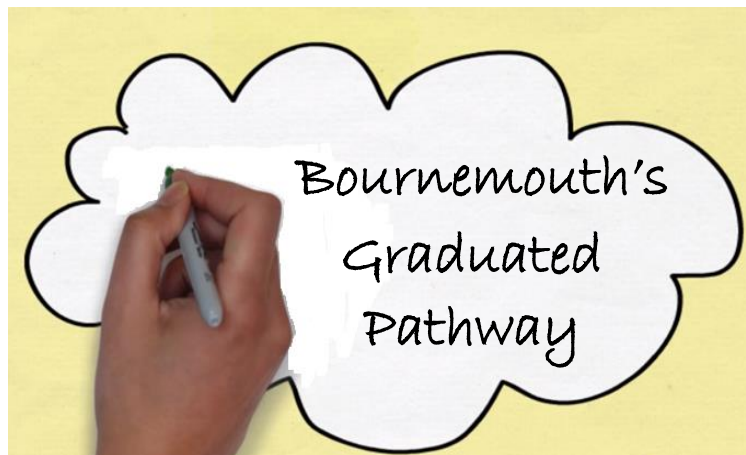


# Bournemouth Borough Council Special Educational Needs & Disability Guidance and practitioner toolkit

A supporting document for practitioners working with children & young people with SEND (0-25 years) in Settings/Schools/ Colleges and Post 16 Provision



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## Special Educational Needs & Disability Guidance

(Last revised October 2014 in line with Children and Families Act 2014)

The Children and Families Act 2014 offers simpler, improved and more consistent help for children and young people with SEND. It extends rights and protections by introducing streamlined, integrated Education, Health and Care Plans (EHCP), extends provision from birth to 25 years of age and strengthens the principles of coproduction.



### Vision

Our vision in Bournemouth is that all partners from Education, Health, Social Care and the Voluntary Sector work collaboratively within a culture of high expectations and a proactive drive to narrow the gaps in outcomes, attainment and progress, to ensure that children and young people with SEN and Disabilities are well prepared for skilled employment and independent or supported adult living.

### Our Ambition

That all children and young people including those with SEND:

- ✓ Receive a good education that allows them to fulfil their potential and achieve their ambitions
- ✓ Lead happy, healthy, fulfilled lives.
- ✓ Are well prepared for adulthood and the world of work and make a positive contribution as active members of their communities.

Bournemouth's Special Educational Needs and Disability (SEND) Guidance and Practitioner Toolkit has been developed through integrated working across education, health and care partnerships and with parent/carer and children and young people groups.

It places emphasis on collaborative, person-centred approaches and working through a system of early support in education, health and care provision, through to more specialist interventions – to ensure that pupils with SEND can have access to the right support at the right time and fulfil their aspirations.

The guidance is also a procedural tool which directs the practitioner through SEND processes and practice.

We trust that the toolkit will instil confidence across the whole system to implement a robust support offer for children and young people with SEND in the borough.

*Vanessa Grizzle (Principal Educational Psychologist & SEND Strategic Lead)*

## Our Ambition

Our shared ambition for our children and young people with SEND (0 – 25) is that they:

- ***receive a good education that allows them to fulfil their potential and achieve their ambitions***
- ***lead happy, healthy, fulfilled lives.***
- ***are well prepared for adulthood and the world of work, making a positive contribution as active members of their communities.***

In all our educational provision, and all LA services and partners, there will be a culture of high expectations and a proactive drive to narrow the gaps in outcomes, attainment and progress between children and young people with and without SEND.

Our aim is to ensure that children and young people with SEND and those with disabilities are well prepared for skilled employment and independent or supported adult living.

It is fundamental that all partners from Health, Education, Social Care and the Voluntary Sector work collaboratively with and in the best interest of children, young people and their families.

### This guidance document has been produced in partnership with:

Bournemouth Parent Carer Forum  
Dorset Clinical Commissioning Group  
Bournemouth Borough Council SEN & EPS departments and Social Care teams  
YMCA Bournemouth – Chatterbox group  
Bournemouth settings??



## Bournemouth SEND – An introduction to the guidance document

This guidance document has been developed in partnership with professionals, parent carers and young people across the local Bournemouth SEND landscape.

It has primarily been written to inform schools, settings and colleagues in SEND services to help them identify, assess and put in place provision for children and young people with Special Educational Needs and/or Disability (SEND). It outlines the levels of support they are expected to offer and how to arrange and monitor any support given. It also sets out the expectations of how they must work closely with parent carers, children and young people and place them at the centre of all SEND planning and support.

Whilst this guidance is written for education settings and professionals to help them to identify a child or young person's special educational needs, it has been produced in a way that the information is also accessible and beneficial to families of children and young people with SEND.

It is intended to help all education providers, schools and professionals to have the same approach wherever they are in Bournemouth. It also aims to offer assurance to parents and carers that their child will be given as much support as another child with a similar need in a school or setting elsewhere.

Many parents find it helpful to understand what local authorities, schools and education services are basing decisions on. Guidance documents such as this, can sometimes be reassuring and also help families to ask informed questions about a child/young person's support and progress.



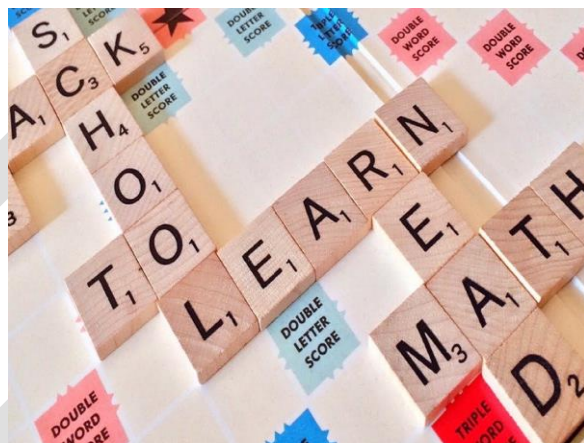


## How to use this guidance to support SEND identification, planning and provision

The Bournemouth SEND guidance and practitioner toolkit has been developed to aid the identification and delivery of support to children and young people in line with the Special Educational Needs and Disability Code of Practice (Jan,2015).

Specifically, it:

- ❖ sets out in clear terms a description of the special educational provision that should be provided from a school or setting's own resources – including support that can be drawn from health and social care
- ❖ supports SEND professionals and providers to consistently identify children and young people with SEN and assess their needs
- ❖ gives guidance on providing for children and young people with SEN across the whole education, health and care landscape, including planning and adaptations to teaching and the learning environment, access to specialist advice and ancillary aids and assistive technology
- ❖ sets out expectations in relation to assessing and reviewing progress towards outcomes and how parents, children and young people are involved in this
- ❖ gives advice on enabling children and young people with SEN to access opportunities beyond the immediate learning environment and provides clear guidance on the multi-agency graduated pathway



The Bournemouth SEND guidance and practitioner toolkit has been developed as a core resource and is an essential working document for those planning and implementing support for children and young people with SEND. Evidence of implementation will be required when requests for higher level support are submitted.

## Using the SEND guidance and practitioner toolkit to support the identification, planning and allocation of provision

Use the Graduated Pathway and support framework to recognise indicators, facilitate discussion and begin to identify areas of need

Develop a holistic plan of support, in partnership with parent carers/young people, using the recommended provision and strategies outlined in the guidance. Where needed repeat, and move through the pathway.

Refer to the SEND Local Offer for any additional external support and sign post parent carers and young people to the Local Offer at every relevant opportunity.

Use the links and information within the toolkit to draw information and support from national organisations and resources.

**Parent Carers and Young People to be involved and informed throughout the planning process**

### Statutory Guidance and legal responsibilities

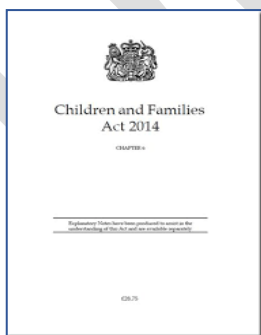
The guidance document takes account of education provider's and local authority's duties and responsibilities under the following:

- The Children and Families Act 2014
- The SEND regulations 2014
- The SEND Code of Practice (January 2015)
- The Equality Act 2010

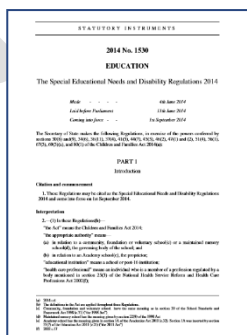
Further information and details of the above are discussed throughout the document or can be sourced via the links below.



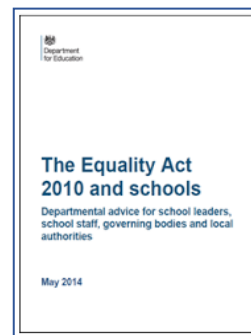
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## Local Strategy and Policy

This guidance should also be used in conjunction with local strategies, policies, plans and guidance at LA and school level. Further information on SEND related policies can be found on the local offer <https://bournemouth.gov.uk/ChildrenEducation/LocalOffer/LocalOffer.aspx>

## Identifying needs across education, Health and Care – An integrated approach

### Education, Health and Social care – A Holistic Approach to Support

Every child or Young person with SEND should be viewed as an individual with a focus on strengths as well as recognising needs. Provision should be put in place to ensure progress is made and positive outcomes are achieved across all areas of life.

In Bournemouth, we are committed to working closely with our children, young people, parent carers and partners in education, health and social care and to ensuring that help and support is accessed at the earliest opportunity and as smoothly as possible. This means taking a collaborative approach and developing pathways through each sector, making sure access to and information on services is readily available to families and those supporting them.

We are also working towards embedding a “tell us once” approach - ensuring that, with consent, information is shared closely between services meaning families are spared the burden of having to provide the same information multiple times.

Throughout the SEND Code of Practice (Jan 2015) there is an emphasis on collaboration between practitioners and children and young people and their families. There is an expectation that everyone should adopt a person-centred approach (section 9.23) and that there should be ‘high quality engagement with child and parents’ (section 9.7).



## The Graduated Pathway

The Graduated Pathway is built on the foundations of *drawing in holistic support across education, health and social care services and bringing them together to form one central plan that is co-ordinated by a designated key worker or lead professional*. This is usually somebody who already has an established positive relationship with the child or young person.

**For the child or young person**, it means that those working with them will provide help at the earliest possible stage and that all areas of their lives will be looked at to consider everything that might be causing them difficulty.

**For Parent/Carers** it means that you will be fully involved in your child or young person's support planning and will work closely with all agencies to identify and consider all aspects of their life that could be impacting on their development, wellbeing and progress.

**As a professional**, adopting such an approach means that you are able to develop one clear pathway of support and can better co-ordinate your paperwork and processes resulting in less duplication and unnecessary effort. It can also be an effective preventative approach to minimise children and young people needing more intensive and specialist support further down the line.

