop his/her social communication skills. • Evidence of significant difficulties persisting for the child as a result of his/her inflexibility of thoughts (resistance to change and new experiences, impaired Theory of Mind). • Evidence of a high priority having to be given to the management of the child's behaviour in the planning of most classroom activities and the organisation of his/her learning environment. • High levels of anxiety are beginning to impact negatively on attendance (below 85%). 	<p>Highly individualised learning programme developed by the Leader of SEND (SENCO, Inclusion Manager) with support from external professionals as required which evidences:</p> <ul style="list-style-type: none"> • Advice from external professionals, interventions implemented and impact on progress. • Planned strategies to support the individual child with expected outcomes. • Class teacher will use advised strategies and assessment tools/resources to inform outcome setting and using the plan, review, assess cycle. 	<p>Evidence of recognised, relevant and explicit social communication difficulties/autism specific interventions having been attempted or implemented and which have been monitored and reviewed in collaboration with external professionals.</p>

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Schools - Area of Need: Social, Emotional and Mental Health

DESCRIPTION OF NEED (from Department for Education and Department of Health 2014 Special Educational Needs and Disability Code of Practice: 0 – 25 yr)

Children and young people may experience a wide range of social and emotional difficulties. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained.

Children presenting social, emotional and mental health difficulties may act unpredictably, unusually or in an extreme fashion in a variety of social, personal or physical settings. Severely withdrawn or passive behaviour may be as significant an indicator as aggressive or very strange or behaviour not in line with the child/young person's chronological age.

Behavioural difficulties do not necessarily mean that a child or young person has a SEND and should not automatically lead to a pupil being registered as having SEN. Consistent disruptive or withdrawn behaviours *can* be an indication of unmet SEND, and where there are concerns about behaviour, there should be work undertaken to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, a multi-agency approach, supported by the use of the Early Help Plan may be appropriate. In all cases, early identification and intervention can significantly reduce the need for more expensive and intensive interventions in the long-term.

DfE guidance on Behaviour and Mental Health (March 2016) in schools can be found here: www.gov.uk/government/publications/mental-health-and-behaviour-in-schools

Emotionally Based School Avoidance

Emotionally Based School Avoidance (EBSA) is a broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school. A clear distinction is made between those that are absent from school due to truancing and those that are absent from school due to the specific emotional distress that they experience around attending school. Although the literature in this area often cites the phrase School Refuser, this terminology could be considered misleading as the term 'refuser' implies that the young person has control over the school non-attendance. This is problematic as this terminology locates the 'problem' within the young person and detracts from environmental factors that could be considered instrumental in supporting a young person back to school. Further information for schools and practitioners on how to identify, assess, plan and put in place strategies and can be found in the EBSA Guidance which can be found [here](#) along with a leaflet for [adults](#) and [children](#).

Schools: Quality First Teaching for children with Social, Emotional Mental Health needs (SEMH)		
What do you notice about the child / young person?	Quality First Teaching Strategies (all)	Relevant information, assessments & links
<p>Occasionally withdrawn and isolated and on the fringes of activities.</p> <p>Involved in low level distractions which hinder own concentration and that of others.</p> <p>Children may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.</p>	<ul style="list-style-type: none"> • At this level there is an awareness of some difficulties, noted and monitored by the class/form teacher. • Clear boundaries and routines. • Weekly timetables to monitor behaviours. • Explicit teaching of rules / values and routines i.e. 'Rule of the week'. • Visual timetable clearly displayed – appropriate for the age of children in the class. • Changes of routine explained and discussed with Children with time to prepare for them. • Appropriate behaviour is noticed, praised and rewarded. • Opportunities for positive social interactions, including turn taking and sharing. • Modelling, by adults, of behaviour that shows patience, respect, good humour and calmness. • Tasks may need to be differentiated by level/outcome/pitch/pace and grouping to match learning needs, concentration level, interest and motivation. • Language of emotions displayed clearly, both in words and pictures, to assist with the development of emotional literacy – accessible to the age in the class. • There should be strategies to focus on emotional needs. These may include strategies such as Circle Time, Friendship Circles, discussion groups, mentoring/buddying. 	<p>The school will have clear policies in place to promote social, emotional and mental health well-being and the management of behaviours.</p> <p>The school will provide more focused opportunities to build self-esteem, develop friendships and social skills. Self-evaluation encouraged and developed.</p> <p>Children' self-assessment routinely used to set individual learning targets.</p> <p>Parent/Carer engagement and involvement are positively and actively promoted from the earliest opportunity.</p> <p>Person Centred Planning and Circle of Friends resources to support inclusion.</p>

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Electronic copies of this document can be found on the West Sussex Local Offer www.westsussex.local-offer.org

Schools: Targeted Support for children with SEMH		
Quality first teaching strategies, approaches, adaptations for children with SEMH, above, should be implemented and evidenced		
What do you notice about the child / young person?	Targeted support strategies (some children)	Relevant information, assessments & links
<p>The student difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • persistent emotional or behavioural difficulties that have not been reduced by differentiated learning opportunities or by the behaviour management techniques usually employed by the school; • poor concentration despite structured and time limited tasks – poor personal organisation skills; • may be withdrawn and isolated, generally seeking too little adult attention with limited or selective communication, may not communicate feelings; • difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other children, careless with learning materials; • pre-empting failure in tasks; • being reluctant to attend school; • unwillingness to acknowledge or accept responsibility for his/her own actions. 	<p>Additional levels of pastoral support are likely to include:</p> <ul style="list-style-type: none"> • Social support groups • Individual support through daily mentoring by a skilled adult • Peer support strategies at key times • Clear communication throughout the school management system with weekly updates • Nurturing support • Anger management <p>These could include the strategies included in SEAL.</p> <p>Timetable planning to provide alternative learning situations i.e. work station.</p> <p>Appropriate behaviour and expectations are taught alongside the academic curriculum. Student and parent involvement in the behavioural programmes will be clearly defined.</p> <p>Staff are able to monitor children during break times and lunchtimes and have strategies in place during unstructured times.</p> <p>Consideration should be given to the use of IT, audio visual support, 'time out' to support a differentiated curriculum for a student who has difficulties in engaging in traditional methods of curriculum delivery.</p> <p>There should be staff training regarding the characteristics of children with social, emotional and mental health problems and the impact on curriculum access. Counselling for individuals from external agencies may be appropriate.</p>	<p>Staff training regarding the characteristics of children with SEMH and the impact on curriculum access could be provided by external agencies, e.g. Learning and Behaviour Advisory Team - https://westsussex.local-offer.org/services/229</p> <p>SEN Hubs - https://westsussex.local-offer.org/services/160</p> <p>Educational Psychology Service - https://westsussex.local-offer.org/services/132</p> <p>Pastoral Support Plan (PSPs) may be used.</p> <p>Parent /carer involvement in programmes is particularly desirable. All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>Baseline recording of particularly difficult or significant behaviours should be made in order to carry out an 'ABC analysis' to inform interventions and evaluations (Antecedents, Behaviour and Consequences).</p> <p>The student may need an individual risk assessment.</p>

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Schools: Personalised Specialist Interventions for children with SEMH.		
Quality first teaching and targeted support strategies for children with SEMH, above should be implemented and evidenced.		
What do you notice about the child / young person?	Specialist approaches (few children)	Relevant information, assessments & links
<p>SEMH difficulties are a barrier to learning and inhibits any participation, understanding and contribution to activities in the classroom.</p> <p>Significant difficulty in social interaction. Shows lack of trust in adults.</p> <p>Severe emotional difficulties. Behaviours result in significant risk of harm to self and others, even with close adult support, leading to extreme social isolation, vulnerability and disengagement.</p> <p>Takes physical risks and situations that have the potential to harm.</p> <p>Extreme responses leading to an inability to engage with any formal learning situations</p> <p>Little evidence of positive social relationships leading to extreme social isolation, vulnerability and disengagement</p> <p>Complete disruption to social and emotional state, leading to extreme disengagement and isolation.</p>	<p>Highly individualised and differentiated provision is required.</p> <p>Advice from external professionals, e.g. Specialist Teachers, Educational Psychologists, CAMHS.</p> <p>Information on CAMHS can be found here: https://westsussex.local-offer.org/services/435</p> <p>Analysis of Fixed Term Exclusion data to identify effective strategies to minimise repeat incidents resulting in targeted support for individuals.</p> <p>Robust systems for recording and analysing serious behavioural incidents.</p>	<p>Multi-professional assessment/support which may include the Early Help process.</p> <p>Mental Health and Behaviour Guidance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour - Information and Tools for Schools 240515.pdf</p> <p>Individual Risk Assessment/Risk Reduction Plan may be required.</p>

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Area of Need: Sensory and/or Physical

If staff suspect a child has an undiagnosed hearing or visual impairment the first response should be to discuss this with parents/carers and advise them to seek medical advice from their GP or optician. Educational settings should not attempt to assess hearing or visual impairments themselves.

For children with a diagnosed sensory impairment, educational settings, parents/carers and hospital-based health professionals can make a referral from the Sensory Support Team. This referral must include medical information from a hospital-based health professional, before the referral can be processed. A visit from an Advisory Teacher of the Sensory Support Team will offer personalised advice on appropriate strategies, adaptations and interventions if appropriate.

Particular focus: Hearing Impairment

DESCRIPTION OF NEED: Hearing loss may be mild, moderate, severe or profound and can be temporary or permanent. It can affect one or both ears.

Temporary hearing loss is mainly mild or moderate in nature and is usually caused by 'glue ear', which is a build-up of fluid in the middle ear cavity which reduces the mobility of the ossicular chain. Glue ear is very common in young children during Foundation Stage and Key Stage 1 and for most children this will not affect their progress and attainment in the longer term. For some children with persistent 'glue ear', Health Services may offer grommets or temporary hearing aids.

Permanent hearing loss may be conductive in nature, due to malformation of the outer or middle ear, or sensori-neural, which is damage to the inner ear or the auditory nerve. The majority of children with a permanent hearing loss are usually issued with hearing aids and some may have cochlear implants. These children will require some level of support by a Qualified Teacher of the Hearing Impaired; some children with hearing loss require minimal support and others will need a high level of individualised and specialised help.