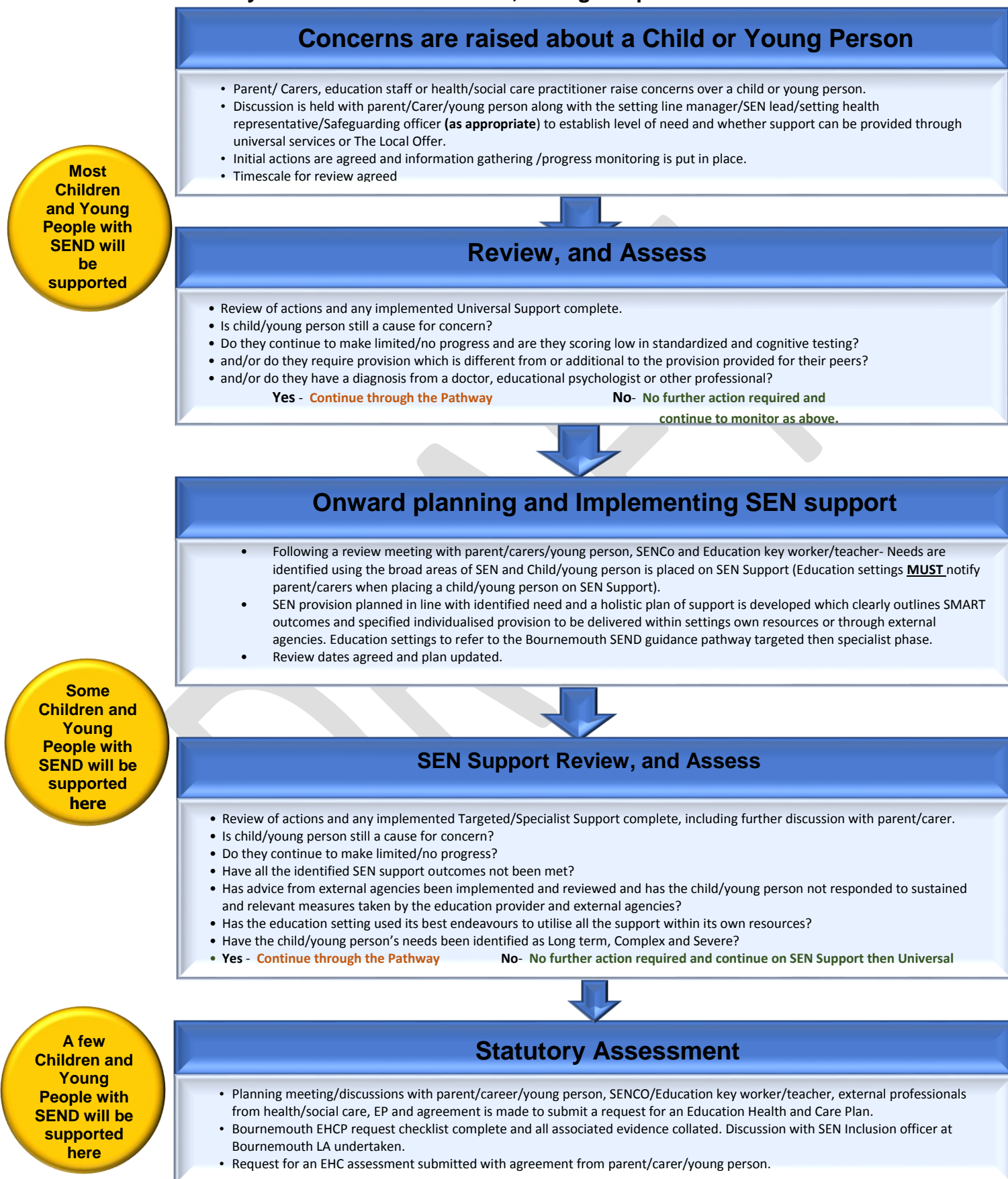
**For everyone** it offers a clear plan of who is doing what and how support will be drawn in to ensure the best possible outcomes.



*A plan incorporating the graduated pathway can be developed for any child or young person in the Bournemouth local area who is presenting as having special education needs and who may need a co-ordinated approach. It is not just for those who need the highest level of support or have the greatest needs.*

## Bournemouth pathway to a Graduated and Integrated Approach

### Graduated Pathway Flowchart –For Children, Young People and Families with SEND



## Early Help

*“To enable children and families to access appropriate support as early as possible, so that they can maintain their quality of life, prevent any problems getting worse, and feel stronger, happier and more confident.”*

Early Help is intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Effective intervention may occur at any point in a child or young person's life therefore Early Help in Bournemouth is for individuals and families that include individuals from pre-birth to age 19 and up to 25 if the individual young adult has identified Special Educational Needs and/or Disabilities.

Early Help means both early in life; by offering support to very young children, and early after the emergence of a need. It includes both universal interventions and targeted interventions to prevent needs from escalating.

Early Help allows for support to be put in place at the right time to meet families' needs prior to issues reaching crisis point or becoming entrenched. It draws upon families' own skills and promotes self-reliance.



Early Help recognises the crucial role that all family members, not just mothers and fathers, but step parents, grandparents, siblings, other extended family members and carers, and the wider community play in building resilience and influencing what children experience and achieve as well as the consequences when families are in difficulty. It utilises approaches that promote and strengthen community, children and family assets; building on the strengths of individuals and communities to develop new ways of thinking about and responding to difficulties to promote a stronger sense of wellbeing and a better quality of life.

***Early Help is never 'someone else's problem' and there is no such thing as 'no further action'***

### Early Help: The key role of universal services

Early Help in Bournemouth puts the responsibility on everyone who engages with children, young people and their families to identify emerging problems and potential unmet needs. Often, due to their positive relationships with and knowledge of children, young people and families, it is those providing Universal Services such as: General Practitioners, Health Visitors, Schools, Early Years Providers, Youth Services, Schools, School Nurses and Children's Centres, that are best placed to assess and identify children, young people and families who may be vulnerable and therefore at greatest risk of poor outcomes. Universal services are also the place in which children, young people and families are often most comfortable and confident to ask for help and support. Universal providers also play a crucial role supporting individuals and families to build resilience and self-awareness, so that they are able to recognise and respond to their own emerging needs at the very earliest opportunity.

## Delivering Effective Early Help

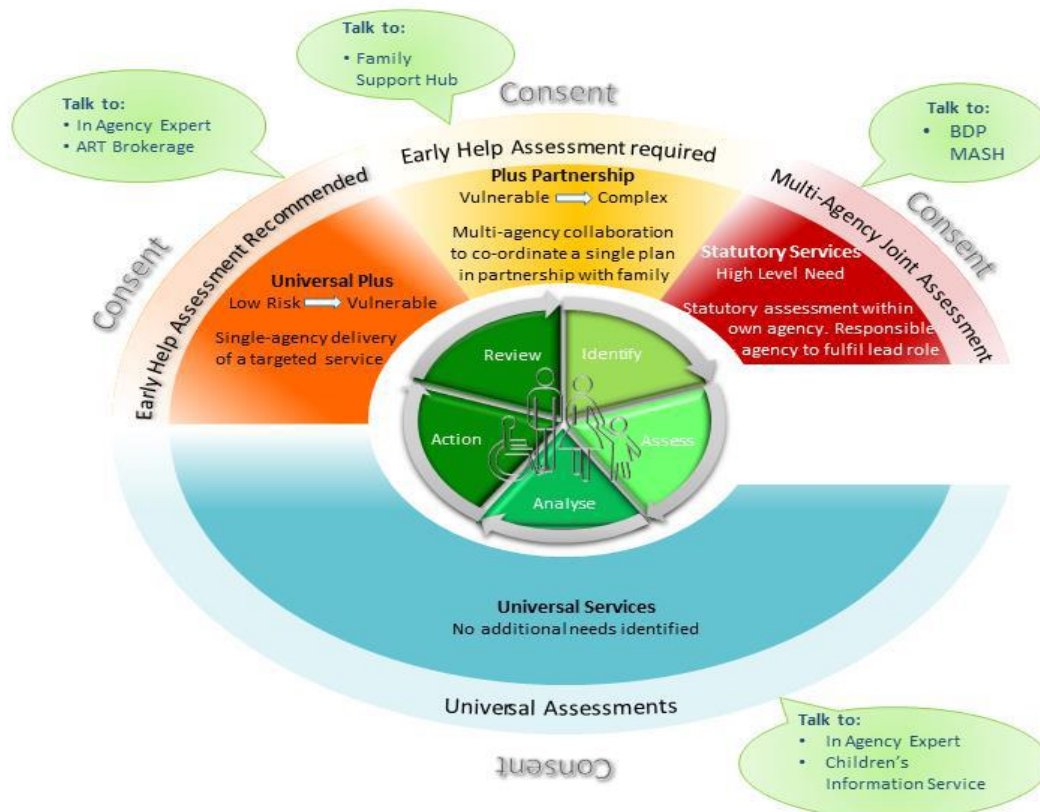
From analysis of what works well and the feedback from consultation, we know the critical features of effective Early Help are:

- ❖ A multi-agency and integrated response that brings together a range of expertise through a Team Around the Family approach.
- ❖ A relationship with a trusted lead professional who can engage the child/young person and their family, and coordinate the multi-agency Support Plan, as agreed in the Early Help Assessment.
- ❖ The embedding of positive change by helping and empowering families to resolve their own challenges and to build resilience for the future.
- ❖ A holistic approach that considers the needs of children and young people in the wider family context.
- ❖ Simple, streamlined referral, assessment, steps up and step down processes.

Bournemouth Early Help Partnership has adopted the “C Model” to describe a continuum of need and support; and process for stepping up a response to access more intensive and specialist interventions and packages of support.

The intention of any support or intervention at any level of the continuum is to return (step down) the child, young person or family back to a positive trajectory and a safe and strong position where they are in control, can help themselves and where their needs are manageable and met within Universal Services

## Early Help “C Model”





#### Universal Services - Children, young people and families have no identified additional need in this offer. (Level1)

This level focuses on the provision of universal services for families such as schools, GPs, Health Visitors, Children's Centres, Housing, Police, School Nurses, subsidised childcare and Early Education provision for example. These are services that are available to all and will support and enable our children and families to be healthy, safe, achieve and make a positive contribution to society. Services will work closely with each other, have a good understanding of each other's 'offer' in order to support children and families in the community by providing access to the information, advice, guidance and services appropriate to their need.

#### Universal Plus - Children, young people and families have a low risk to vulnerable level of need in this offer. (Level2)

This level focuses on services delivering a timely response, when children or young people need identified additional help that can be delivered by an additional **single agency**. Completion of an early help assessment is recommended to help inform a targeted response. Responsive services are universal or targeted e.g. SEN Support, SALT, local community projects, parenting programmes, School Nurses, Health Visitors etc. These are services that are available for targeted support to children, young people or families that will enable them to help themselves to address the difficulties they may be experiencing in order that they receive the appropriate help at this earliest point preventing their needs escalating into further crisis. Services will work closely with each other, have a good understanding of each other's 'offer' in order to support children and families in the community by providing access to the additional support services as well as information, advice and guidance appropriate to their need.

#### Plus Partnership - Children, young people and families will have identified needs that are increasingly complex or unmet and at risk of escalation. More than two agencies are involved with the child, young person or family and a coordinated /targeted integrated response is required to support these families. (Level3)

This level of support focuses on a multi-agency, co-ordinated support for children, young people and families where needs are complex. An Early Help Assessment to look at the holistic needs of the family will be completed by an appropriate lead professional in order to coordinate and deliver the support required. Responsive services are targeted support services e.g., CAMHS, specialist substance misuse services, Integrated Youth Services, Family Solutions Team, Turnaround Families etc. These are specialised services that are available for complex needs and targeted at specific needs of children, young people or families. They will intensively support and enable them to address the difficulties they are experiencing in order to prevent them escalating. Services will bring together their Early Help resource and offer together to work collaboratively in the FAMILY SUPPORT HUB.

Statutory Services - Children, young people and families have identified needs that are increasingly complex or unmet. (Level4) Children and young people who require statutory intervention or support from Children's Social Care require this level of support because they are at serious risk of harm. Children's Social Care (CSC) works closely with partners to ensure that children identified as being at risk of harm and those with the highest needs in Bournemouth are protected and supported. They have specialist teams who work with children, young people and families offering focused social work support where needed with key universal partners such as schools, youth services, health visitors and children's centres. There will be a strong interface between the Family Support Hub and Statutory Services.

At any level of Early Help support Children and Young People with Special Educational Needs and Disabilities can be identified and brought to the attention of the Local Authority. It is most likely those who fall within the higher-level categories are most likely to be considered for statutory assessment within the SEN team.