The majority of children with permanent hearing loss are identified shortly after birth through the Newborn Hearing Screening Programme, but others may have a loss that is not diagnosed until they are at school. Sensitive support for the families, from specialist staff, at an early stage is crucial, so it is important that the Sensory Support Team is informed of any newly diagnosed children as a priority.

Schools: Quality First Teaching for children with Hearing Impairment		
What do you notice about the child?	Quality First Teaching Strategies (all)	Relevant information, assessments & links
<p>Children with a unilateral (hearing loss in one ear) or mild loss may be making satisfactory progress but are at risk of falling behind.</p> <p>Children sometimes mishear words or instructions and needs reinforcement and reassurance before beginning tasks.</p> <p>Fluctuation in attention; may struggle to listen for long periods of time.</p> <p>Difficulty in understanding peers in group discussions or on the playground; this could lead to anxiety and feeling isolated.</p> <p>For children with a conductive element to their loss, frequent ear infections and absences for medical appointments.</p> <p>A children with a unilateral loss may struggle to locate sounds and voices, especially during PE/sport and when there is a lot of back ground noise.</p>	<p>Classroom management strategies to be put in place following individualised Advice from the Sensory support Team.</p>	<p>If there are concerns regarding a child's hearing then the family need to talk to their GP for a referral to audiology service to have the child's hearing thresholds checked.</p> <p>For a child with a diagnosed hearing impairment a referral should be made to the Sensory Support Team (parental consent and medical information will need to be received before a visit can be undertaken).</p> <p>A member of the Sensory Support Team will visit and undertake a more detailed assessment, which may include:</p> <ul style="list-style-type: none"> • Classroom observation, management advice and training for key staff • Speech discrimination and language assessments • Environmental assessments • Parental support on issues related to hearing loss. <p>Sensory Support Team - https://westsussex.local-offer.org/services/154</p>

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Schools: Targeted/Personalised Interventions for Children with Hearing Impairment Quality First Teaching Strategies for children with a hearing impairment should be implemented and evidenced.		
What do you notice about the child / young person?	Targeted approaches (some children)	Relevant information, assessments & links
<ul style="list-style-type: none"> • Children with a moderate or severe high frequency, bilateral, hearing loss and will be prescribed hearing aids. • The child may have delayed language development. • They may have difficulties in perceiving some speech sounds, especially at the end of words. • There may be ongoing difficulties in the acquisition of new and the understanding of subject specific vocabulary. • The child may take longer to process and follow verbal instructions. • Accessing specific activities which involve listening without lip-reading, e.g. CDs, DVDs spelling tests, video, You Tube clips and any electronically recorded speech. • The children may become tired towards the end of the school day due to having to concentrate so hard on listening, especially in more noisy environments. • Children may find it harder to adapt and/or function in less favourable acoustic conditions or when there are high levels of background noise. • Children may have issues with self-esteem, emotional wellbeing and social knowledge. • The hearing loss may affect the child's social interactions. 	<p>In addition to the basic strategies, these children are likely to need daily support from an adult in school, e.g. Teaching Assistant or SENCo</p> <ul style="list-style-type: none"> • For checking of specialist equipment • To monitor understanding of language • To monitor and support classroom instructions • To prepare and provide visual resources • To reinforce key vocabulary and concepts • To deliver an individual programme particularly pre and post tutoring, speech, language, literacy and listening • To develop social skills <p>Usually benefit from assistive listening devices such as radio aids and will require a speedy response to any problems with this technology.</p> <p>Need access to quiet working space for small group, checking of equipment and specialist assessment.</p>	<p>Will benefit from advice and support from the Advisory Teacher of Hearing Impairment with regard to assessing and improving acoustic environments for deaf learners.</p> <p>Regular audiological reviews and monitoring will be under taken by the Health Authority.</p> <p>May require advice/support from a Speech and Language Therapist.</p> <p>May benefit from additional specialist equipment such as a radio aid.</p> <p>Staff to have some basic Deaf Awareness training and key staff should attend training delivered by the Sensory Support Team.</p> <p>Hearing peer group to receive some advice on how to be supportive and have some awareness of deafness.</p> <p>Key adults should have a good understanding of the individual's hearing loss and how it affects their understanding and access to learning and social opportunities.</p>

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Schools: Personalised Interventions for Children with Hearing Impairment

Quality First Teaching Strategies for children with a hearing impairment should be implemented and evidenced.

What do you notice about the child / young person?	Specialist approaches (few children)	Relevant information, assessments & links
<p>In addition to the difficulties described above, the child:</p> <p>Will have a severe or profound hearing loss and will have hearing aids or cochlear implants.</p> <p>Will need to focus their visual attention for long periods of time. E.g. to lip read the different speakers and/or to watch someone using sign support.</p> <p>May have difficulties with literacy. E.g. reading comprehension and grammatical structure and content in written English.</p> <p>May not be able to benefit from usual approaches to learning to read.</p> <p>May have delayed language development, gaps in vocabulary and general knowledge.</p> <p>May have significant difficulty in processing verbal information at the same speed as their peers.</p> <p>May miss out on incidental learning as they are unable to overhear conversations, programmes on the radio.</p> <p>May need help with social interactions with their peers.</p> <p>May find it difficult to maintain positive self-esteem and social confidence.</p> <p>May need support to fully develop an understanding of others and maintain positive relationships with peers.</p> <p>Without specialist support they will be at high risk of not achieving and maintaining levels of attainment in keeping with their age and abilities or making expected progress.</p>	<p>In addition to the strategies and approaches described above the child may:</p> <ul style="list-style-type: none"> • Need intensive hearing speech and language rehabilitation following hearing aid fitting or cochlear implant surgery. • Have to learn and use sign language as their primary mode of communication and to access the curriculum, or to supplement delayed or limited spoken language. • Require a Specialist TA for Sign Supported English • Require a Specialist TA for note taking and frequent reinforcement of key vocabulary and concepts in order to keep up with the demands of the classroom. • Needs an adult who is skilled in monitoring and managing the learning environments for deaf learners, can prompt subject and class teacher to make adjustments and ensure assistive technology is appropriate. • Need group discussions to be carefully managed and paced in order to participate. • Benefit from teacher led small group sessions. • Usually benefit from assistive listening devices such as radio aids and will require a speedy response to any problems with this technology. • Need access to quiet working space for small group, checking of equipment and specialist assessment. • Require frequent contact with Advisory Teacher of Hearing Impairment e.g. checking of equipment, staff training, observations and mentoring of specialist Teaching Assistants. 	<p>May or may not have progressed at nationally expected levels linked to prior attainment.</p> <p>Specialist teams might include Audiology Departments, Cochlear Implant Centres, Advisory Teacher of the Hearing Impaired, Community Paediatrician, Specialist Speech and Language Therapist, Educational Psychologist and Children and Family Officer.</p> <p>Further information on some of these services can be found on The Local Offer. E.g.</p> <p>Speech and Language Therapy Service:</p> <p>Chichester and Worthing: https://westsussex.local-offer.org/services/369</p> <p>Mid Sussex and Crawley: https://westsussex.local-offer.org/services/372</p> <p>Audiology Service Crawley - https://westsussex.local-offer.org/services/747</p> <p>https://westsussex.local-offer.org/services/752</p>

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Particular Focus: Visual Impairment

DESCRIPTION OF NEED: Visual impairments can affect one or both eyes and can have widely differing implications for a child's education.

Visual difficulties take many forms, with specific characteristics and manifestations unique to each individual child. They range from relatively minor to educationally blind. Some children are born with lack of light perception; others lose their sight, partially or completely, as a result of an illness or accident. In some instances visual impairment is only one aspect of a multiple disability. A qualified Advisory Teacher of Visual Impairment is able to offer advice and support to families and educational settings regarding a child's visual impairment and strategies to support access to the curriculum and the level of support will largely depend upon levels of distance and near vision acuity.

The standard definition of normal vision is 6/6. This means that a person can see at 6 metres what they are expected to see at 6 metres. The larger the number on the right, the weaker the distance vision.

The following classification applies to corrected vision (i.e. wearing glasses) with both eyes open. Acuity criteria are for guidance purposes only as a CYP may be functioning within a different visual category due to an additional ophthalmic condition, e.g. nystagmus, visual field reduction, cerebral/cortical visual impairment and/or additional learning difficulties.

Distance vision

Mild vision loss: visual acuity within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)

Moderate vision loss: visual acuity between 6/19 - 6/36 Snellen/Kay (logMAR 0.5 – 0.78)

Severe vision loss: visual acuity between 6/36 and 6/120 Snellen/Kay (logMAR 0.8 – 1.3)

Profound vision loss: visual acuity less than 6/120 Snellen/Kay (logMAR 1.32+)

Near vision

Mild vision loss: visual acuity within the range N14 – N18

Moderate vision loss: visual acuity within the range N18 - N24

Severe vision loss: visual acuity within range N24 – N36

Profound vision loss; Educationally blind/Braille user/can access small quantities of print larger than N36

Cerebral/Cortical visual Impairment (CVI): a condition where some of the 'special' parts of the brain and its connections are damaged and the CYP or young person is unable to make sense of what they are seeing.

Perceptual difficulties: inability to perceive, integrate and recall visual stimuli

Schools: Quality First Teaching for Children with Visual Impairment		
What do you notice about the child / young person?	Quality First Teaching Strategies (all)	Relevant information, assessments & links
<p>Child with mild to moderate vision impairment.</p> <p>Some deterioration in certain areas of academic performance that are due to visual behaviours</p> <ul style="list-style-type: none"> • Deteriorating handwriting • Slowness in copying from the board • Increasingly asking for written instructions to be given verbally • Child moving text closer to eyes or squinting. <p>A recognisable ophthalmic condition which has potential to affect the learning process.</p>	<p>Classroom management strategies to be put in place following individualised Advice from the Sensory support Team.</p>	<p>If there are concerns regarding a child's vision then the family need to talk to their GP/optician/ophthalmologist.</p> <p>For a child with a diagnosed visual impairment (corrected visual acuity worse than 6/12) a referral should be made to the Sensory Support Team (parental consent and medical information will need to be received before a visit can be undertaken).</p> <p>A member of the Sensory Support Team may visit and undertake a more detailed assessment, which may include:</p> <ul style="list-style-type: none"> • Classroom observation, management advice and training for key staff • Environmental assessments • Parental support on issues related to visual impairment • Informal functional vision assessment of child. <p>Some useful Apps can be found here.</p>

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Schools: Targeted/ Personalised Intervention for Children with Visual Impairment Quality First Teaching Strategies and Targeted Support for Children with visual impairment, above should be implemented and evidenced.		
What do you notice about the child / young person? Children with a moderate to severe visual impairment.	Targeted support (some children)	Relevant information, assessments & links
<p>Will have problems accessing work from the board or print.</p> <p>May have problems identifying peers in the playground.</p> <p>The child may become tired towards the end of the school day due to having to concentrate so hard on 'looking', especially in adverse lighting conditions or where appropriate modifications have not been provided.</p> <p>Children may have issues with self-esteem, emotional wellbeing and social interaction.</p> <p>Return to start of Schools section</p>	<p>In addition to the basic strategies, these children will probably need daily support from an adult in school, e.g. TA or SENCo</p> <ul style="list-style-type: none"> • To access written materials • To provide opportunities to explain use of materials or presentations • To support social interactions • To prepare and provide visual resources • To prepare student for class activity/learning experience • Some modifications to the learning environment • Access to specialist equipment • Social skills development • Additional time may be required for pre-learning and consolidation • Specific and consistent use of language across all learning environments 	<p>May benefit from advice and support from a Rehabilitation and Mobility Officer with regard to assessing and improving learning environments for visually impaired student.</p> <p>It may also include orientation around environments, development of mobility, self-help and independence skills May benefit from additional specialist equipment such as a CCTV.</p> <p>Staff to have some basic Vision Awareness training and key staff should attend training delivered by the Sensory Support Team.</p> <p>Peer group to receive some advice on how to be supportive and have some awareness of visual impairment.</p> <p>Key adults should have a good understanding of the individual's visual impairment and how it affects their understanding and access to learning and social opportunities.</p>

Schools: Personalised Interventions for Children with Visual Impairment Quality First Teaching Strategies and Targeted Support for Children with a visual impairment, above should be implemented and evidenced.		
What do you notice about the child / young person? Children with a severe to profound vision impairment	Specialised adaptations / approaches	Relevant information, assessments & links
<p>In addition to the difficulties described above, the child:</p> <ul style="list-style-type: none"> • May need to access print through Braille • May have a severe impact on a learner's ability to function independently in the school environment • May need a high level of adult support in order to access the curriculum • May need all texts/diagrams etc. produced in Braille • May need high level of teaching of Braille outside the classroom environment • May take longer to complete tasks, often in a different medium • May not be able to benefit from usual approaches to learning to read. • May need help with social interactions with their peers. • May find it difficult to maintain positive self-esteem and social confidence • May need support to fully develop an understanding of others and maintain positive relationships with peers. • Without specialist support they will be at high risk of not achieving and maintaining levels of attainment in keeping with their age and abilities or making expected progress. 	<p>In addition to the strategies and approaches described above the CYP may:</p> <p>Need intensive teaching of the Braille code in order to access the curriculum.</p> <p>Require specialist equipment to change texts/diagrams into tactile format e.g. Braille.</p> <p>May need CCTV and other equipment that enlarges images to access the curriculum.</p> <p>Will struggle to access information displayed on a board and will require either specialist technology, or a trained member of staff to enable access.</p> <p>Need group discussions to be carefully managed and paced in order to participate. Benefit from teacher led small group sessions Usually benefit from speech/magnification software and will require a speedy response to any problems with this technology.</p> <p>Need access to quiet working space for small group, consolidation, checking of equipment and specialist assessment.</p> <p>Require frequent contact with Advisory Teacher of Visual Impairment e.g. teaching Braille, support in modifying the curriculum, staff training, observations and mentoring of specialist TAs.</p>	<p>Several members of staff may need to learn the Braille code.</p> <p>May need a high level of input from a Rehabilitation and mobility Officer to develop mobility, orientation, self-help and independence skills.</p> <p>May use a cane to help navigate the school building.</p> <p>May need an adult to help them move safely around the school environment.</p> <p>Building may need an environmental audit by a qualified Rehabilitation and Mobility Officer.</p> <p style="text-align: right;">Return to start of Schools section</p>

Particular Focus: Multi-Sensory Impairment

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DESCRIPTION OF NEED: A Multi-Sensory Impairment is the term used when an individual has both a visual and a hearing impairment. It is sometimes referred to as 'Deaf Blindness' and is classed as a single disability in its own right. The level of impairment in each modality can differ i.e. a person may have a severe hearing impairment and a mild visual impairment.

A sensory impairment of this nature can cause problems with:

- communication
- finding out information
- mobility

An Advisory Teacher of Multi-Sensory Impairment working in conjunction with an Advisory Teacher of the Hearing Impaired and an Advisory Teacher of the Visually Impaired, is able to offer advice and support to families and educational settings regarding a child's Multi-Sensory Impairment and strategies to support access to the curriculum, and the level of support will largely depend upon levels of distance and near vision acuity.

Multi-Sensory Impairment can be classified as follows:

Mild Multi-Sensory loss:	Dual impairment with a mild loss in both modalities
Moderate multi-sensory loss:	Dual impairment with a moderate loss in both modalities
Severe multi-sensory loss:	Dual impairment with a severe loss in both or the most affected modality
Profound multi-sensory loss	Dual impairment with a profound loss in both or the most affected modality Educationally blind and severe/profound hearing loss

Schools: Quality First Teaching for Children with Multi-Sensory Impairment

What do you notice about the child / young person?	Quality First Teaching Strategies (all)	Relevant information, assessments & links
Refer to characteristics in the previous Hearing impairment and Visual Impairment sections	Classroom management strategies to be put in place following individualised Advice from the Sensory support Team.	<p>If there are concerns regarding a child's vision/hearing then the family need to talk to their GP/optician/ophthalmologist/audiologist.</p> <p>For a child with a diagnosed multi-sensory impairment a referral should be made to the Sensory Support Team (parental consent and medical information will need to be received before a visit can be undertaken).</p>

Schools: Personalised Interventions for Children with Multi-Sensory Impairment

Quality First Teaching Strategies for children with a hearing impairment above should be implemented and evidenced.

What do you notice about the child / young person?	Personalised interventions/specialist approaches/ adaptations (few children)	Relevant information, assessments & links
Refer to characteristics in the previous Hearing impairment and Visual Impairment sections	Refer to Strategies/specialised adaptations in the previous Hearing impairment and Visual Impairment sections	Refer to Relevant information/further assessments/links in the previous Hearing impairment and Visual Impairment sections

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Area of Need: Medical

SEND Code of Practice 0-25 (2015): Children and young people in alternative provision because of health. Working together across education, health and care for joint outcomes. Ensuring a good education for children who cannot attend school because of health needs. (2013) Ensuring children have a good education. Supporting children at school with medical conditions. (2015)

Particular focus: Medical Needs

DESCRIPTION of NEED:

A medical diagnosis or a disability does not necessarily imply a special educational need. It may not be necessary for the student with any particular diagnosis or medical condition to have any form of additional educational provision at any phase of education, high needs funding or an Education Health and Care Plan. It is the child's educational needs rather than a medical diagnosis that must be considered.

Some children may have medical conditions that, if not properly managed could hinder their access to education. The Equality Act 2010 states that public bodies must not discriminate and must make reasonable adjustments for disabled children and young people. The definition of disability in the Equality Act includes children with long term health conditions.

Children with medical conditions includes those with Asthma, Diabetes, Cancer, Arthritis, Epilepsy, severe allergies, Incontinence, Eczema, Cystic fibrosis, Tracheotomy, Colostomy and Ileostomy and mental health. (Mental health issues are covered in the SEMH section of this document.)

The SEN Code of Practice 2015 recognises that there is a significant overlap between disabled children and young people and those with SEN. Children and young people may therefore be covered by both SEN and disability legislation.

For children and young people with medical needs schools must have regards to the new DfE guidance (2015): '[Supporting children at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.](#)'

The Equality Act and Reasonable Adjustments

Some children with medical conditions may be disabled. When this is the case the governing bodies must comply with their duties under the Equality Act 2010.

The Equality Act and Reasonable Adjustments

The Equality Act (2010) replaced all existing equality legislation such as the Races Relation Act, Disability Discriminations Act and Sex Discrimination Act. The guidance document "The Equality Act 2010 and schools" provides advice and is the source of the following information.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf

"The law on disability discrimination is different from the rest of the Act in a number of ways. In particular, it works in only one direction – that is to say, it protects disabled people but not people who are not disabled. This means that schools are allowed to treat disabled pupils more favourably than non-disabled pupil, and in some cases are required to do so, by making reasonable adjustments to put them on a more level footing with pupils without disabilities. Provision for disabled pupils is closely connected with the regime for children with special educational needs." Chapter 4 [of the guidance document] deals in detail with disability issues."

Further information can be found on the [Equality and Human Rights Commission](#).

The Equality Act defines disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities, Some specific medical conditions , HIV, multiple sclerosis and caner are all considered as disabilities, regardless of their effect. Long term is defined as lasting, or likely to last, for at least 12 months.

Reasonable adjustments and when they have to be made.

The duty to make reasonable adjustments applies only to disabled people.

- When something a school does places a disabled pupil at a disadvantage compared to other pupils then the school must take reasonable steps to try and avoid that disadvantage.
- Schools will be expected to provide an auxiliary aid or service for a disabled pupil when it would be reasonable to do so and if such an aid would alleviate any substantial disadvantage that the pupil faces in comparison to non-disabled pupils.

The Equality Human Rights (EHRC) has published technical advice to support schools, local authorities and college and further education settings on when it would be reasonable to make adjustments which can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/equality-act-technical-guidance>

Auxiliary aids can include things such as auxiliary aids, such as coloured overlays for dyslexic pupils, pen grips, adapted PE equipment, adapted keyboards and computer software.

Schools are not subject to the requirement of reasonable adjustment duty concerned with making alterations to physical features because this is already considered as part of their planning duties.

Some examples of reasonable adjustments from the technical guidance document are included below.