[www.earlyhelppartnership.org.uk](http://www.earlyhelppartnership.org.uk)

Bournemouth's Early Help Practice Handbook - Multi-agency procedures for practitioners – **add link**

## Working with families and Person-Centred Planning

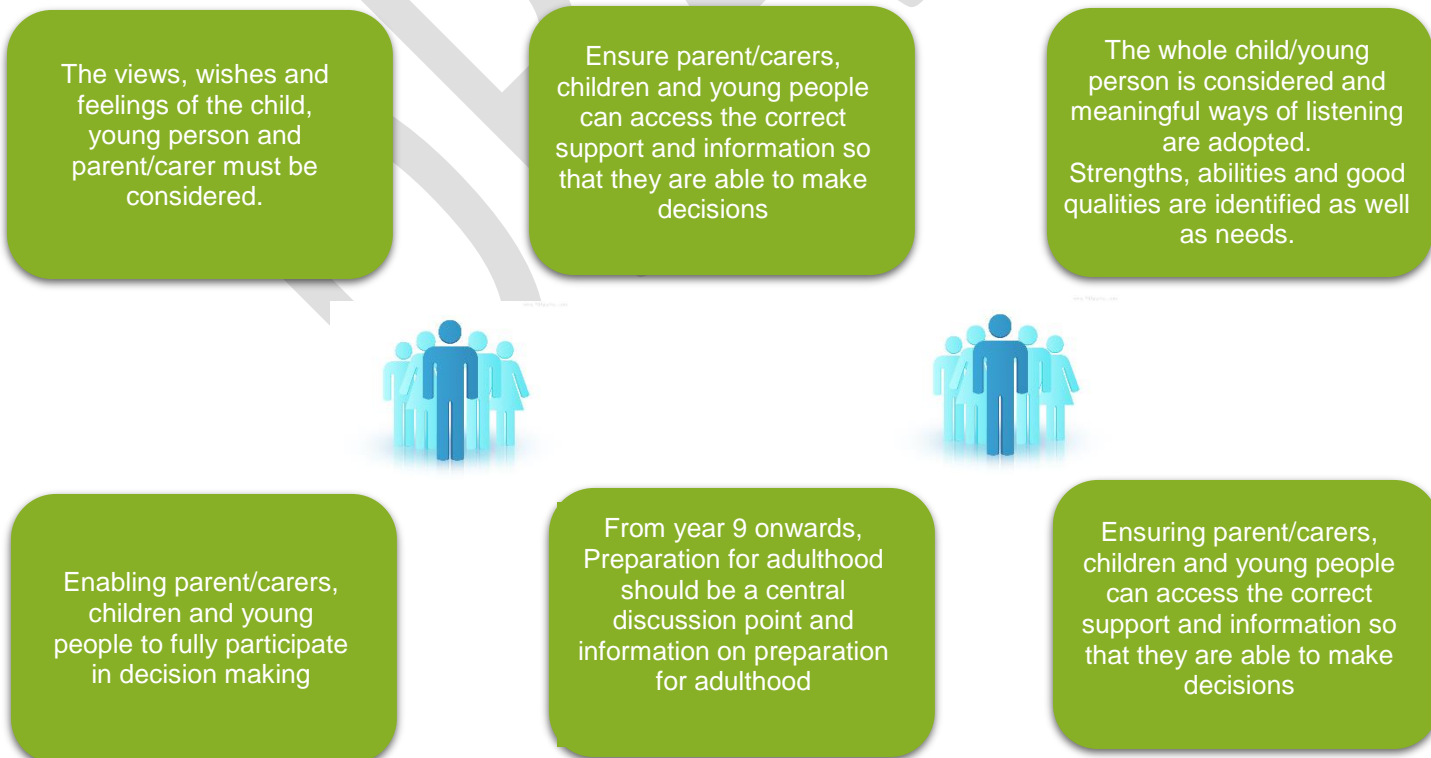
The Special Educational Needs Code of Practice (2015) sets out how parents and young people should be involved in identifying, understanding and taking decisions about special educational needs (see SEND Code of Practice Section 6.48). Parents like to know how their child/young person's school or setting will make decisions about any extra support and what form that support should take. They are also concerned whether their child/young person will be given as much support as they need, and how they can help.

### What are person-centred approaches?

A person-centred approach is one in which the child or young person is at the centre of the decision-making process. It focuses on what's important to them, and enables them and their family to contribute and make their own choices towards their desired outcomes. This is underpinned by the statutory requirements of the Children and Families Act 2014 (part 3) – often referred to as the section 19 principles.

Person-centred planning means teamwork and including the child or young person. However, it does not mean doing everything they might ask. Adults retain their professional judgement and the responsibilities linked to their professional role.

### Principles of SEND person-centred approach



## Putting Person Centred approaches into practice

- ❖ Actively seek the views/wishes of the family and acknowledge their experiences and expertise
- ❖ Think of alternative and creative ways to gather and record views of children and young people.
- ❖ Be flexible around meeting times and venues
- ❖ Engage in open and transparent conversation
- ❖ Prepare children/young people well for meetings providing as much pre-meeting information as possible.
- ❖ Make meetings as welcoming as possible and avoid using jargon.

## How educational settings should work with families

Educational settings should enable parents / carers to share their knowledge about their child and give them confidence that their views and contributions are valued and will be acted upon.

At times, parents, teachers and others may have differing expectations of how a child or young person's needs are best met. Sometimes these discussions can be challenging but it is in the child's or young person's best interests for a positive dialogue between parents and teachers and others to be maintained.



The Children and Families Act 2014 gives significant new rights directly to young people once they reach the end of compulsory school age (the end of the academic year in which they turn 16). When a young person reaches the end of compulsory school age, local authorities and other agencies should normally engage directly with the young person rather than their parent.

Most young people will continue to want, or need, their parents and other family members to remain involved in discussions and decisions about their future. Some young people, and possibly some parents, will not have the mental capacity to make certain decisions or express their views. Provision is made in the Children and Families Act 2014 (Section 80) to support this.

In Bournemouth, when higher level support is requested, we will seek evidence that a person-centred approach has been adopted by the education setting. One page profiles, or similar person-centred planning tools, form a central part of the decision-making processes. Education practitioners can download a one page profile template on Bournemouth's [Local Offer](#).

## Meeting Needs - Special Educational Needs and Disabilities

The Special Educational Needs (SEN) Code of Practice (2015) sets out guidance and expectations in relation to identifying, assessing and providing for children and young people with special educational needs. A child or young person has a special educational need if they have a learning difficulty or disability which calls for special educational provision to be made for them.

A child of compulsory school age or a young person is considered to have a learning difficulty or disability if he or she:

- ❖ has a significantly greater difficulty in learning than the majority of others of the same age; or
- ❖ has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions'. (Code of Practice 2015, para xiv)
- ❖ A child under compulsory school age has special educational needs if he or she is likely to fall within the above definition when they reach compulsory school age, or would do so if they did not receive special educational provision.

Special educational provision goes beyond normal differentiated and personalised teaching and learning approaches, it is individual provision that is additional to or different from that made for other children of the same age. The most effective means of closing the gap is through high quality, carefully differentiated and inclusive teaching.



### Identifying Children and Young People with SEN

Many children/young people with complex needs have these identified very early. For other children/young people difficulties may only become evident as they grow and develop, and as they learn and interact in new and different environments. Some children and young people have special educational needs that result from an illness or accident. The approach to identifying a special educational need should be part of a school or setting's overall approach to monitoring the development and progress of all learners.

## Responsibilities of Education Providers

All early years and education providers are responsible for doing their best to ensure that special educational needs are met. This means:

- ❖ identifying needs early
- ❖ ensuring that the views of parents, children and young people inform assessment planning and decision making
- ❖ knowing precisely where children and young people with SEN are in their learning and development, and planning for their next small steps
- ❖ having high aspirations and setting stretching targets for learners with SEN
- ❖ putting in place effective, evidence based interventions individually tailored to needs
- ❖ tracking progress towards these goals regularly, and reviewing the appropriateness of provision
- ❖ and ensuring that it impacts on progress.

Teachers/tutors are responsible and accountable for the progress and development for the pupils in their class, including where pupils access support from teaching assistants or specialist staff.

- *The Teacher's Standards 2012, make it clear that it is every teacher's responsibility to "adapt teaching to respond to the strengths and needs of all pupils"*
- *The SEN Code of Practice echoes this point, as it states that "teachers are responsible and accountable for the progress and development of the pupils in their class, even where pupils access support from teaching assistants or specialist staff"*

Early Years teachers, Class and Subject teachers and College tutors should make regular assessments of progress for all children and young people. These should seek to identify children/young people making less than expected progress given their age and individual circumstances. All lessons/activities should be carefully matched to individual needs and abilities to ensure that every child/young person can achieve. Additional intervention and support cannot compensate for a lack of good quality teaching.

The impact of teaching and learning for all Children/Young People should be regularly monitored. Steps should be taken to identify and address needs where progress is less than expected given their age and individual circumstances. This includes reviewing and, where necessary, improving teachers' understanding of strategies to identify and support vulnerable pupils and their knowledge of the SEN most frequently encountered.





## SEN Support and the graduated Approach

Where a pupil is identified as having SEN, to enable the pupil to participate, learn and make progress schools should take action to:

- ❖ remove barriers to learning
- ❖ put effective special educational provision in place

SEN support should arise from a four-part cycle, known as the **graduated approach**, through which earlier decisions and actions are revisited, refined and revised, leading to a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes. The four stages of the cycle are Assess, Plan, Do and Review.



### The Graduated Approach – SEND Code of Practice, Jan 2015

#### Assess

**6.45** In identifying a child as needing SEN support the class or subject teacher, working with the SENCO, should carry out a clear analysis of the pupil's needs. This should draw on the teacher's assessment and experience of the pupil, their previous progress and attainment, as well as information from the school's core approach to pupil progress, attainment, and behaviour. It should also draw on other subject teachers' assessments where relevant, the individual's development in comparison to their peers and national data, the views and experience of parents, the pupil's own views and, if relevant, advice from external support services. Schools should take seriously any concerns raised by a parent. These should be recorded and compared to the setting's own assessment and information on how the pupil is developing.

**6.46** This assessment should be reviewed regularly. This will help ensure that support and intervention are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions put in place and their effect is developed. For some types of SEN, the way in which a pupil responds to an intervention can be the most reliable method of developing a more accurate picture of need.

## Plan

**6.48** Where it is decided to provide a pupil with SEN support, the parents must be formally notified, although parents should have already been involved in forming the assessment of needs as outlined above. The teacher and the SENCO should agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review.

**6.49** All teachers and support staff who work with the pupil should be made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required. This should also be recorded on the school's information system.

**6.50** The support and intervention provided should be selected to meet the outcomes identified for the pupil, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge.

**6.51** Parents should be fully aware of the planned support and interventions and, where appropriate, plans should seek parental involvement to reinforce or contribute to progress at home. The information set out in **6.39** should be readily available to and discussed with the pupil's parents.

## Do

**6.52** The class or subject teacher should remain responsible for working with the child on a daily basis. Where the interventions involve group or one-to-one teaching away from the main class or subject teacher, they should still retain responsibility for the pupil. They should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching. The SENCO should support the class or subject teacher in the further assessment of the child's particular strengths and weaknesses, in problem solving and advising on the effective implementation of support.

## Review

**6.53** The effectiveness of the support and interventions and their impact on the pupil's progress should be reviewed in line with the agreed date.

**6.54** The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents. This should feed back into the analysis of the pupil's needs. The class or subject teacher, working with the SENCO, should revise the support in light of the pupil's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil.

**6.55** Parents should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

*Children and Young People with identified special educational needs, who previously would've been placed on school action/school action plus should be supported through the graduated approach and SEN support. No child or young person should miss out because the terminology has changed.*

**6.63** SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes. Where, despite the setting, school or provider having taken relevant and purposeful action over a sustained period of time (usually three cycles of Assess, Plan, Do, Review over a six-month period) to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person may consider requesting an Education, Health and Care needs assessment. To inform its decision Bournemouth local authority will expect to see evidence of the action taken as part of SEN support.

It is expected that all settings will involve and work in partnership with a range of agencies across Bournemouth, Poole and Dorset to support pupils at **SEN Support**. These may include:

- ❖ Bournemouth Educational Psychology Service
- ❖ Outreach specialist services (such as Linwood outreach)
- ❖ Speech & Language Therapy Service
- ❖ Occupational Therapy Service
- ❖ Physiotherapy Therapy Service
- ❖ Child Development Centre
- ❖ Child/young person with Disabilities Social Worker/Early Help or Youth worker
- ❖ Other support services commissioned by settings

## Bournemouth SEND Guidance and support Framework

In consultation with parent carers, education settings and SEND professionals across education, health and social care, we have developed a SEND guidance framework which sets out the local area's expectations of the provision and support that should be implemented to meet the needs and ensure progress of all children and young people with additional needs – irrespective of which setting they are in.