Example: An infant school disabled pupil with attention deficit hyperactivity disorder (ADHD) receives some individual teaching assistant support through the SEN framework. He is diagnosed with severe asthma and needs assistance with his nebuliser. Although this is not a special educational need, his asthma is likely to be a disability for the purpose of the Act and so a failure to provide a reasonable adjustment will place him at a substantial disadvantage. The school trains his teaching assistant and she provides him with the assistance that he needs. This would be a reasonable adjustment for the school to make.

Many disabled pupils may receive support in school through the SEN framework. In some cases, the substantial disadvantage that they experience may be overcome by support received under the SEN framework and so there will be no obligation under the Act for the school or local authority to make reasonable adjustments.

Example: A disabled pupil has an EHC plan and attends a maintained mainstream secondary school. Through her EHC plan, she receives two hours a week of specialist teaching and uses an electronic notetaker in lessons. Because the support that she requires is provided through her EHC plan, the school does not therefore have to make reasonable adjustments by providing these auxiliary aids and services for her.

Some disabled pupils are not classified as having SEN, but if they are disabled and are suffering a substantial disadvantage, they may still need reasonable adjustments to be made.

Example: A disabled pupil at an infant school has diabetes, and requires daily support with reading blood sugar levels and insulin injections. He is not classified as having SEN and therefore receives no support through the SEN framework. He is, however, disabled and therefore, if the lack of daily support places him at a substantial disadvantage, the school would be under a duty to make the adjustment of providing the support, if it would be reasonable to do so.

The Equality Act (as specified in Schedule 10 of the Act: Accessibility for disabled pupils) also contains a requirement for local authorities to put in place an accessibility strategy. **The West Sussex Accessibility Strategy**, in keeping with the legislation, sets out the ways in which West Sussex County Council will increase access to education for disabled pupils, in the schools and settings for which it is responsible. We will work with schools to ensure that the curriculum meets accessibility requirements set out within both Education and Equalities legislation. A copy of the West Sussex Accessibility Strategy can be found here: <https://westsussex.local-offer.org/WestSussexCountyCouncilAccessibilityStrategy.docx>

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Schools: Quality First Teaching for children with Medical Needs		
What do you notice about the child / young person?	Quality First Teaching Strategies (all)	Relevant information, assessments & links
<p>May mean occasional absence from school.</p> <p>The condition may influence tiredness and concentration levels.</p> <p>Children may need access to specific items of small equipment if medical conditions have resulted in minor motor impairments.</p> <p>Medical conditions may result in bullying and social isolation.</p> <p>Pregnancy is not a medical condition and needs should be met in school. Girls are entitled up to 18 weeks maternity leave to be used before and after the birth.</p>	<p>Differentiation may be required to take account of slower pace in performing some tasks – may tire easily.</p> <p>Integration into school after a period of absence needs to be carefully planned and managed.</p> <p>Schools may need to plan for pupil with support and guidance from medical practitioners, parent /carer and pupil.</p> <p>Planned support and intervention may be part of the Individual Healthcare Plan (IHP).</p>	<p>DfE guidance: Supporting children at school with medical conditions. (Dec 15):</p> <p>DfE guidance: Education for children with health needs who cannot attend school (May 13)</p> <p>DfE guidance: Guidance on the education of school age parents, DfES (2001)</p> <p>School policy on supporting children with medical conditions.</p>

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Schools: Targeted Support for children with Medical Needs

Quality First Teaching strategies, approaches, adaptations for children with medical needs above, should be implemented and evidenced

What do you notice about the child / young person?	Targeted support strategies (some children)	Relevant information, assessments & links
<p>Medical condition may necessitate supervision or support for medication needs at specific times, e.g. medication, diet, toileting Progress within the curriculum may be affected by condition or medication.</p> <p>May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day.</p> <p>Student has short term health need requiring pupil to be educated in alternative provision identified by the student's consultant.</p> <p>Return to start of Schools section</p>	<ul style="list-style-type: none"> • Pupil is likely to have an IHP managed by a named member of staff. • Access to word processors. Some limited items of special equipment and teaching approaches. • May need more supervision in potentially hazardous situations e.g. science lab, swimming, using PE apparatus. • Differentiation may be required to take account of slower pace or to catch up following periods of absence. • Extra help may be required at times in the school day, e.g. dressing, undressing, steps, stairs. • Focused support via a Provision Map in place by class/form teacher to allow the children to catch up following periods of absence. • Suitable arrangements may be needed for administration of emergency medication. • Suitable training to school staff or other emergency measures in school. • Supervision of health and hygiene procedures. • Access to alternative methods of recording if required. • Class or subject teachers are responsible for working with the student on a daily basis, delivering any individual programmes. • Some additional support may be required at periods throughout the day and social situations such as breaks may need particular attention. • Possibly teaching assistant trained in managing care needs. • Training in Manual Handling may be necessary. • Differentiation required accessing some curricular areas, e.g. PE, handwriting tasks, unstructured times and environmental adaptation. 	<p>Medical condition will be generally stable and under control, but may need monitoring in school and close liaison maintained with home.</p> <p>School curriculum promotes personal care and safety and school staff arrange and take responsibility for any regular medical intervention to be carried out.</p> <p>Risk assessment + emergency plan for medical emergency.</p> <p>Teaching staff and therapist to assess changing needs. Input to the provision map/IEP may be required from a physiotherapist, occupational therapist. Consideration of access arrangements for examinations etc.</p> <p>Specific information on the causes and implications of the medical condition may need to be circulated to relevant members of staff.</p> <p>Refer to Fair Access Team.</p>

Schools: Personalised Specialist Interventions for children with medical needs

Quality first teaching and targeted support strategies for children with medical needs, above should be implemented and evidenced.

What do you notice about the child / young person?	Personalised interventions/ specialised approaches/ adaptations (few children)	Relevant information, assessments & links
<p>Student has severe difficulties with the ability to function independently in the school environment and in their everyday life.</p> <p>May require daily therapy and medical intervention to crucially avoid pressure damage and maintain joint integrity.</p> <p>May have a chronic condition, potential degenerative condition, newly acquired condition or has special educational needs in addition to physical difficulties</p>	<p>Needs differentiation of opportunity and extra time to access the curriculum.</p> <p>Needs one-to-one adult support 100% of the time.</p> <p>May need help to record work.</p> <p>May need help eating and drinking.</p> <p>May need adaptations for PE curriculum and all practical subjects.</p> <p>May need support with transport arrangements</p>	

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Post-16 Education Settings

The amount and type of support that a student needs will vary greatly according to their individual needs and the courses they have selected to study as a full or part time student. This Post-16 guidance should be used in conjunction with the guidance for Schools to enable continuity of approach and robust transition planning from Key Stage 4 to Post-16 study.

It is anticipated that the majority of learners needs will have been identified prior to Post-16 study and that educational providers will be able to build on successful interventions already used between 0-16 years of age through careful transition planning.

However, there may be some students who;

- have special educational needs that have not been identified prior to Post-16 study or who self-declare a learning difficulty/disability
- experience trauma Post-16 resulting in special educational needs
- have chosen Post-16 study options which necessitate further identification, assessment and intervention in relation to their needs in a different learning environment

The further education sector must have regard to the SEN Code of Practice and use their best endeavours to ensure necessary provision is made for any individual who has SEND who study full and part-time, across a wide range of academic and vocational courses.

Post-16 providers should be ambitious for young people with SEN and must use their best endeavours so that young people with SEN have access to a wide range of study programmes (including short programmes) and support at all levels to enable them to achieve good life outcomes. It encompasses every level of study from Entry Level upwards.

Post-16 providers should make sure that students are on an appropriate course and use their best endeavours to ensure that the necessary provision is made for any individual who has SEN. Where available, Post-16 providers should draw on previous assessments and other information from the student's former school or other education setting about their SEN, as well as discussing "what works" with the young person and his or her family. However, some students will want a fresh start when leaving school to attend college or sixth form study and any sharing of information should be sensitive to their concerns and done with their agreement. Support should be aimed at promoting student independence and enabling the young person to make good progress towards employment and/or higher education, independent living, good health and participation in the community. Post-16 institutions should offer an inclusive approach to teaching and learning with high quality teaching which is appropriately differentiated for individuals.

Please note: It is helpful to consider the child / young person's developmental age, as well as their chronological age, when using this guidance document as some of the information in other education phases may be of use.

The following tables highlight the types of provision that can reasonable made by Post-16 providers to meet the spectrum of learners needs Post-16.

Electronic copies of this document can be found on the West Sussex Local Offer www.westsussex.local-offer.org

	Universal (Quality First Teaching for all)	Targeted (some students)	Specialist (few students)
Employment and/or higher education	<p>All students access suitable study programmes. They should not be repeating learning that they have already completed successfully.</p> <p>Schools and Colleges are expected to design and deliver study programmes which enable students to progress to a higher level of study than their prior attainment, take rigorous, substantial qualifications, study English and Maths, and where appropriate work towards a qualification in these subjects.</p> <p>Students should also participate in meaningful work related activities and non-accredited activities.</p> <p>All students access information, advice and guidance from a range of providers to support and enable them to go on to achieve successful long term outcomes in; employment and/or higher education independent living good health participating in the community.</p> <p>All students are supported to make the transition to life beyond schools or college.</p>	<p>Some students access courses which are designed to provide pathways to employment and have a clear focus on preparing students with SEND for work.</p> <p>In addition to universal assessment and planning approaches, some students will require the Post-16 setting to gather the student views about their difficulty and the support approaches to be put in place.</p> <p>Students may access entry level or level 1 or 2 courses and responds to a student's changing needs.</p> <p>A student might access support from a job coach or engage in a supported internship opportunity.</p> <p>These students will require: a graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p>	<p>A few students' access individual learning pathways via personalised approaches and specific interventions.</p> <p>In addition to universal and targeted assessment these students may require an Education Health Care Plan. (EHC Plan)</p>
Independent Living	<p>All students have access to support and information enabling them to have choice and to make informed decisions about their lives.</p>	<p>Some students access courses which are designed to provide opportunities and pathways to facilitate independent living.</p> <p>They have a clear focus on preparing students with SEND for independent living. It is likely courses offered at entry level. These students will require individually differentiated approaches, interventions and support.</p>	<p>A few students' access individual learning pathways via personalised approaches and specific interventions.</p> <p>These students may require an EHC Plan.</p>
Good Health	<p>All students have access to sports/ leisure and recreational activities and information enabling them have choice and to make informed decisions about being as healthy as possible in adult life. This is also likely to support wider independence, community inclusion and participation.</p> <p>All students are supported by appropriate Health and Safety /risk assessments policies.</p>	<p>Some students have access to appropriately differentiated and supported sports/ leisure activities and information enabling them have choice and to make informed decisions about being as healthy as possible in adult life.</p> <p>Some students have advice from health professionals.</p> <p>Some students have risk assessments enabling them to participate safely in sports/ leisure activities.</p>	<p>A few students' access individual learning pathways via personalised approaches and specific interventions.</p> <p>These students may require an EHC Plan.</p>

	Universal (Quality First Teaching for all)	Targeted (some students)	Specialist (few students)
	All students supported by effective internal communication between staff and departments.	Some of these activities might be targeted to a specific user group, for example an Autism social group.	
Participating in the community (Community Inclusion)	<p>All students can access information and opportunities to contribute to and participate in community activities.</p> <p>These opportunities support communities and promote greater inclusion and participation for individuals accessing those activities.</p> <p>Such participation may also support greater independence and good health.</p>	<p>Some students have access to appropriately differentiated information and opportunities to contribute to and participate in community activities.</p> <p>Some students have advice from health professionals. Some students have risk assessments enabling them to participate safely in community activities.</p> <p>Some students may access targeted activities to support greater community participation and inclusion.</p>	<p>A few students' access individual learning pathways via personalised approaches and specific interventions.</p> <p>These students may require an EHC Plan.</p>

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Quick Reference Table	Area of Need
Post-16 Education Providers	Cognition and Learning
	Communication and Interaction
	Social, Emotional and Mental Health
	Sensory and or Physical Needs
	<ul style="list-style-type: none"> ➤ Physical and Medical ➤ Hearing Impairment ➤ Visual Impairment

Cognition and Learning: Post-16 Settings

Cognition and Learning: Universal – Quality First Teaching for all	
Student Needs	Strategies
<p>Student may show a slower rate of progress in some areas of their learning than their peers.</p> <p>This may be a short term difficulty that requires brief support but it should not be assumed that they have special educational needs.</p>	<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> • An appropriately differentiated curriculum to take account of individual needs. Learning environment modified to take account of learning needs. • Use of peer support systems across the learning environment (e.g. peer mediators and buddy systems). • Sensitive groupings and seating arrangements which are used to facilitate learning. This may include planned collaborative/group work. • Focussed small group support for literacy and/or numeracy/coursework. • Out of hours learning opportunities (e.g., lunchtime clubs, student support, ICT etc.). • Special arrangements in place for testing and assessments when required. • Peer and adult support on ad hoc basis or limited targeted adult support which may include use of support staff and adult volunteers. • Teaching student thinking skills and helping them to become aware of their own learning processes. • Appropriate celebration of the students strengths and achievements so that self-esteem is maintained and enhanced. • Careful consideration given to the use of language in the learning environment and strategies to promote the learning of vocabulary

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Cognition and Learning: Targeted – some students	
Student Needs	Strategies
<p>Some student’s learning difficulties cannot be met by universal approaches over a sustained period of time.</p> <p>These students may have more difficulties than their peers with understanding, thinking, and problem solving, retaining information, concepts and skills and communicating.</p> <p>They may have general learning difficulties in acquiring and retaining a broad range of skills and concepts or they may have more specific learning difficulties (e.g. difficulties with maths or with literacy). There may be associated social and emotional difficulties and mental health concerns.</p> <p>These students will require: A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p>	<p>Some students may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> • There should be appropriate modifications to the classroom and whole school environment. • Additional adult support may be required at an individual level or within a small group to provide a range of interventions and support approaches. • Individual arrangements made for seating and groupings to meet individual needs. Close links with home are maintained, so that the learning environment is aware of any changes in home circumstances that may impact on learning. • Student involvement in teaching programme clearly defined. • Considering carefully the students learning styles and ensuring that this is reflected in the styles of teaching. • Flexible grouping strategies, including ones where the student can work with more able peers. • Increasing differentiation of activities and materials (e.g. readability and access to text considered). • Arrangements made for pre-tutoring new skills and concepts before the lesson. • Staff trained in working with students with specific needs. • Staff skilled in breaking down skills into finely detailed steps. • Delivering instructions in short chunks and checking for understanding, giving the student time to process language and respond. • Where appropriate explicit teaching of study skills, collaborative learning approaches, listening skills, strategies for coursework, etc. • Individual and/or small group support to implement highly structured personalised reading and/or spelling programmes • Individual and/or small group support to implement highly structured personalised numeracy programmes. • Use of approaches which involve student in explicit monitoring and feedback about progress. • Access to ICT and to specialist equipment and materials as necessary. • Opportunities for over-learning and repetition. • Help in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences. Help to connect and generalise concepts. • Providing for alternative means of access to tasks involving reading, recording and writing. • Increasingly individualised curriculum delivery linking course content and learning objectives appropriate to the student. <p>Interventions should be well-founded evidence based interventions.</p>

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Cognition and Learning: Specialist – a few students	
Student Needs	Strategies
<p>A few students' difficulties may range from moderate through to severe, complex and profound difficulties.</p> <p>These student's difficulties have not responded to targeted support approaches over a sustained period of time, or have been newly identified Post-16.</p> <p>Their difficulties are likely to impact on all areas of the curriculum.</p> <p>They may also have difficulties in mobility and co-ordination, communication and perception, and the acquisition of self- help skills. Students with severe learning difficulties are likely to need support to be independent.</p> <p>Those with profound and multiple learning difficulties (PMLD) have severe and complex learning difficulties as well as significant other difficulties such as a physical disability or a sensory impairment.</p> <p>These students will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>These students may require an EHC Plan.</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> • A highly structured and individualised learning programme. • A high level of care and supervision. Individual programmes used to support learning throughout the learning day. • A secure, structured and safe learning environment.

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Communication and Interaction: Post-16 settings

Communication and Interaction: Universal (Quality First Teaching for all)	
Student Needs	Strategies
<p>All students need to be able to understand and use language effectively to access the curriculum and communicate with others. Student's linguistic competence supports their learning as well as their communication skills.</p> <p>Students may have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming sounds and words and in expressing their thoughts and ideas clearly.</p> <p>Students may have difficulty with social interaction. They may have difficulties with attention and listening; social understanding and lack flexibility in thought and behaviour.</p> <p>Difficulties with communication and interaction may mean that students need some short term support but it should not be assumed that they have special educational needs.</p>	<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> • Guidance to ensure that students are enrolled on the appropriate course suited to their needs and aspirations. • Curriculum differentiated appropriately to take account of individual needs. • Staff set personalised learning targets for all students. • An environment that takes account of their communication and interaction needs. • Curriculum access facilitated by modification of task presentation. • Transition between tasks and specific use of visual communication systems (e.g. visual timetable, visual agenda, Now and Then boards). • Flexible use of staffing and resources to support access to learning and teaching. • Positive self-esteem maintained through developing areas of strength. • Staff appropriately prepare students for routine changes (e.g. change in lessons, change in activity, change in teaching staff). • Leisure, sports and community activities which can provide opportunities to reinforce student's strengths and for social communication in an informal setting. • Staff model appropriate social behaviour and interaction. • Appropriate use of visual prompts, to show what behaviour and actions are expected. • Additional adult support is used to support group work in learning situations. • Reduce anxiety through adapting and structuring the learning and social environment as appropriate. • Teaching strategies take into account difficulties with social understanding and the generalisation of skills. • Curriculum delivery modified to accommodate reluctance to accept adult direction. • Use of a structured approach for tasks and activities with a clear beginning middle and end. • Whole staff awareness of the implications of communication and interaction difficulties. • Appropriate differentiation of spoken and written language, activities and materials in class.

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Communication and Interaction: Targeted - some students	
Student Needs	Strategies
<p>Some student's communication and interaction difficulties cannot be met by universal approaches over a sustained period of time.</p> <p>Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional and mental health.</p> <p>Students with these difficulties may have a medical diagnosis such as Autism or Asperger's Syndrome.</p> <p>These students will require: A graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>Return to start of Post-16 section</p>	<p>Some students may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> • Adult support used to prepare specific resources including use of appropriate ICT programmes to support language and communication. • Some adult monitoring/support to promote social skills and interactions with peers. • Teaching of specific social interaction skills and social use of language (e.g. Social Use of Language Programme) with opportunities to generalise the skills used on a daily basis through individual and small group work. • Liaison to ensure reinforcement of strategies and the generalisation of skills to living situation. • Approaches (e.g. Circle of Friends, buddying systems) to develop peer support. • Verbal explanations require simplification with visual and/or experiential and/or concrete support. • Reduce anxiety through frequently adapting and structuring the learning and social environment as appropriate. • Adaptations are made to include use of key wording and pre-tutoring to introduce, teach and reinforce specific vocabulary and concepts, including specific subject vocabulary. • A structured language intervention which may be devised in consultation with external professionals (e.g. Advisory Teachers, Speech and Language Therapists) with support to generalise skills taught. • Clear, simple and positive instructions with visual support if necessary e.g. visual timetable. • Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning. • Language is given priority in planning to facilitate effective curriculum access. Significant differentiation of spoken and written language, activities and materials in class including use of ICT and assistive technology. • Staff use augmentative and/or alternative means of communication, (e.g. use of symbols and visual prompts) approaches to build understanding of abstract and figurative language. • Small group work outside the learning environment to address specific language, social communication and listening skills targets as appropriate. • Student may require withdrawal from the classroom to a sanctuary at times of stress. • Teaching strategies which take into account specific difficulties with social understanding & generalisation of skills. • Some additional adult support may be provided at unstructured times (e.g. break-times). • Modifications to the teaching environment to take account of sensory sensitivities. Visual approaches to develop social understanding including comic strip conversations and social stories. • Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum. • Some individual work to address specific targets, if appropriate. • Targeted small group work within learning environment to support specific aspects of the curriculum. • Interventions implemented should be well- founded evidence based interventions.