The Bournemouth SEND guidance lays out 3 clear phases of support and provision that should be implemented to achieve positive outcomes across each of the 4 main areas of need – Communication and Interaction, Cognition and Learning, Social Emotional and Mental Health and Sensory and Physical.

It is anticipated that the majority of children and young people within the local area will have their needs met through the provision identified within the SEND guidance graduated approach and only a few will reach the threshold for higher level support. Applications for higher level support will need to be supported by clear evidence of how the SEND guidance has been utilised as part of the graduated approach.

### SEND Guidance – Areas of need

All children and young people with SEND will have an identified Primary area of need and many will have additional needs across a range of other areas. Every child is different and it is important that it is the individual child and their range of needs which is looked at when deciding how best to support them.

This guidance has been created to support professionals in identifying and putting support in place across all levels of need. Each area of need has been broken down into 4 phases of support. These are Universal, Targeted, Specialist and High (EHCP) Level.

**Universal:** High Quality teaching and personalised, differentiated approaches that all Children and young people with recognised needs will access and benefit from.

**Targeted:** Where Universal approaches have not been sufficient to meet the child/Young person's needs and they now require more focused support. This is considered the level at which SEN Support will be considered and implemented. Some Children/young people will be supported at this level.

**Specialist:** The highest level of SEN support where more specialist approaches are sought, despite implementing Universal and Targeted interventions/support. Children/young people at this level will be on SEN Support and some may be supported through multi-agency assessments. Few Children/young people will be supported at this level.

**High (EHCP) Level:** Only a small percentage of children/young people with SEND will require the support of an Education Health and Care Plan. When an education provider cannot meet the needs of a child/young person from within their own resources and they have

exhausted all SEN support options or when the child/young person's needs are complex, severe and long term that it is obvious they need high need support from the start.

## **Person Centred working**

At every stage within the graduated approach, all education settings must ensure that they work closely with and involve children, young people and their parent carers. Section 19, part 3 of the children and families Act and the SEND code of Practice 2015, clearly states that all professionals must have regards to the views wishes and feelings of CYP and parent carers, and that they must be involved in the decision making as far as possible. This is particularly important when implementing the graduated approach and following the assess, plan do, review cycle.

### **Cognition and Learning**

For mild to moderate general or specific learning difficulties, statutory assessment will not normally be required. However, where there are very exceptional circumstances, within the context of the information below, a statutory assessment might be considered.

For severe learning difficulties, where the student has little or no opportunity to access most aspects of the mainstream curriculum, a statutory assessment will be considered. The evidence should indicate:

- ❖ Severe, complex and long term needs
- ❖ That, despite "relevant and purposeful action" being taken by the school, including use of the school's own additional needs resources and, where appropriate, external support services, curriculum differentiation/modification targets are not being achieved and the evidence indicates that progress is not being made in line with the progress indicators above
- ❖ That the involvement of the student and his/her family has been actively encouraged



## SEND Code of Practice 2014 – Broad Areas of Need

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

**6.31** Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

| Universal Support  | SEND Indicators  | Pupil Provision/Support   | Involvement  | Outcomes   |
|--------------------|--|---|--|--|
| <b>Early Years</b> | <ul style="list-style-type: none"> <li>Concerns from Staff or Parent carers raised.</li> <li>Possible slow progress and difficulties in staying on task - requires prompting.</li> <li>Unable to demonstrate the child can understand and apply the skills, concepts and processes in the Early Years foundation stage in one of more areas.</li> <li>Developmental concerns raised at Health visitor 2-year check.</li> </ul> <p><b>At this point it should not be assumed that the child has SEND as they may be experiencing a short-term difficulty needing only brief intervention.</b></p> | <ul style="list-style-type: none"> <li>Setting to have systems in place to gather the views of both parent carers and children.</li> <li>Appropriate policies in place for supporting children with SEND including those with physical and medical needs.</li> <li>Early Years Practitioners planning to take into account access strategies and teaching styles.</li> <li>Consider language used to deliver learning. Appropriate pace and content of information to explain activities/lessons.</li> <li>Ensuring that the environment is accessible for all children by having the appropriate arrangements in place for assessing and planning.</li> <li>Arrangements in place for effective communication between staff.</li> <li>Progress recorded through 'Development Matters' or 'Early Years Outcomes' or reference made to a child development check.</li> <li>Education setting visuals for all.</li> </ul> | <p><i>Parent Carers</i><br/><i>Early years teachers/key workers and SENCO.</i><br/><i>Health visitors</i></p>      | <ul style="list-style-type: none"> <li>Child makes progress as support is appropriate and 'gaps' in learning are closed.</li> <li>Improved access to the EYFS curriculum or chosen learning programme/outcomes.</li> <li>Noticeable improvement in learning and setting engagement.</li> </ul> <p><b>If outcomes not met progress to Targeted Support.</b></p> |
| <b>School Age</b>  | <ul style="list-style-type: none"> <li>Compared to their peers, Child/young person may show a slower rate of learning.</li> <li>Progress is slow and the school/setting is unable to demonstrate that the child/young person can apply and understand the skills and concepts</li> </ul>   | <ul style="list-style-type: none"> <li>Schools to have systems in place to gather the views of parent carers and child/young person.</li> <li>A broad and balanced curriculum set within inclusive environments.</li> <li>Appropriate policies in place for supporting children/young people with</li> </ul>  | <p><i>Parent Carers</i><br/><i>Child/young person</i><br/><i>Class Teacher</i><br/><i>School support staff</i></p> | <ul style="list-style-type: none"> <li>Child/young person makes progress as intervention is appropriate and 'gaps' in learning are closed.</li> <li>Improved access to the national curriculum or chosen learning programme/outcomes.</li> </ul>   |

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|   | <p>required by the curriculum they are following.</p> <ul style="list-style-type: none"> <li>May require prompting from teacher/class support/another adult to stay on task.</li> </ul> <p><b>At this point it should not be assumed that the child/young person has SEND as they may be experiencing a short-term difficulty needing only brief intervention</b></p>      | <p>SEND including those with physical and medical needs.</p> <ul style="list-style-type: none"> <li>Quality first teaching that utilises a variety of learning styles with personalised learning targets.</li> <li>Staff to continually check understanding and use scaffolding/modelling to demonstrate learning.</li> <li>Quality feedback on a regular basis. Include regular praise towards the child/young person's strengths and achievements.</li> <li>Organisation and positioning of the classroom – seating arrangements and peer support.</li> <li>Visual aids and classroom/school environment modified to support learning. Include the use of word banks/times table sheets/number lines and squares and topic vocabulary.</li> <li>Focused use of adult support within the classroom and small group intervention run by class teacher or class LSA</li> <li>Peer Mentoring and Support</li> <li>Access to whole school training to develop teachers' ability to differentiate activities effectively in relation to Curriculum, assessment of progress and to support goal setting for individual pupils.</li> <li>Consider language used to deliver learning. Consider the appropriate pace and content of information to explain activities/lessons.</li> <li>Out of hours learning opportunities (homework and sports clubs etc)</li> </ul> |  | <ul style="list-style-type: none"> <li>Noticeable improvement in learning and classroom engagement.</li> <li>Improvement in behavioural responses within the classroom and learning environment.</li> </ul> <p><b>If outcomes not met progress to Targeted Support.</b></p> |
| <p><b>Post-16 – Including Employment, training and /or higher education</b></p> | <ul style="list-style-type: none"> <li>Staff working with young people may notice that a slower rate of progress is being made in comparison to their peers.</li> <li>The young person may have difficulties staying on task and concentrating on learning activities.</li> <li>At this stage, there could be a short term difficulty which needs brief support</li> </ul> | <ul style="list-style-type: none"> <li>Staff assessment and update with young person on progress</li> <li>Individual targets and tracking processes</li> <li>Self-evaluation methods and student feedback</li> <li>An inclusive learning environment that is able to cater for a variety of needs within the setting.</li> <li>Access to suitable study programmes that encourage and enable progress to higher study or employment. Repeated</li> </ul>   | <p><i>Education staff<br/>Young People<br/>Parent Carers</i></p> | <ul style="list-style-type: none"> <li>Young person makes progress as support is effective and 'gaps' in learning are closed</li> <li>Young person attends the education setting regularly and is on a course suited to their aspirations and learning needs.</li> </ul>    |

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|  | and may not be a special educational need. | <p>study/learning should be avoided if it has been successfully completed.</p> <ul style="list-style-type: none"> <li>• Participation of meaningful work related activities and non-accredited activities, to develop skills that can easily be transferred into the workplace.</li> <li>• Develop long term outcomes that focus on preparing for Adulthood. Young people should receive appropriate information, advice and guidance to support this.</li> <li>• Transition planning which supports the young person to make the transition to adulthood and life outside of the education setting. This includes information on universal Adult health services.</li> </ul> |  | <b>If outcomes are not reached and progress is not made, then support should be progressed to targeted level.</b> |
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| Targeted Support (SEN Support level) | SEND Indicators  | Pupil Provision/Support   | Involvement   | Outcomes   |
|--------------------------------------|--|---|---|--|
| <b>Early Years</b>                   | <p>Despite universal level intervention and individualised support there are persistent difficulties and the child's needs cannot be met by a whole class approach over a sustained period of time.</p> <p>The child continues to make limited progress despite some targeted intervention and they may have more difficulties with specific areas of development and acquiring/retaining a range of skills/concepts.</p> <ul style="list-style-type: none"> <li>The child may be identified as having specific difficulties in certain areas of the Early years Foundation Curriculum.</li> </ul> | <ul style="list-style-type: none"> <li>As above but also to include:</li> <li>In addition to universal assessment and planning approaches, some children will require:</li> <li>The setting to have strategies in place to gather the child's views about their difficulty and the support approaches to be put in place.</li> <li>The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches</li> <li>The SENCo contacts other professionals working with child outside setting (with parental permission) as part of the assessment. It would be helpful to also contact your local or link health visiting team.</li> <li>Liaison and consultation with external professionals and support services where appropriate such as Health Visitor, Paediatrician, Portage, Speech and Language Therapist, Occupational Therapist and Educational Psychologist. This maybe through an EHA (Early Help Assessment)</li> <li>Where appropriate external services contribute via consultation or specialist assessment, leading to more specifically focussed plan.</li> <li>The 'Team around the Child' need to agree how progress towards outcomes set date for review.</li> <li>For some children a co-ordinated, holistic multi-agency plan will be required. This may involve Social Workers, Family Support Workers, and Health professionals including Health Visitors, Speech Therapists,</li> <li>Occupational Therapists, Physiotherapists,</li> <li>Paediatricians and staff from Children and Young People's Service (CYPS) and other support groups. This may lead to</li> </ul> | <ul style="list-style-type: none"> <li>Parent Carer</li> <li>Child</li> <li>Early years setting staff/teachers</li> <li>Early years Key worker</li> <li>Early years portage/SEN team</li> </ul> | <p><b>As within Universal level outcomes and also:</b></p> <p>Child makes progress within support and interventions provided.</p> <p>Child is able to apply strategies and skills learnt through intervention and support back into the learning environment.</p> <p>Child will have an effective holistic plan of support that considers all needs.</p> <p><b>If progress is made and outcomes achieved, then the child can move back into universal level support or continue to be supported at SEN Support level.</b></p> <p><b>If outcomes are not reached and progress is not made, then support should be progressed to specialist level.</b></p> |