Communication and Interaction: Specialist – few students	
Student Needs	Strategies
<p>A few students' difficulties are severe and longstanding and have not responded to focussed and well-founded interventions over a period of time.</p> <p>The severity of their difficulties may have a considerable impact on their ability to access the curriculum.</p> <p>The range of difficulties these students are experiencing may be impacting on their emotional and mental health.</p> <p>These students will require: A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>These students may require an EHC Plan.</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> • A highly structured and personalised teaching environment. • A high level of care and supervision. • A consistent approach to multi-sensory communication. • Individual programmes used to manage emotional and behavioural needs throughout the school day. • Staff trained and skilled in responding to very challenging behaviours. • A secure, structured and safe learning environment.

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Social, Emotional and Mental Health: Post-16 Students

Social, Emotional and Mental Health: Universal (Quality First Teaching for all)

Student Needs	Strategies
<p>Student may periodically display emotional, social and behavioural difficulties and some students may have a short term mental health difficulty.</p> <p>These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement.</p> <p>This may mean they need some short term support but it should not be assumed that they have special educational needs.</p>	<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> • Curriculum differentiated appropriately to take account of individual needs. • Staff set personalised learning targets for all students. • Learning environment modified to take account of social and emotional needs. Consistent behaviour management by all staff including regular reinforcement of positive behaviours. • Appropriate differentiation of the curriculum to ensure that students are motivated to learn and to minimise emotional, social and behavioural difficulties. • Learning environment approaches to develop social and emotional well-being (e.g. use of Circle Time, use of Social & Emotional Aspects of Learning (SEAL) resources) • Use of peer support systems across the learning environment (e.g. peer mediators and buddy systems)

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Social, Emotional and Mental Health: Targeted (Some Students)

Student Needs	Strategies
<p>Some student's emotional, social and mental health difficulties cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours.</p> <p>The behaviour may be disrupting the students progress with learning or the learning and safety of others.</p> <p>These students will require: A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs</p> <p>Return to start of Post-16 section</p>	<p>Some students may require the following additional intervention and support approaches.</p> <p>Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.</p> <p>Support through flexible grouping strategies.</p> <p>Additional adult support may be required at an individual or within a small group.</p> <p>Support to develop social skills and emotional awareness may include:</p> <ul style="list-style-type: none"> • Some 1:1 or small group work at times of need. • Structured activities to develop specific social skills in a small group. • Break and/or lunchtime support to engage in supported activities with peers • A small group support programme. <p>Support to develop ability to complete focus may include:</p> <ul style="list-style-type: none"> • Provision of a distraction free work area on the edge of a group. • Activities which are broken into small achievable tasks. Activity breaks within tasks. • Timed activities with the use of visual prompts and reminders. <p>Support to develop ability to co-operate with setting and adult expectations may include:</p> <ul style="list-style-type: none"> • A clear and consistently applied hierarchy of rewards and sanctions. • Additional social and learning opportunities (sports clubs, lunchtime clubs, opportunities to volunteer in community projects etc.) provided where possible. • Planned 1:1 or small group work where strategies for managing anger or conflict can be discussed and role played. Student may attend an in-house support centre either full time, during periods of stress, or on the basis of withdrawal from learning environments which trigger stress. • Home-Setting behaviour communication system in place. • Consistent approaches in place to manage behaviour by all staff <p>Support to develop emotional security and sense of belonging.</p> <ul style="list-style-type: none"> • Placement in a nurture group. • Small group support activities • A weekly small group support programme to develop social skills including skills in recognising and managing emotions. <p>Interventions should be well-founded evidence based interventions.</p>

Social, Emotional and Mental Health: Specialist (a few students)	
Student Needs	Strategies
<p>Relatively few student's difficulties are severe and longstanding and not a short term response to stress or traumatic events such as bereavement or family breakdown.</p> <p>They may over a sustained period of time:</p> <ul style="list-style-type: none"> • Display extremely withdrawn, self-harming or anxious behaviours. • Present a serious threat to their own or others safety. • Display particularly challenging, uncooperative, destructive and disruptive behaviours. • Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour. • Have difficulty engaging with activities set by adults. <p>These students will require: A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>These students may require an EHC Plan</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require:</p> <p>Access to a more intensely focussed and a greater range of appropriate well-founded evidence based interventions.</p> <p>A highly modified learning environment to meet the needs of the individual student. A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> • A highly structured Individual Behaviour Plan. • Risk assessments which are regularly reviewed. • A high level of care and supervision. • Individual programmes used to develop social and emotional skills throughout the day. • Staff trained and skilled in supporting student with exceptionally challenging behaviour. • A secure, structured and safe learning environment.

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Sensory and or Physical Needs: Post-16 Settings

Physical and Medical Needs

Physical and Medical Needs: Universal (Quality First Teaching for all)	
Student Needs	Strategies
<p>There is a wide range of physical and medical disabilities. The majority of students are able to access the curriculum and learn effectively without additional educational provision.</p> <p>Some student's difficulties fluctuate and they may need short term support to access learning tasks particularly practical tasks but it should not be assumed that they have special educational needs.</p>	<p>All students will require access to the following intervention and support approaches:</p> <ul style="list-style-type: none"> • Curriculum differentiated appropriately to take account of individual needs. • Staff set personalised learning targets for all students. • Appropriate learning environment established- settings promote accessibility to the curriculum and the entire premises, for every student where feasible

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Physical and Medical Needs: Targeted (Some Students)	
Student Needs	Strategies
<p>The students physical/medical needs cannot be met by universal, whole setting approaches over a sustained period of time.</p> <p>Physical difficulties or impairment may arise from:</p> <ul style="list-style-type: none"> • physical, neurological or metabolic causes such as Cerebral palsy, Achondroplasia, or Spina bifida. • severe trauma, perhaps as a result of an accident, amputation or serious illness. degenerative conditions. • Moderate or severe gross motor &/or fine motor dysfunction e.g. dyspraxia moderate or severe difficulties with fine &/or gross motor movements without specific attributable causes. <p>Physical difficulties may contribute to:</p> <ul style="list-style-type: none"> • difficulty in accessing the physical environment, facilities and equipment safely • difficulty in accessing learning tasks and assessments • difficulty in accessing practical tasks activities ,e.g. in Science or food technology • difficulty in recording ideas and thoughts legibly or to time • difficulty in achieving independent self- care skills • emotional stress and physical fatigue difficulty with communication <p>These students will require:</p> <p>A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p>	<ul style="list-style-type: none"> • Some students may require the following additional intervention and support approaches. • There should be appropriate modifications to the whole learning environment whether at a class or organisational level. • These modifications may include: Grouping strategies which are used flexibly within the learning setting to promote independent learning. Learning setting management which responds to the student's physical and medical needs (e.g. modifications to routines and organisation). • Learning setting management which takes account of social relationships. Appropriate support to ensure equal access to the curriculum and out-of-hours learning opportunities. • Appropriate support agencies (e.g. OT, ATS) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies. • The nature and extent of additional help required will be determined by the student's needs. • Planned strategies to combat fatigue (e.g. rest breaks). • Access to use of personalised ICT for alternative means of recording Appropriate physical exercise following appropriate medical guidance. • An appropriate programme of support to develop self-help skills such as toileting and dressing. • Measures which allow the student to negotiate the learning environment safely and as independently as possible. Structured support to develop social relationships (e.g. buddying) • An appropriate level of adult support to meet personal care • Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slopes, specialist scissors) • Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes). • Support to attend educational trips, work experience, social activities and community engagement • Support to enable recommendations made by therapy or health care professionals • Alternative leisure and sports programmes to be in place where appropriate • Support to enable recommendations on risk assessments, e.g. Personal Emergency Evacuation plan, Individual Health Care plan, manual handling plan, <p>Interventions should be well-founded evidence based interventions.</p> <p style="text-align: center;">Return to start of Post-16 section</p>

Physical and Medical Needs: Specialist (a few students)	
Student Needs	Strategies
<p>A few student's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>These students have the most severe and complex physical needs.</p> <p>The majority of these students have been identified at an early age often prior to full-time education.</p> <p>These students will require personalised approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>These students may require an EHC Plan</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a highly modified learning environment to meet their needs.</p> <p>The student may require a high level of adult support to:</p> <ul style="list-style-type: none"> • Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum. • Aid safe curriculum access and response. • Meet primary care needs including feeding/continence management. • Provide manual handling (this may involve two people) and safe transfers between pieces of individual equipment. • Ensure safe access and participation in all learning and social activities. • Enable advice from Health professionals to be implemented (e.g. individual physiotherapy/mobility/OT programmes). • Support the use of specialised equipment and/or a structured personalised curriculum. • Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management). • Manage complex and critical health care needs on a daily basis. • Support/perform hand control/physical tasks in response to significant/profound fine motor skill/gross motor/mobility difficulties. • Access to use of personalised ICT for alternative means of recording or to aid communication. • Enable the student to participate safely with peers in response to challenges in the learning environment. • Ensure safe access to all learning opportunities and extracurricular, sports, social or community activities. • External support services advice on curriculum access and/or individual programmes. • Appropriate use of alternative equipment to meet physical and medical needs (e.g. standing frame, individual seating system,) • Support to enable recommendations made by therapy or health care professionals. • A specialist teacher (e.g. from the ATS), the SEND Lead, or specialist support provides small group or individual tuition. • Support to enable recommendations on risk assessments, e.g. Personal Emergency Evacuation plan, Individual Health Care plan, manual handling plan.

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Hearing Impairment: Post-16

Hearing Impairment: Universal (Quality First Teaching for all)	
Student Needs	Strategies
<p>A student may have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent.</p> <p>Temporary hearing losses are usually caused by the condition known as 'glue ear'. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short term support, but it should not be assumed that they have special educational needs.</p> <p>Permanent hearing loss is usually identified in childhood and appropriate aids identified</p>	<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> • Curriculum differentiated appropriately to take account of individual needs. • Staff set personalised learning targets for all students. • Appropriate listening environments established (e.g., good classroom/ hall acoustics and lighting, all student seated so that they can see and hear the teacher). • All adults and students encouraged to talk at the appropriate volume, pitch and speed for learning to take place. • Care to be exercised within educational setting for grouping and general support for self-esteem, confidence and promoting independence. • Appropriate seating position in class • All staff working with HI students trained in Deaf Awareness • Peers of HI students have opportunity for training in deaf awareness • Staff modify language appropriately when setting assessments or learning tasks, and enable pre tutoring opportunities for new vocabulary • Staff apply for appropriate modifications for internal and/or external assessments

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Hearing Impairment: Targeted (some students)	
Student Needs	Strategies
<p>Some student's hearing needs cannot be met by universal approaches over a sustained period of time. Their difficulties may show themselves in the following ways:</p> <ul style="list-style-type: none"> • Persistently appearing to ignore and/or misunderstand instructions. • Difficulties in understanding or responding to verbal cues or emotional cues. Difficulties in communicating through spoken language/interactions with peers and adults. • Difficulties with language-related topics and in understanding new/complex concepts. • Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships. • Tendency to rely on peers, observing behaviour and activities to cue into expected responses. • Tendency to withdraw from social situations and an increasing passivity and absence of initiative. • Increasingly using additional strategies to facilitate communication. <p>These students will require a graduated approach which draws on increasingly detailed interventions and support approaches, where appropriate specialist expertise ensuring interventions match needs.</p> <p>They may need access to additional audiological equipment e.g. radio aids/ Soundfield and other technology, e.g. I-pads/ streamers.</p> <p>Return to start of Post-16 section</p>	<p>Some students may require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> • Involvement of a qualified teacher of the deaf for one off or occasional advice/training/specialist equipment. • One-off training for key worker(s) in the management of additional equipment may be required. • Opportunities for the hearing impaired student to develop communication skills. • Help to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials. • Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate. • Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures). • Repetition of answers in class/group discussion. • Additional time for hearing impaired student to process questions/information. • Frequent and sensitive checking of student's understanding and use of specialist equipment. • Careful monitoring of language and literacy skills. • Language programme implemented with advice from teacher of deaf and SALT. • Opportunities to improve social skills, interaction, communication skills and self-esteem as appropriate. • Access to specialist amplification systems such as radio aids. • Support with audiological equipment that it is checked on a regular basis to ensure it is working at its optimum. • Careful monitoring of reading and spelling progress. • Requires additional systems to support all aspects of communication, for example BSL. • Literacy strategies devised and implemented with advice/monitoring from Teacher of the Deaf to compensate for reduced linguistic experience due to language delay. • Help in acquiring, comprehending and using speech and language in structured and unstructured situations. • Specific pre-teaching of subject based concepts and vocabulary. • Opportunities to improve social skills, interaction, communication skills and self-esteem in structured and unstructured situations • Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum. <p>There should be appropriate modifications to the classroom and learning environment. Modifications may include:</p> <ul style="list-style-type: none"> • Adjustments to ensure the listening environment takes account of individual needs. • Specialist equipment to improve listening skills (e.g. radio aid, sound-field systems). <p>For some students a co-ordinated multi agency plan will be required which may involve Social Workers, Family Support Workers, Health Professionals and other support groups.</p> <p>Interventions should be well-founded evidence based interventions.</p>

Hearing Impairment: Specialist (a few students)	
Student Needs	Strategies
<p>A few students' needs cannot be met by universal or targeted interventions and support approaches alone. In these cases the student's hearing difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language.</p> <p>Their ability to communicate may severely limit participation in learning activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes.</p> <p>Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</p> <p>The student's difficulty means that they are unable to participate in learning and/or social activities and maintain attention to task without a high level of structure and adult support.</p> <p>The student may have a moderate to severe, (60+dB) progressive hearing loss with a prognosis of definite and further deterioration. The student may have a diagnosed severe or profound (71dB+) pre-lingual, bilateral, sensori-neural hearing loss.</p> <p>The student has become deaf (moderate to severe 60+dB) and the resultant emotional and social difficulties disrupt the students learning and access to the curriculum.</p> <p>These students will require: A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>These students may require an EHC Plan.</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> • Access to more highly focussed specialist programmes of support • Highly structured and individualised learning programme. • A high level of care and supervision. Individual programmes used to support learning throughout the school day. • A secure, structured and safe learning environment. • To give a greater emphasis on language development, auditory training and communication skills. • Qualified British Sign Language or Sign Supported English support • They will require access to appropriate well-founded evidence based interventions.

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Visual Impairment: Post-16 Settings

Visual Impairment: Universal (Quality First Teaching for all)	
Student Needs	Strategies
<p>Most students visual needs will be met by universal approaches.</p> <p>This may mean that a student will need support for their visual needs, e.g. enlarged texts, different background colours, but it should not be assumed that they have special educational needs.</p>	<p>All students will require access to the following Intervention and Support approaches:</p> <ul style="list-style-type: none"> • Curriculum differentiated appropriately to take account of individual needs. • Staff set personalised learning targets for all students. • Appropriate visual learning environment established (e.g. good lighting and use of classroom/hall visuals, all students seated so that they can see the teacher and white board). • Quality learning materials produced in appropriate fonts, format with high contrast, and reduced visual clutter. • Appropriate listening environments established (e.g. good classroom/ hall acoustics and lighting, all students seated so that they can see and hear the lecturer / teacher). • All adults and students encouraged to talk at the appropriate volume, pitch and speed for learning to take place. • Care to be exercised within educational setting for grouping and general support for self-esteem, confidence and promoting independence. • Appropriate seating position in class • All staff working with visual impairment students trained in Deaf Awareness

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Visual Impairment: Targeted (some students)	
Student Needs	Strategies
<p>Some student's visual needs cannot be met by universal whole school or class approaches over a sustained period of time.</p> <p>These students may have difficulty:</p> <ul style="list-style-type: none"> • Accessing the curriculum. • Reading the board from a distance. • Reading normal print. • Sharing text books and worksheets. • Accessing computer software. • Participating socially with other children. • Participating in leisure, social and community activities as well as other aspects of mobility. • With independent working and self-help skills. <p>These students will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>Return to start of Post-16 section</p>	<p>Some students will require the following additional intervention and support approaches.</p> <ul style="list-style-type: none"> • Specific teaching strategies appropriate to the needs of a student with visual impairment. • Use of specialist equipment. Use of auditory reinforcement. • Appropriate seating arrangements with adjustments made to ensure the student has a good listening and visual environment. • Opportunities to develop communication skills giving eye contact, as well as being able to see others body language and facial expressions. • Opportunities to improve social skills and self-esteem. • A programme of support to develop literacy skills in appropriate print. • Opportunities to improve social skills • A programme of support to develop literacy skills. • Carefully monitored access to low visual aids. • Access to specialist ICT equipment. • Access to low vision aids (e.g. CCTV) • Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print). • Regular and frequent access to Qualified Teacher of the Visually Impaired for students with Visual Impairment to provide specialist interventions and approaches. <p>There should be appropriate modifications to the classroom and whole school environment. These modifications may include:</p> <ul style="list-style-type: none"> • Grouping strategies which are used flexibly to promote independent learning. • Classroom management which is responsive to the students visual impairment. • Classroom management which takes account of social relationships. • Equal access to the curriculum and out-of-hours learning opportunities, (e.g. community volunteering activities). • A Qualified Teacher of the Visually Impaired may be involved in providing advice on strategies/staff development & training, aimed at introducing more effective strategies. • Preview and review of lesson content so VI student can access during the learning activity or task. • Alternative leisure and sports programmes to be in place where appropriate. • Interventions should be well-founded evidence based interventions.

Visual Impairment: Specialist (a few students)	
Student Needs	Strategies
<p>A few student's needs cannot be met by universal or targeted interventions and support approaches alone.</p> <p>Their visual impairments may range from relatively minor conditions to total blindness.</p> <p>Their visual impairment may mean that they have:</p> <ul style="list-style-type: none"> • Significantly reduced visual acuity (6/36 or worse) in both eyes which cannot be corrected by glasses. • A defect in the field of vision e.g. tunnel vision or loss of central vision. • A deteriorating eye condition. • Other diagnosed eye conditions. <p>These students will require: A graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.</p> <p>For students with the most severe and complex needs in relation to their visual impairment, an EHC Plan may be required.</p>	<p>In addition to the intervention and support approaches put in place at the targeted level these students may require a very highly modified learning environment to meet their individual needs.</p> <p>A high level of adult support may be required to provide:</p> <ul style="list-style-type: none"> • Access to more highly focussed specialist programmes of support. • Highly structured and individualised learning programme. • A high level of care and supervision. • Individual programmes used to support learning throughout the day. • Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self- help and specialised skills to equip them for their future. • A secure, structured and safe learning environment. <p>The student may require some of the following:</p> <ul style="list-style-type: none"> • Adaptations to policies and procedures. • Access to large print or Braille and tactile materials. • Access in all areas of the curriculum through specialist low vision aids, specialist equipment or adaptations. • Regular access to specialist support and help with developing skills in to access the curriculum with emphasis on literacy, numeracy and recording skills. • Specialist ICT, modified and enlarged materials and Braille technology available to students and to support staff to produce specialist materials. • Access to appropriate well-founded evidence based interventions.

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Appendix 2: Support for Parent Carers

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West Sussex SEND
Information, Advice
and Support Service



Would you like to improve, or continue to improve your engagement with parent carers?

The West Sussex SEND Information, Advice and Support Service (WS SEND IAS) are able to visit you and discuss with you how, together, we can help you to establish or improve good practice in your engagement with parents. We believe, as you do, that having good relationships with parents is a positive priority for schools, and one that will help children achieve the best outcomes. We talk through, and leave with you, a ring binder pack consisting of four sections and will help you understand exactly what the WS SEND IAS does. It will also give you suggested tools and resources needed to engage with parents.

Section One - [WS SEND IAS](#)

This section explains how the WS SEND IAS Service can advise and support your school children's parents and how we can work together with you to help you in your communications with parents.

Section Two - [Education Partnership Protocol \(EPP\)](#)

Hopefully you will have heard of the EPP and will appreciate the importance that this agreement has to parents in West Sussex. By adding your school logo, posting it to your website and informing WS SEND IAS on the email above, you are signalling your commitment to this Protocol. At the point you feel ready we will send you a survey so that you are able to demonstrate how you have put this commitment into practice. Schools that meet, satisfactorily, all the criteria outlined in the protocol, will receive a certificate to display in a public area, which will show their commitment as a school in the importance of engaging with parents.

Section Three - [Working With Parents Toolkit](#)

This section contains useful information on how to engage and support parents. Where there is information on setting up a Parent Council, we would encourage you to ensure there is at least one parent representing those who have children with special educational needs.