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|                   |  | <p>an EHA CIN or C/P plan being put into place.</p> <ul style="list-style-type: none"> <li>Interventions should be well-founded evidence based interventions.</li> <li>For some children, the multi-agency approach may lead to application being made for the SEND Top-Up grant</li> </ul>   |   |   |
| <b>School Age</b> | <p>Universal level support has been put in place but needs cannot be met by using these approaches. The child/young person may continue to have the indicated difficulties above and also:</p> <ul style="list-style-type: none"> <li>Ongoing difficulties and makes limited progress.</li> <li>Increased difficulties than peers with retaining information/concepts/skills, problem solving, understanding, communication and thinking.</li> <li>The child is working outside of year group programme of study.</li> <li>The child/young person may have specific learning difficulties (e.g. difficulties with literacy or numeracy)</li> </ul> | <p><b>As universal phase but also to include the following additional provision:</b></p> <ul style="list-style-type: none"> <li>Differentiated curriculum developed to the individual needs of the child/young person. Consider the individual child/young person's learning styles and ensure they are embedded in the styles of teaching. Increased differentiation of activities.</li> <li>Access to small group targeted work that provides opportunities to work with peers and offer role modelling and peer support.</li> <li>Personalised individual or group based structured reading, spelling and numeracy programmes.</li> <li>Interventions should be well established evidence based interventions. Interventions should be delivered regularly and frequently and be delivered across a minimum of 1 term. Outcomes of intervention should be recorded and clearly evidenced.</li> <li>Tasks to be simplified and instructions, information and learning to be broken down into small steps.</li> <li>Skills and learning to be reinforced through repetition and consolidation.</li> <li>Visuals used to support instructions/learning.</li> <li>Vocabulary and new concepts may need to be pre-taught.</li> <li>Multi-sensory teaching and learning</li> <li>Implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts.</li> <li>Specialist resources such as sloping boards, coloured overlays, specialist</li> </ul> | <ul style="list-style-type: none"> <li>Parent Carer</li> <li>Child</li> <li>Class Teacher</li> <li>SENCo</li> <li>School support/Intervention staff</li> <li>School nursing team</li> <li>GP</li> <li>Possible non-educational professionals such as SALT, OT,</li> </ul> | <p><b>As within Universal level outcomes and also:</b></p> <p>Child/young person makes progress within support and interventions provided.</p> <p>Child/young person is able to apply strategies and skills learnt through intervention and support back into the learning environment.</p> <p>Child/young person will have an effective holistic plan of support that considers all needs.</p> <p><b>If progress is made and outcomes achieved, then the child can move back into universal level support or continue to be supported at SEN Support level.</b></p> <p><b>If outcomes are not reached and progress is not made, then support should be progressed to specialist level.</b></p> |



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|  |   | <p>pens/pencils etc and alternative methods of recording. Access to specialist ICT as necessary.</p> <ul style="list-style-type: none"> <li>Class teachers in consultation with the SENCO will undertake a clear analysis of the child's needs to share with parent carers and professionals via the graduated approach.</li> <li>Introduction of the 'plan, do, review' cycle of individualised assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as internal assessments/data tracking, provision mapping, IEPs. This should always involve parent carers and the child/young person.</li> <li>Consider any additional referrals and external liaisons with other professional and school nurses or GP to identify any possible diagnosis which might be associated to difficulties in learning.</li> </ul>  |  |   |
| <b>Post-16 - Including Employment, training and /or higher education</b> | <p>Despite Universal approaches the young person continues to make limited or no progress.</p> <p>The young person may have greater difficulty in understanding information, retaining information, problem solving, concepts and communication.</p> <p>The young person may have identified learning difficulties/diagnosis in a specific area (such as maths, English - dyslexia, dyscalculia) or general learning difficulties.</p> <p>There may be previous history of being on SEN support or other undisclosed/unidentified learning difficulties.</p> <p>Previous results may indicate that the young person was unable to achieve GCSE's/BTEC or alternative qualifications. Or may have achieved with significantly below average results.</p> <ul style="list-style-type: none"> <li>Qualitative and quantitative baseline measures within the education setting may identify learning needs alongside</li> </ul> | <ul style="list-style-type: none"> <li>Discussion with the young person and setting to gather student views, involving them in any planning. The young person may be happy to disclose information on any previous support and any past assessments should be considered.</li> <li>Liaison and consultation with the setting SEND lead and any external professionals and support services.</li> <li>Using the graduated approach, a clear plan of support should be developed with the young person and (where requested) the parent carer. A multi-agency holistic approach should be adopted drawing in health and social care support where needs are identified.</li> <li>The learning environment should be suitably modified.</li> <li>Additional adult support may be required or small group intervention/approaches. This should include evidence based interventions which offer highly structured reading, spelling and numeracy programmes. Where appropriate, study support and strategies should also be</li> </ul> | <ul style="list-style-type: none"> <li>Setting SEND lead/SENDco</li> <li>Young Person</li> <li>Parent Carer</li> <li>Specialist teacher/ advisors (Dyslexia/Dyspraxia)</li> <li>Social Care or Early Help workers</li> <li>Any identified health professionals.</li> </ul> | <p>Young person's progress is reviewed with the involvement of the young person and parent carer. At the review progress is made and the gap between the young person and their peers is narrowed.</p> <p>Outcomes are achieved and targeted support is no longer needed. The young person's needs will continue to be met through universal support.</p> <p>Young person is able to complete the course and achieve the necessary skills and qualifications to move into successful employment, higher education or the next level qualification</p> <p>If at the review, the young person's progress is limited and more intensive support is</p> |

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|  | <p>continuous assessment and subject assessments.</p> | <p>offered (such as listening skills, study skills and coursework support).</p> <ul style="list-style-type: none"> <li>• Staff trained in working with young people with SEND.</li> <li>• Information should be broken down into small chunks and finely detailed steps and time given for young people to process and respond.</li> <li>• Opportunities for Pre-teaching and over learning, including repetition.</li> <li>• Consider seating arrangements within the setting and grouping so that peer support can be implemented.</li> <li>• Appropriate teaching styles which consider carefully the young person's learning styles.</li> <li>• Differentiation of activities and an individualised curriculum that is appropriate to the student.</li> <li>• Access to courses that provide a clear focus on preparing young people with SEND for the world of work and offer pathways to employment. Consideration must be given to the young person's outcomes and aspiration. Planning must be centred around the individual and explore the young person's aspirations and abilities, what they want to be able to do when they leave post-16 education or training and the support they need to achieve their ambition.</li> <li>• Entry level and level 1 or 2 course should be available alongside supported internships.</li> <li>• support in finding a job, and learning how to do a job (for example, through work experience opportunities or the use of job coaches) and help in understanding any welfare benefits that might be available when in work.</li> <li>• For young people moving to university, awareness should be raised of the Disabled Students Allowance.</li> </ul> |  | <p>required, support should be sought within the specialist stage.</p> |
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| Specialist Support | SEND Indicators  | Pupil Provision/Support  | Involvement   | Outcomes   |
|--------------------|--|--|---|--|
| <b>Early Years</b> | <p><b>As per Universal and targeted level but also might include:</b></p> <ul style="list-style-type: none"> <li>• Making little or no progress despite targeted intervention being put in place.</li> <li>• Professional advice has been followed over time and implemented through the graduated approach and appropriate support has been put in place by the education setting but relative progress is still not being made.</li> <li>• Increased adult support is needed to remain focused and complete short activities with prompts.</li> <li>• Struggles to access small group activities independently or will only engage in learning where the task/activity is personally meaningful.</li> <li>• Needs lots of adult prompting to recognise errors and self-correct.</li> <li>• Teaching needs to be repeated and delivered in other contexts, particularly concepts and abstract ideas.</li> <li>• Child has difficulty in transferring skills</li> <li>• Poor memory</li> <li>• Avoidance strategies and negative behaviours develop and have significant impact on the child's ability to engage and access learning/education environment.</li> </ul> | <p>Continue to implement the strategies at Universal and targeted level. In addition to this, professional advice should continue to be followed and further assessments should be explored – including Educational Psychology referral and involvement.</p> <p>Further specialist intervention to be accessed via outside agencies</p> <p>Regular and on-going involvement from external support services (e.g. Advisory SENDo, Educational Psychologist, Portage and Therapy Services) who assist in assessment and planning.</p> <p>Very close home-setting liaison, so setting is aware of changes in home circumstances.</p> <p>Measures to be made of the impact of the child's difficulties on their ability to access the learning environment and Early Years Foundation Stage curriculum. This may be achieved using a Schedule of Growing Skills, or Schedule of Social Skills assessment tool</p> <p>Clear plans for the use of support to achieve agreed outcomes in the child's IEP / ILP or similar. For some children, a co-ordinated multi-agency plan i.e. 'an EHA' will be essential.</p> <p>For some children, the multi-agency approach may identify the need for the SEND Top-Grant to be accessed.</p> <p>Settings of children who are in receipt of the DLA (Disability Living Allowance), will be eligible to apply for a Disability Access Fund payment (DAF).</p> <p>Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan</p> | <ul style="list-style-type: none"> <li>• <i>Parent Carer</i></li> <li>• <i>Child</i></li> <li>• <i>Class teachers</i></li> <li>• <i>SENCo</i></li> <li>• <i>Support staff and Intervention workers</i></li> <li>• <i>Educational Psychologist</i></li> <li>• <i>GP/School nurse/Paediatrician if appropriate</i></li> <li>• <i>Children's therapy workers – OT, SALT, Physio,</i></li> <li>• <i>Early Help or Social care teams- CHAD</i></li> <li>• <i>Early years SEN team/Portage</i></li> </ul> | <p><b>As for Universal and targeted level and:</b></p> <ul style="list-style-type: none"> <li>• Positive response to specialist recommendations and advice provided by professionals.</li> <li>• New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning.</li> <li>• Reduction in negative behaviours and better engagement in learning.</li> <li>• Education setting attendance increases and improved engagement in learning.</li> <li>• Child is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period of time are not reached, consideration should be made to apply for an Education, Health and Care Plan. (this would be most appropriate where there is evidence of the needs being long term, where support</b></p> |

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|                      |   |   |   | has been in place over time with evidence of minimum impact and is costly -over £6000)   |
| <b>Secondary Age</b> | <p><b>As per Universal and targeted level but also might include:</b></p> <ul style="list-style-type: none"> <li>• Making little or no progress despite targeted intervention being put in place.</li> <li>• Professional advice has been followed over time and implemented through the graduated approach and appropriate support has been put in place by the education setting but relative progress is still not being made.</li> <li>• Increased adult support is needed to remain focused and complete short activities with prompts.</li> <li>• Struggles to access small group activities independently or will only engage in learning where the task/activity is personally meaningful.</li> <li>• Needs lots of adult prompting to recognise errors and self-correct.</li> <li>• Teaching needs to be repeated and delivered in other contexts, particularly concepts and abstract ideas.</li> <li>• Child/young person has difficulty in transferring skills</li> <li>• Poor memory</li> <li>• Avoidance strategies and negative behaviours develop and have significant impact on the child/young person's ability to engage and access learning/ the education environment.</li> </ul> | <p><b>Continue to implement the strategies at Universal and targeted level. In addition to this, professional advice should continue to be followed and further assessments should be explored – including Educational Psychology referral and involvement.</b></p> <ul style="list-style-type: none"> <li>• Further specialist intervention to be accessed via outside agencies. Multi professional planning and co-ordinated support across education, health and social care colleagues to be undertaken. Consider a referral to Early Help or CHAD depending on family circumstances and levels of need.</li> <li>• An adapted curriculum needs to be developed that is more individualised to the specific needs of the child. Learning within the curriculum needs to be of high interest and purposeful. Homework should be differentiated</li> <li>• Close home to school links, so that changes within each environment can be understood and impact on learning can be supported.</li> <li>• Personalised work stations and designated learning areas where necessary. This could also include access to adapted environments where distractions are minimised but this should always remain inclusive.</li> <li>• Practical resources and visual cues to support learning across all areas.</li> </ul> | <ul style="list-style-type: none"> <li>• Parent Carer</li> <li>• Child</li> <li>• Class teachers</li> <li>• SENCo</li> <li>• Support staff and Intervention workers</li> <li>• Educational Psychologist</li> <li>• GP/School nurse/Paediatrician if appropriate</li> <li>• Children's therapy workers – OT, SALT, Physio,</li> <li>• Early Help or Social care teams- CHAD</li> <li>• Youth Support Services</li> </ul> | <p><b>As for Universal and targeted level and also:</b></p> <ul style="list-style-type: none"> <li>• Positive response to specialist recommendations and advice provided by professionals.</li> <li>• New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning.</li> <li>• Reduction in negative behaviours and better engagement in learning.</li> <li>• Education setting attendance increases and improved engagement in learning.</li> <li>• Child/young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided back through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration</b></p> |