Section Four - [Supplementary Information](#)

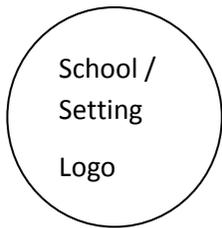
This section is for any other information that may be of interest to you. Currently contained in this section includes the latest West Sussex Parent Carer Forum leaflet, the Local Offer leaflet, information and examples of the resources that 'Reaching Families' produce, leaflets on the Family Information Service, Communications Library, information about the SEND Strategy and other useful

In summary, the benefits of a visit are:

- explaining who we are and what we can do to support parent carers of young people in your school
- talk through the Education Partnership Protocol (EPP) and show how you can be acknowledged for embracing these principles.
- provide you with information that be of interest to you or your parent carers that have children with special educational needs and/or disabilities (SEND)
- obtain and share already established good practice between schools within your locality that will help you to support each other
- leave you with a school information file that will have some tools and resources which can be used to support you in engaging with parents carers

"At Warden Park Primary we welcome the Education Partnership Protocol as we wish to develop good links with our parents. The advice given by the Parent Partnership service (*now SEND IAS*) and the information in the School Information File provide an ideal starting point for engaging with our parents". Shirley Gardner (Asst. Head Teacher – Inclusion, Warden Park Primary Academy)

Please email the SEND Information Service (SEND IAS) on:
send.ias@westsussex.gov.uk to book a visit.



A Protocol to support parental engagement during the education journey for children and young people with special educational needs and/or disabilities

This Protocol has been developed at the request of parents, to support their engagement in the education journey for children with special educational needs and/or disabilities. It includes some principles that underpin their child's education.

West Sussex County Council, parent carers, schools and colleges are all committed to using best endeavours to provide the best attainment and outcomes for children and young people with special educational needs and / or disabilities from age 0-25 (where appropriate).

Aims & Objectives

- To provide all children and young people with an education that is appropriate to their age, aptitude and ability
- To provide guidance for families regarding their child's education
- To regularly involve children and young people and parent carers in an open and transparent planning process, working in co-production to support outcomes
- To help parent carers and children and young people to understand where and when practical help and support can be provided, including signposting to the SEND Information, Advice and Support Service (SEND IAS)
- To build confidence in joint plans, focusing on outcomes that are personalised for individual children

Principles

- Families are entitled to know what they can expect to happen at each stage of their child's education journey; how parent carers and children and young people will be involved and what schools will do
- Everyone will work together to support pupil progress, and to enhance individual learning pathways
- Everyone is committed to open and honest communications; to consulting each other and to provide feedback as needed
- Parent carers are entitled to have ongoing involvement throughout their child's education; to be involved in termly discussions, plans and decisions made, particularly during transition
- Everyone will ensure that the child or young person's needs remain paramount, taking into account relevant law and guidance e.g. the Children and Families Act (part 3) and the SEND Code of Practice 2015

Implementation

This Protocol has been developed by parent carers, supported by West Sussex County Council. It cannot be implemented without the support of schools, colleges and other learning settings. All partners are asked to signal their commitment to this Protocol by adding their logo, posting it to their website and informing the SEND Information, Advice and Support Service by emailing SEND.IAS@westsussex.gov.uk.

Review

A review of this protocol will be led by the SEND Information, Advice and Support Service with parent carers, supported by WSCC. as and when there are significant changes.

September 2015



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Has your school / setting engaged in ‘Structured Conversation’ training?

The Structured Conversation was developed as part of the ‘Achievement for All’ project, which aimed to improve outcomes for all children and young people with special educational needs and disabilities (SEND). 90% of schools that trailed using the Structured Conversation within meetings with parents found it a great success and decided to continue to use this method when communicating with parents.

The aims of the structured conversation is intended to facilitate a relationship that develops around the shared purpose of improving the educational achievement of young people with SEND; this will allow the free exchange of information and views; the evolution of supportive teaching and learning strategies and clarity of learning objectives.

The benefits of the structured conversation are:

- Establishes an effective relationship
- Parents can express their aspirations.
- Teacher and parent can share concerns.
- They can set clear targets and decide on how to achieve them.
- Clarifies responsibilities of all parties.

[A visual diagram of the ‘Structured Conversation’ is included.](#)

If you would like to find out more about this training and to book a one hour workshop in your school or setting please contact West Sussex SEND Information, Advice & Support Service (SEND IAS) by email: send.ias@westsussex.gov.uk.



Please note: This is a suggested way to structure your conversation to get the best outcomes from the meeting, and to ensure the parent carer feels fully involved in decisions about their child. In terms of the quality of conversations, this training will give you tips and advice but it would be good to carry out some further research to help ensure that your meetings are person centred and that the parent and young person’s views, wishes and aspirations are at the heart of all discussions.

Further recommended research:

www.inclusive-solutions.com

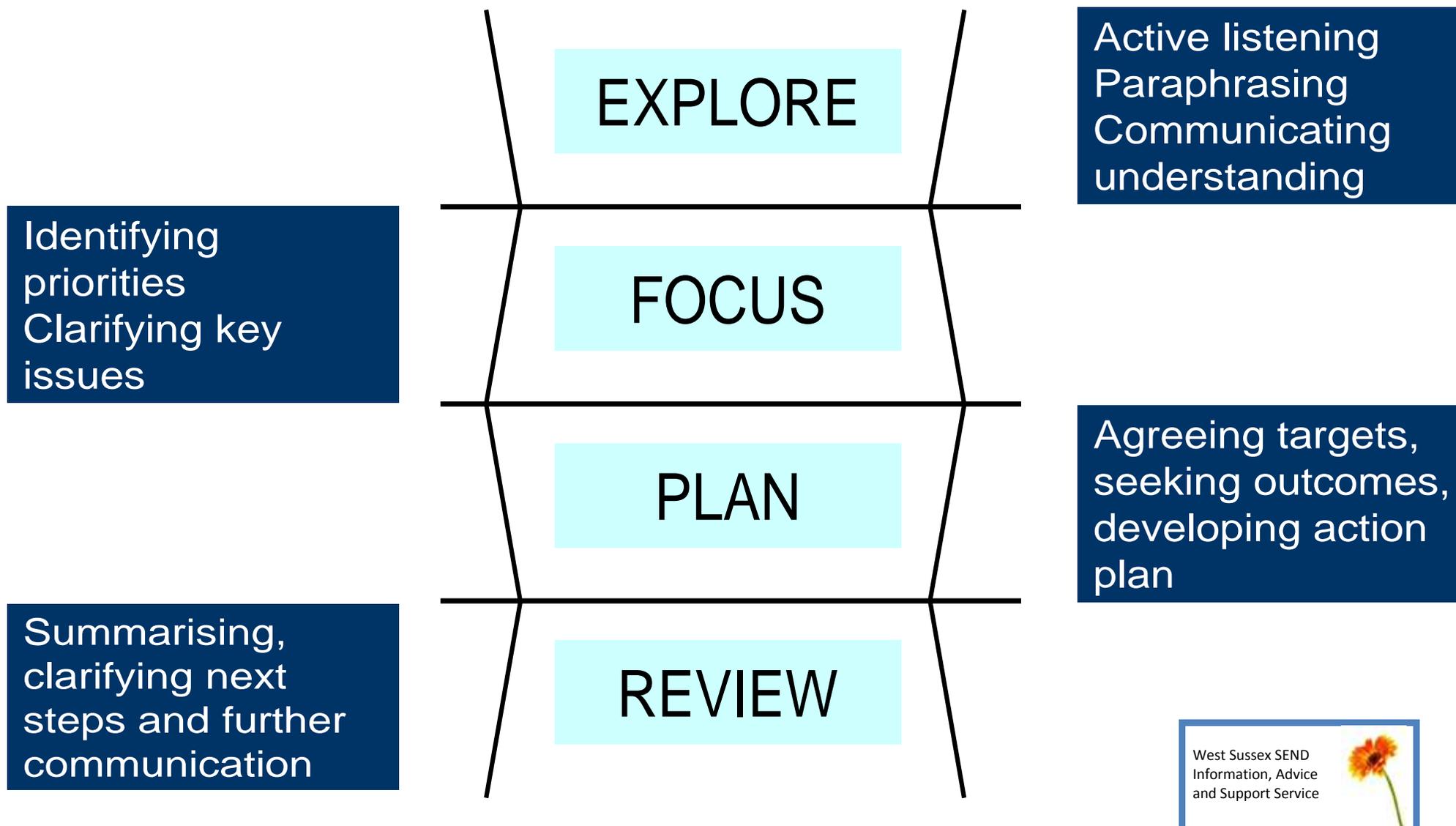
www.westsussex.local-offer.org

www.helensandersonassociates.co.uk/person-centred-practice



“relaxed- communicated very well seemed to understand our situation”
 “great clear and catering for LSMS/ teacher/ SENCO”
 “gave a clear and precise understanding of the subject”
 “liked seeing how not to do it”
 “real life examples very useful - particularly the video clips”
 “very knowledgeable- thorough and good at answering questions on spot”.
 “I will make sure I adapt my approach using the structures outlined, as I can now see its true potential” Feedback from staff in West Sussex schools
 Structured Conversation Training delivered by West Sussex SEND IAS

Framework for the Structured Conversation





- FIRST PORT OF CALL – Awareness:** School / setting staff can tell children, young people and their families about the Local Offer in order for them to find services, events and information to receive support within their local community as well as regional and national charities. www.local-offer.org. If you know of services that aren't yet on the Local Offer suggest them by emailing localoffer@westsussex.gov.uk.
- SIGNPOSING TO SERVICES:** School / setting staff can also create a 'Pinboard of services' that may be able to offer the family support. [Watch a video guide here](#) or simply click on the Local Offer 'Pin' icon on the service you would like to 'pin'. A Pinboard can then be emailed or printed prior to, or at, a meeting.
- SCHOOL INFORMATION:** Schools / settings should maintain and make sure their SEN Information is up-to-date. Their Local Offer entry / 'summary card' on the Local Offer (www.local-offer.org) must link to their SEN Information report (this is published on their individual school websites). This will enable parent carers to know what provision the school or setting should provide.
- SHARING EXPERIENCES:** Schools and settings can encourage parent carers to share their child / young person's experiences at the school / setting by posting a comment on their service summary card. [Find guidance here](#).