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|  | Decline in attendance to lessons/education setting.  | <ul style="list-style-type: none"> <li>Provide extra time to the child to participate and complete in learning activities/tasks.</li> <li>High levels of adult support for modelling and enabling the child to access learning/the curriculum. High levels of care and supervision are needed.</li> <li>Staff to be given individualised training to support the child with their approaches to learning. This training should be developed around the child's needs (ASD awareness training, PECS, Safeguarding training etc)</li> </ul>  |  | <p><b>should be made to apply for an Education, Health and Care Plan (this would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact and is costly -over £6000).</b></p>   |
| <b>Post-16 - Including Employment, training and /or higher education</b> | <p><b>As indicated in universal and targeted stages but also:</b></p> <ul style="list-style-type: none"> <li>Despite putting in place over a sustained period of time universal and targeted support, progress has not been made.</li> <li>The young person's learning difficulties are impacting on all areas across the curriculum/programme of study.</li> <li>Difficulties range from moderate to severe, complex and profound and young people may need help with developing independence.</li> <li>Young person may have profound and multiple learning difficulties as well as significant other difficulties.</li> <li>Difficulties with communication co-ordination, self-perception and mobility/co-ordination.</li> </ul> | <p><b>As included in universal and targeted provision but also:</b></p> <ul style="list-style-type: none"> <li>A graduated approach to be developed that draws on very detailed interventions and specialist support/expertise. Planning should evidence successive cycles of assessment, planning, intervention and review. Planning should be holistic and consider all support across education, health and social care, with clear planning for adulthood pathways.</li> <li>Access to external support and assessments, leading to more specialist provision and planning. This could include Educational psychologists, OT's and SALT.</li> <li>Support planning which incorporates SMART outcomes and fully involves the young person and parent carer at every stage.</li> <li>A high level of adult support may be needed</li> <li>Secure, structured learning environment.</li> <li>Bespoke curriculum/learning package that offers a high level of care and supervision.</li> <li>Personalised approaches to learning that incorporate specific interventions.</li> <li>For young people 18 and over, consideration should be given to the</li> </ul> | <p><i>Young person<br/>Parent Carer<br/>EP<br/>OT<br/>SALT<br/>Specialist advisory staff/teachers<br/>GP/ Consultant<br/>Setting SEND lead or SENCo<br/>Early Help/ Targeted Youth Support/Social Care CHAD or Transitions worker.</i></p> | <ul style="list-style-type: none"> <li><b>As for Universal and targeted level and also:</b></li> <li>Positive response to specialist recommendations and advice provided by professionals.</li> <li>New resources, interventions and alternative strategies enable the young person to make progress and successfully engage in learning.</li> <li>Education setting attendance increases and improved engagement in learning.</li> <li>Young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided back through</b></p> |

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|  |  | learning and application of life skills and support for working towards employment and possible higher education. Where it is recognised that the young person is likely to have care needs upon leaving the education setting, the SEND lead/SENCo should inform the young person/parent carer of the adult social care transition assessment and support them in accessing one. |  | universal/targeted levels again.<br><br>If outcomes over a reasonable period are not reached, consideration should be made to apply for an Education, Health and Care Plan |
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#### Final step: Requesting an Education, Health and Care Plan Assessment

The child/young person's Long-Term, Severe and Complex needs can be evidenced by specialist professional assessments which show evidence of a high level of educational, social and/or medical need.

The achievements and rates of progress of the child/young person are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still below expectation despite evidence of consistently high levels of intervention over time.

The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child or young person had suddenly acquired severe or complex needs). Ideally 2 cycles of the graduated approach will have been completed. The level of need impacts on personal and social development and can be evidenced over time (unless the child or young person had suddenly acquired severe or complex needs).

Advice from local authority services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using the assess, plan, do, review cycle.

The delegated funding has been used fully and appropriately, including the non-statutory Element 3 funding and there is clear evidence of how E3 funding has been used to make provision for a child to enable progress towards agreed outcomes.



**Speech and language difficulties arise at different ages and with different levels of severity. There may be related learning difficulties in general or in specific aspects of the curriculum and/or related emotional, behavioural and social difficulties. Where speech and language skills are at an inappropriate level for the student's cultural background, chronological age and/or stage of development, these may hinder progress.**

**Most students with speech and language difficulties will be identified at an early age, often prior to statutory schooling, through health authority screening programmes. Although early intervention strategies can be put in place before formal schooling, there is often a need to continue support beyond the start of school, and where the needs are complex and severe.**

**Schools should consider the specific nature of the student's difficulty in relation to attainment levels and the extent to which the difficulties are related to receptive and/or expressive language acquisition. Some students will have good expressive language which masks difficulties in understanding the purpose and meaning of language**

#### SEND Code of Practice 2014 – Broad Areas of Need

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

**6.29** Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

| Universal Support  | SEND Indicators   | Pupil Provision/Support  | Involvement   | Outcomes  |
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| <b>Early years</b> | <ul style="list-style-type: none"> <li>Child may have a phonological/speech difficulty which affects the ability to produce intelligible speech.</li> <li>Complete normal development of the speech sound system may not be in place until the age of 6.</li> <li>There may be abnormal speech development.</li> <li>As part of the Health Visiting Family Offer, all children have their communication assessed routinely at 9-12 months and 2 years using the Ages and Stages Questionnaire. SpLC difficulties may be identified during assessment and this may lead to a referral to the Children's Centre 'Come Talk With Me' group.</li> <li>Many children have difficulty in understanding others and in expressing themselves. They may have difficulty with fluency of speech in forming</li> </ul> | <ul style="list-style-type: none"> <li>All families can access the Speech and language drop-in sessions at their local Children's Centre</li> <li>All children need to have: opportunities to experience a rich language environment; to develop their confidence and skills in expressing themselves; and to speak and listen in a range of situations.</li> <li>All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children's linguistic competence supports their learning as well as their communication skills</li> <li>Staff set personalised learning targets for all children.</li> <li>Teaching and Learning environment takes account of communication and language needs.</li> <li>Structure to the day is given through visual timetable, Now and Next boards.</li> </ul> | <p>Parent<br/>Child<br/>Early Years<br/>teacher/worker<br/>Health Visitor<br/>Children's<br/>Centre Staff</p> | <p>Children will make improved progress with their learning</p> <p>Children will demonstrate better engagement and participation in their learning.</p> <p>Children will be better able to develop positive relationships</p> |

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|                   | <p>sounds and words and in expressing their thoughts and ideas clearly. This may mean they need some short-term support, but it should not be assumed that they have special educational needs.</p> <ul style="list-style-type: none"> <li>Some children may have English as an Additional Language, these children may need specific strategies in place to support their learning, but it should not be assumed that they have a special educational need.</li> </ul> | <ul style="list-style-type: none"> <li>Flexible use of staffing and resources to support access to learning and teaching. Positive self-esteem maintained through developing areas of strength.</li> <li>Staff appropriately prepare children for routine changes (e.g. change in activity, change in staff).</li> <li>Additional adult support is used to support group work in the setting.</li> <li>Use of a structured approach for tasks and activities with a clear beginning middle and end for example Start and finish trays</li> <li>Whole staff awareness of the implications of communication and language difficulties.</li> <li>Appropriate differentiation of spoken and written language, activities and materials.</li> <li>A total communication environment:</li> <li>Using photographs or pictures to show the routine of the setting</li> <li>Equipment labelled with photographs or pictures</li> <li>Equipment accessible to all children – Use of gesture and signs.</li> <li>Opportunities for small group and 1:1 activities.</li> <li>Adult uses child's name to gain attention.</li> <li>Adult is physically at child's level.</li> <li>Simplify instructions e.g. Keep It Short and Simple.</li> <li>Give child time to respond.</li> <li>Staff use consistent language for equipment and routines e.g. all staff use the term 'apron' rather than some using 'overall'.</li> <li>Opportunities to listen to stories or activities within a quieter environment or small group.</li> <li>Awareness of individual sensory sensitivities e.g. not liking noise, awareness of smells.</li> <li>Settings can refer families of children aged 2-3 years to the Children's Centre 'Come Talk With Me' group.</li> <li>Staff should attend training provided e.g.; ELKLAN training</li> <li>Settings should engage with the 'Come Talk With Me' programme and encourage families to use the resources provided through the scheme</li> <li>All settings have a communication champion who access regular training.</li> <li>Setting may refer to Inclusion Development Programme: Speech, language and communication</li> </ul> |  | <p>with adults and peers.</p> <p><b>If outcomes not reached, progress to Targeted Support and refer to SENCo</b></p> |
| <b>School Age</b> | <ul style="list-style-type: none"> <li>Staff and parents raise concerns over the child/young person's language development.</li> </ul>  | <ul style="list-style-type: none"> <li>High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting. Teaching strategies that consider difficulties with</li> </ul>  | <p><i>Child/Young Person</i><br/><i>Parent Carer</i></p> | <p>Children/young person will make improved progress with their learning</p>   |

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|  | <p><b>Receptive Language and Memory Indicators</b> – Children/young people may have difficulties with understanding implied meaning and may also have difficulty attaching meaning to words and developing concepts.</p> <ul style="list-style-type: none"> <li>• Inattentive during focused learning/activity times) and has difficulties following verbal instructions in the setting.</li> <li>• Difficulties in starting and completing tasks.</li> <li>• Unwilling to volunteer verbal responses during learning activities.</li> <li>• Difficulties with learning new language.</li> <li>• Difficulties recalling information including the names of staff and peers.</li> </ul> <p><b>Expressive Language (talking) Indicators-</b></p> <p>Children/young people may have difficulties organising ideas, structuring sentences, acquiring and accessing vocabulary and expressing meaning.</p> <ul style="list-style-type: none"> <li>• Child/young person might confuse words with similar meanings (uses cat when talking about a dog) or similar sounds.</li> <li>• Uses lots of non-specific language and makes sounds instead of words</li> <li>• Can find organising speech difficult and will often get pronouns and verb tenses incorrect in their spoken language.</li> <li>• Difficulty sequencing and organising story telling/retelling of events, e.g. information might be given in the wrong order, may miss out who, where or what happened</li> </ul> <p><b>Semantic and Pragmatic Language Indicators-</b></p> <p>Pupils may have difficulty with the meaning of what is being said and the ability to use language in social situations</p> <ul style="list-style-type: none"> <li>• Child/young person may have difficulties with eye contact, taking turns and staying on topic when speaking.</li> </ul> | <p>language and communication needs as well as social understanding.</p> <ul style="list-style-type: none"> <li>• Carefully planned differentiated support that considers individual pupil needs.</li> <li>• Visual resources and prompts (picture cues, word banks etc.)</li> <li>• Personalised learning goals set for all.</li> <li>• Staff/peer modelling to promote social skills and interaction.</li> <li>• Instructions/information should be clear and simple with supporting visuals if necessary.</li> <li>• Structured approaches to tasks and learning activities.</li> <li>• Whole staff training and awareness of the implications of communication and interaction difficulties, supporting them to differentiate activities effectively to support speaking, listening skills and understanding the curriculum.</li> </ul> <p><b><u>Receptive Language and Memory Support</u></b></p> <ul style="list-style-type: none"> <li>• Visual timetables and visuals to support instructions</li> <li>• Chunking -organising or grouping pieces of information together.</li> <li>• Slowing down pace of delivery and encourage the child to repeat out loud the information back to themselves (Verbal rehearsal)</li> <li>• Defining key words simply and recording visually</li> <li>• Using pictures/drawings/mind maps to record information given verbally</li> </ul> <p><b><u>Expressive Language (talking) Support</u></b></p> <ul style="list-style-type: none"> <li>• Staff to offer forced choices e.g. Is it a... or b? and model back correct language.</li> <li>• Use pre-emptive questions and narrative resources (writing prompt sheets/writing packs etc.)</li> </ul> <p><b><u>Semantic and Pragmatic Language Support</u></b></p> <ul style="list-style-type: none"> <li>• Say the child/young person's name to gain attention before giving an instruction</li> <li>• Attention and listening prompt cards</li> <li>• Adult modelling</li> <li>• Support during less structured times as needed</li> </ul> | <p><i>Education worker/teacher</i></p> | <p>Children/young people will demonstrate better engagement and participation in their learning.</p> <p>Children/young people will be better able to develop positive relationships with adults and peers.</p> <p><b>If outcomes not reached, progress to Targeted Support and refer to SENCo</b></p> |
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|   | <ul style="list-style-type: none"> <li>• Difficulty with sharing objects and talk space with their peers</li> <li>• Child/young person cannot always understand how others feel and may have difficulties with social skills. This may be affecting their relationships with unfamiliar adults and peers.</li> <li>• Holding conversation may be difficult for the child/young person, including initiating conversations.</li> <li>• Social and non-verbal cues are often missed and the child/young person may frequently interpret language literally.</li> <li>• Due to difficulties understanding meaning, the child/young person may experience social anxiety and frustration when communicating.</li> </ul> <p><b>Many children/young people have difficulties expressing themselves and understanding others. This can present as difficulties with social understanding, pronunciation of words, attention difficulties and fluency of speech. At this stage, it may mean that children/young people need short term support but should not be assumed that they have special educational needs</b></p> <p><b>If a child/young person with English as an additional language is not developing English at the expected rate, then a mother tongue assessment could be completed initially to determine age appropriateness in home language</b></p> |   |  |  |
| <b>Post-16 – including participation in the community</b> | <p>Difficulty in understanding others and in expressing themselves. The young person may also have social interaction difficulties along with attention and listening needs, difficulties with social understanding and rigidity of thinking.</p> <p>Some students may only need short term support with their communication and interaction needs, therefore at this stage it should not be assumed that they have SEND.</p>   | <ul style="list-style-type: none"> <li>• Systems in place for staff to gather young person views and assessment for learning. Including personalised learning targets.</li> <li>• Routine assessments to talk place on all young people's progress in speaking and listening.</li> <li>• Teaching styles and strategies that consider SPLC needs and factor in strategies to make learning accessible and inclusive.</li> <li>• Quality first teaching that incorporates inclusive learning practice. An appropriately differentiated curriculum, with</li> </ul> | <i>Setting SEND lead/SENDco Education staff Young People Parent Carers</i> | <p>Young person's progress is reviewed with the involvement of the young person and parent carer. At the review progress is made and the gap between the young person and their peers is narrowed.</p> <p>Young person is able to complete the</p> |

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|  |  | <p>teaching strategies that take into account difficulties with social understanding and generalisation of skills.</p> <ul style="list-style-type: none"> <li>• Whole staff awareness of communication and interaction difficulties.</li> <li>• Guidance and advice offered to young people on their choice of further education/employment or training.</li> <li>• Social Communication opportunities through wider sports, leisure and community activities which also encourage positive self-esteem.</li> </ul> | <p>course and achieve the necessary skills and qualifications to move into successful employment, higher education or the next level qualification</p> <p><b>If at the review, the young person's progress is limited and more intensive support is required, support should be sought within the targeted stage.</b></p> |
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| Targeted Support | SEND Indicators  | Pupil Provision/Support  | Involvement  | Outcomes   |
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| Early years      | <p><b>There are persistent difficulties with the indicators above and:</b></p> <ul style="list-style-type: none"> <li>Some children's communication and language difficulties cannot be met by universal approaches over a sustained period of time.</li> <li>Their difficulties may interfere with their ability to access the curriculum. They may also impact on their emotional health, social interactions and behaviour.</li> <li>Children with these difficulties may have a medical diagnosis such as Autism or Asperger's Syndrome</li> </ul> | <ul style="list-style-type: none"> <li>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.</li> <li>These children will require an IEP/ ILP or similar.</li> <li>Health Visitors or GP would refer to other agencies if a need was identified, such as Speech and Language Therapy or Audiology, and potentially, with parental permission, and if required a referral to the community paediatrician.</li> <li>Health Visitors can provide activity sheets to accompany the Ages and Stages Questionnaire assessment, which focus on specific areas of development.</li> <li>Settings can provide 'Come Talk With Me' resources to families.</li> <li>Some adult modelling/support to promote communication and language with peers.</li> <li>Close home/setting liaison to ensure reinforcement of strategies and the generalisation of skills.</li> <li>Approaches to develop peer support e.g. key group work.</li> <li>Specific vocabulary and concepts, including topic vocabulary may be taught.</li> <li>A structured language intervention which may be devised in consultation with external professionals (e.g., Speech and Language Therapists) with support to generalise skills taught.</li> <li>Clear, simple and positive instructions with visual support if necessary e.g. visual timetable, now and next board</li> <li>Simplification and repetition of instructions, use of gesture and symbols required for effective teaching and learning.</li> <li>Language is given priority in planning activities. School staff use augmentative and/or alternative means of communication, e.g. use of symbols and visual prompts.</li> <li>Small group work to address specific language, communication and listening targets as appropriate.</li> </ul> | <ul style="list-style-type: none"> <li>Early years worker</li> <li>Early years SENCo</li> <li>Health visitor</li> <li>GP</li> <li>Community paediatrician</li> <li>SALT</li> </ul> | <p>Progress with learning will be made as a result of interventions.</p> <p>Improved engagement in learning and a reduction in negative behaviours.</p> <p>Child/Young person will be able to apply skills and learning acquired into the education setting.</p> <p><b>If outcomes are not achieved, progress to specialist support.</b></p> |



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|                   |   | <ul style="list-style-type: none"> <li>Visual approaches to develop social understanding e.g. picture and photo Social Stories.</li> <li>Adaptation of tasks to take account of preferred learning style e.g. planned strategies to ensure co-operation in less preferred areas of curriculum.</li> <li>Some individual work to address specific targets, if appropriate.</li> <li>Targeted small group work within the group to support specific aspects of the curriculum.</li> <li>Interventions should be well-founded evidence based interventions</li> <li>For some children, the multi-agency approach may lead to application being made for the SEND Top-Up grant.</li> </ul>  |   |  |
| <b>School Age</b> | <p><b>Despite Universal level support and individualised support over a sustained period of time, there are persistent difficulties with the indicators above and:</b></p> <ul style="list-style-type: none"> <li>The child may plateau with their learning or the gap between them and their peers may continue to increase.</li> <li>Parents or other people working with the child may raise further concerns.</li> <li>There may be further difficulties in the child accessing the curriculum and this may also impact on their social, emotional and mental health.</li> <li>An escalation in negative behaviours within the setting.</li> <li>The child may recently have been assessed or received a medical diagnosis for an Autistic Spectrum Disorder(ASD).</li> </ul> <p><b><u>Receptive Language and Memory Indicators-</u></b></p> <ul style="list-style-type: none"> <li>The child may have difficulties in processing orally presented information at reasonable speed.</li> <li>Child displays a poor understanding of complex grammar and may struggle with implied meaning and</li> <li>Difficulties with implied meaning and colloquialism (words/sentences without literal meaning)</li> </ul> <p><b><u>Expressive Language (talking) Indicators</u></b></p> | <p><b>As universal phase but also to include the following additional provision:</b></p> <ul style="list-style-type: none"> <li>Targeted individuals are monitored by class teacher and the SENCO. With the inclusion of parent carers and the child, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess, plan, do and review.</li> <li>Liaison and consultation with external support services and professionals where appropriate – to include SALT referral. Advice to be gathered and implemented as recommended, including SALT programmes. Consider a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed.</li> <li>Staff training on supporting children and young people with specific communication and interaction needs.</li> <li>Small group work in class which supports the differentiated curriculum. This could include the teaching of specific social interaction skills and language.</li> <li>Visuals to support verbal information and instructions, including those aimed at social understanding (such as social stories).</li> <li>The use of key words. Instructions to be simplified and repeated as necessary.</li> <li>Differentiation between spoken and written language, including the use of alternative learning resources such as ICT.</li> </ul> | <p><i>Parent Carer</i><br/><i>Child/young person</i><br/><i>Class teachers</i><br/><i>School support staff</i><br/><i>SALT</i><br/><i>OT</i><br/><i>Outreach services</i><br/><i>GP/paediatrician</i><br/><i>Early Help</i></p> | <p>Progress with learning will be made as a result of interventions. Improved engagement in learning and a reduction in negative behaviours. Child/Young person will be able to apply skills and learning acquired into the education setting.</p> <p><b>If outcomes are not achieved, progress to specialist support.</b></p> |

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|  | <ul style="list-style-type: none"> <li>• The child's language may be particularly hesitant or sound immature. Spoken words might not always be clear or easily understood.</li> <li>• The child might find it difficult to express their meaning/themselves on the first attempt and may need more time to do this than their peers.</li> </ul> <p><b><u>Semantic and Pragmatic Language Indicators</u></b></p> <p>The child may display inappropriate interaction with others and may have difficulties with social relationships. This could be due to having difficulties understanding social cues and non-verbal cues.</p> <p>There may be an escalation in negative and inappropriate behaviours.</p> <p>Support may be required for activities that need organisational skills or creative planning.</p> <p>Often needs intervention for activities that place demand on creative planning, organisational skills or work that needs reviewing</p> | <ul style="list-style-type: none"> <li>• Additional adult support at transition and unstructured times.</li> <li>• Use of a personalised work area to be accessed as necessary on a child led basis.</li> </ul> <p><b><u>Receptive Language and Memory Support-</u></b></p> <ul style="list-style-type: none"> <li>• Pre-teaching to introduce new and reinforce specific vocabulary and concepts CIP for individuals</li> <li>• Alternative ways to record work/learning, to include photographic or video recording</li> </ul> <p><b><u>Expressive Language (talking) Support-</u></b></p> <ul style="list-style-type: none"> <li>• Visual resources to reinforce verbal learning/instructions, such as mind maps, word maps, Sound maps and writing frames.</li> </ul> <p><b><u>Semantic and Pragmatic Language Indicators</u></b></p> <ul style="list-style-type: none"> <li>• Targeted support to understand emotions in others and develop self-regulation of own emotions.</li> <li>• ASD outreach and advice from CAMHS ASD nurses and Springwood/Linwood outreach.</li> </ul> |  |  |
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| <b>Post-16 - including participation in the community</b> | <p><b>As above but also:</b></p> <ul style="list-style-type: none"> <li>Young person's Communication and social interaction needs cannot be met at Universal level, despite implementing support over a sustained period of time.</li> <li>Young person has difficulties in accessing the curriculum/learning programme and progress is minimal. This is evidenced through setting assessments and qualitative/quantitative baseline measures.</li> <li>Young person may also have a medical diagnosis such as Autism or Asperger's Syndrome.</li> </ul> | <p><b>As above but also:</b></p> <ul style="list-style-type: none"> <li>A graduated approach which draws in specialist support, advice and expertise. Planning should take a multi-agency holistic approach with input from health and social care. The plan of support should relate to outcomes and include SMART targets and should be expanded following specialist advice and recommendations.</li> <li>Referrals to non-educational support services such as Speech and Language therapy services. Following specialist assessments, recommendations and strategies are implemented then reviewed in successive cycles, ensuring that interventions meet needs.</li> <li>Staff to use specific resources that support language and communication – such as ICT programmes.</li> <li>Support to promote opportunities to interact with peers and develop social interaction skills. This could include teaching specific social interaction skills and encouraging the social use of language.</li> <li>Verbal explanations to be supported by appropriate visuals and appropriate experiential support.</li> <li>The young person may require a specific language intervention that has been devised in consultation with professionals from Speech and Language.</li> <li>Simplification and repetition of language and instructions, including the use of gestures to ensure effective teaching and learning.</li> <li>Modification of the classroom to support sensory sensitivities.</li> </ul> | <p><i>Young Person<br/>Parent Carer<br/>Education setting<br/>SEND lead or<br/>SENCo<br/>Advocate/nominated support<br/>SALT / Adult health services</i></p> | <p>Young person's progress is reviewed with the involvement of the young person and parent carer. At the review progress is made and the gap between the young person and their peers is narrowed.</p> <p>Outcomes are achieved and targeted support is no longer needed. The young person's needs will continue to be met through universal support.</p> <p>Young person is able to complete the course and achieve the necessary skills and qualifications to move into successful employment, higher education or the next level qualification.</p> <p><b>If at the review, the young person's progress is limited and more intensive support is required, support should be sought within the specialist stage.</b></p> |
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| Specialist Support | SEND Indicators  | Pupil Provision/Support   | Involvement  | Outcomes  |
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| <b>Early Years</b> | <ul style="list-style-type: none"> <li>Over time professional advice has been followed and implemented but appropriate progress is still not seen.</li> <li>There is a demonstrable and significant effect on pupil progress over time despite appropriative advice being</li> </ul> | A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of | <ul style="list-style-type: none"> <li><i>Early years worker</i></li> <li><i>Early years SEN team</i></li> <li><i>SENCo</i></li> </ul> | <ul style="list-style-type: none"> <li>Positive response to advice provided by professionals including alternative</li> </ul> |

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|                           | <p>taken and appropriate support being provided by the school</p> <ul style="list-style-type: none"> <li>Significant needs have been identified</li> <li>A few children's difficulties are severe and longstanding and have not responded to focussed and well-founded interventions over a period of time.</li> <li>The severity of their difficulties may have a considerable impact on their ability to access the curriculum.</li> <li>In these cases, the child's difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes.</li> <li>Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</li> <li>Social interaction difficulties and pupil is not able to transfer strategies/skills between situations.</li> <li>Difficulties with sustaining engagement whilst undertaking learning activities.</li> <li>May display a limited repertoire of interests and play skills that affect the child's friendships.</li> <li>Difficulties in accessing whole setting teaching and unstructured periods of time.</li> </ul> | <p>assessment, planning, intervention and review; ensuring interventions match needs.<br/>Clear plans for the use of support to achieve agreed outcomes in their IEP / ILP or similar<br/>In addition to the intervention and support approaches put in place at the targeted level these children may require<br/>A very highly modified learning environment to meet their individual needs:<br/>Functional language is modelled and taught such as 'hello', 'please', 'toilet'. Child may need a personalised communication system.<br/>Consistent use of signs and symbols.<br/>Adult understands and responds to the child using alternative means of communication such as symbols.<br/>Environmental adaptations to minimise impact of sensory distractions and differences.<br/>Targeted teaching of specific social communication skills.<br/>Objects of reference (that are real objects) used to represent activities and times of the day.<br/>For some children, a co-ordinated multiagency plan i.e. EHA' will be essential.<br/>Regular reviews with ley staff, parent carers and any appropriate professionals.<br/>Training for staff involved with the pupil and whole school training where appropriate.<br/>For some children, the multi-agency approach may lead to application being made for the SEND Top-Up grant<br/>Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan</p> | <ul style="list-style-type: none"> <li>Health visitor</li> <li>GP /Paediatrician</li> <li>SALT</li> <li>Occupational Therapist</li> <li>Educational Psychologist</li> </ul>  | <p>strategies, new interventions and new resources.</p> <ul style="list-style-type: none"> <li>Child makes progress against targets/outcomes set out in IEP/ILP/Similar.</li> <li><b>Child achieves outcomes set out in the graduated approach and moves back to targeted/universal stage.</b></li> </ul> |
| <b>Primary School Age</b> | <ul style="list-style-type: none"> <li>Over time professional advice has been followed and implemented but appropriate progress is still not seen.</li> <li>There is a demonstrable and significant effect on pupil progress over time despite appropriate advice being taken and appropriate support being provided by the school</li> <li>Significant needs have been identified</li> <li>A few children's difficulties are severe and longstanding and have not responded to focussed and well-founded interventions over a period of time.</li> </ul>   | <p>IN addition to the intervention and approaches put in place at universal and targeted level, these children and young people may need:<br/>A highly-modified learning environment that meets their individual needs.<br/>A high level of adult support, offering high level care and supervision.<br/>Structures and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person's emotional</p>   | <ul style="list-style-type: none"> <li>Child/Young Person</li> <li>Parent Carer</li> <li>Education worker</li> <li>SALT</li> <li>SENCo</li> <li>Health visitor</li> <li>GP /Paediatrician</li> <li>SALT</li> <li>Occupational Therapist</li> </ul> | <p><b>As for Universal and targeted level and also:</b></p> <ul style="list-style-type: none"> <li>Positive response to specialist recommendations and advice provided by professionals.</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>• The severity of their difficulties may have a considerable impact on their ability to access the curriculum.</li> <li>• In these cases, the child's difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language. Their ability to communicate may severely limit participation in activities and social communication and interaction with peers; and this is likely to be a long term and complex difficulty requiring alternative communication modes.</li> <li>• Their language and communication difficulties may be leading to frustration or emotional and behavioural difficulties.</li> <li>• Social interaction difficulties and pupil is not able to transfer strategies/skills between situations.</li> <li>• Difficulties with sustaining engagement whilst undertaking learning activities.</li> <li>• May display a limited repertoire of interests and play skills that affect the child's friendships.</li> <li>• Difficulties in accessing whole setting teaching and unstructured periods of time</li> </ul> | <p>and behavioural needs throughout the day. These learning environments need to offer security, structure and safety.</p> <p>Outreach and advisory support from CAMHS – including specialist ASD support from CAMHS nurses for those with ASD.</p> <p>Trained and skilled staff who are able to respond to challenging behaviours.</p> <p>Very close home to school liaison so that both parties are aware of changes that can impact on communication and interaction.</p> <p>Speech and language therapy programmes as identified and delivered by the SALT service.</p> <p>Referral to Early Help or CHAD where needs are having a wider impact.</p> | <p>• <i>Educational Psychologist</i></p> | <ul style="list-style-type: none"> <li>• New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning.</li> <li>• Reduction in negative behaviours and better engagement in learning.</li> <li>• Education setting attendance increases and improved engagement in learning.</li> <li>• Child/young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided back through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to apply for an Education, Health and Care Plan (this would be most appropriate where</b></p> |
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|   |  |  |  | there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact and is costly -over £6000).  |
| <b>Post-16 - including participation in the community</b> | <p><b>As above but also:</b></p> <ul style="list-style-type: none"> <li>Young person's difficulties are long standing and severe with little response to focused interventions over a period of time.</li> <li>Young person's SPLC needs have a significant impact on their ability to access the curriculum/learning programme</li> </ul> | <p>Access to individual learning and personalised pathways that offer specific intervention to support engagement and participation within the community.</p> <p>A graduated approach that draws on detailed interventions and approaches with specialist expertise. This could include a referral to adult health services and therapies.</p> <p>Close liaison with the young person's home or nominated contact/parent carer may be needed to ensure consistency between school and home to ensure both sides are aware of any changes that could impact on the young person.</p> <p>Multi-agency assessment should be considered inclusive of non-educational professionals (SALT, OT) and where appropriate, Social care. For young people, over 18 with ASD. SENCOs in schools and a named person within a college with SEN oversight should inform the young person with autism of their right to a community care assessment and their parents of a right to a carer's assessment.</p> <ul style="list-style-type: none"> <li>Specific teaching of social interaction skills and social language, through adult one to one support or small group work. Setting also needs to ensure that there are opportunities for reinforcement of learning and the generalisation of skills to living situations.</li> <li>Specialist interventions that support participating in society, including understanding mobility and transport support, and how to find out about social and community activities, and opportunities for engagement in local decision-making. This</li> </ul> | <p><i>Young Person</i><br/><i>Parent</i><br/><i>Carer/Nominated person or advocate</i><br/><i>SEND lead or SENCo</i><br/><i>SALT, OT or other Health professionals.</i><br/><i>Early Help service / Youth support</i><br/><i>Social Care Transitions team.</i><br/><i>Advocate</i><br/><i>Educational Psychologist</i></p> | <p><b>As for Universal and targeted level and also:</b></p> <ul style="list-style-type: none"> <li>Positive response to specialist recommendations and advice provided by professionals.</li> <li>New resources, interventions and alternative strategies enable the young person to make progress and successfully engage in learning.</li> <li>Education setting attendance increases and improved engagement in learning.</li> <li>Young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> |



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|  |  | <p>also includes support in developing and maintaining friendships and relationships. This could be offered through individualised learning pathways or group work.</p> <ul style="list-style-type: none"> <li>Access to differentiated opportunities that enable young people to participate in community activities. This should include accessing advice from specialist health professionals.</li> </ul> <p>Young person should be made aware of their right to request advocacy support to help them with planning, meetings and decision making.</p> |  | <p><b>If outcomes are reached than support can be provided back through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to apply for an Education, Health and Care Plan</b></p> |
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#### Final step: Requesting an Education, Health and Care Plan Assessment

The child/young person's Long-Term, Severe and Complex needs can be evidenced by specialist professional assessments which show evidence of a high level of educational, social and/or medical need.

The achievements and rates of progress of the child/young person are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still below expectation despite evidence of consistently high levels of intervention over time.

The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child or young person had suddenly acquired severe or complex needs). Ideally 2 cycles of the graduated approach will have been completed.

The level of need impacts on personal and social development and can be evidenced over time (unless the child or young person had suddenly acquired severe or complex needs).

Advice from local authority services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using the assess, plan, do, review cycle.

The delegated funding has been used fully and appropriately, including the non-statutory Element 3 funding and there is clear evidence of how E3 funding has been used to make provision for a child to enable progress towards agreed outcomes.

## Social Emotional and Mental Health/Early Years Personal, Social and Emotional Development

*Many students experience some degree of emotional change during their development, some of which may contribute to particular behaviours. Some students may demonstrate behavioural difficulties related to other learning, social, physical or medical needs. In some cases, e.g. bereavement, this may be short-term*

*This group of difficulties may be characterised by inappropriate behaviour for the student's age and behaviour which may interfere with their own learning or the work of other students. There may be signs of emotional turbulence or withdrawal. Not all disruptive or emotional behaviour is necessarily indicative of having special educational needs and may be more appropriately supported through the pastoral care system.*

*Environmental factors, including ethos, organisation, curriculum, classroom management and teaching and learning approaches within a school can be key influencers on behaviour within schools and require careful attention.*

### SEND Code of Practice 2015 – Broad Areas of Need

**6.32** Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as 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. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

**6.33** Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools. **(See Appendix)**

| Universal Support  | SEND Indicators (Assess)   | Pupil Provision/Support (Plan/Do)   | Involvement  | Outcomes/Progress (Review)   |
|--------------------|--|---|--|--|
| <b>Early Years</b> | <ul style="list-style-type: none"> <li>Parent or Early Years staff raise concerns.</li> <li>Health visitor Early Years assessments highlight developmental concerns.</li> <li>Difficulties with social interaction</li> <li>Difficulties with attention and listening, social understanding and lack flexibility in thought and behaviour.</li> <li>Periodically displays emotional and social difficulties and some children may have a short term mental health difficulty. (Some of these difficulties may be the result of other underlying circumstances such as bereavement).</li> </ul>   | <ul style="list-style-type: none"> <li>Child may need short term support but it should not be assumed at this stage that they have Special Educational Needs.</li> <li>Parent Carer discussion and Involvement in planning.</li> <li>An appropriately differentiated curriculum which considers all needs.</li> <li>Personalised targets will be set for all children.</li> <li>A planned adapted environment that takes into account all the child's needs.</li> <li>All settings will have a behaviour policy that staff will follow alongside this, there will be a consistent behaviour management approach adopted by all staff, including regular reinforcement of positive behaviours.</li> <li>Staff will put into practice any knowledge/skills acquired through universal training on PSED.</li> <li>Support from Health visitors on Infant mental health (<b>Have Bournemouth HV been trained in this?</b>)</li> </ul> | <ul style="list-style-type: none"> <li>Parent Carers</li> <li>Health visitors</li> <li>Early years setting staff/teachers</li> <li>Children's Centres</li> </ul> | <p>Improved progress</p> <p>Improved engagement</p> <p>Improved relationships</p> <p>Less incidents recorded</p> <p><b>If outcomes not reached progress to Targeted Support and refer to SENCo</b></p> |
| <b>School Age</b>  | <p>Children may periodically display emotional, social and behavioural difficulties and some children 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>Requires frequent adult prompting</p> <p>Needs support to make and sustain appropriate relationships</p> <p>Displays frequent unpredictable responses to a range of situations e.g. anxiety, anger or unhappiness</p> <p>Has difficulties expressing their point of view verbally/and/or talking about their feelings without intervention. This includes refusal to speak</p> <p>Engages in attention seeking behaviour and regularly seeks approval from adults and peers</p> | <ul style="list-style-type: none"> <li>Differentiated curriculum adapted to needs of the individual pupil</li> <li>Flexible grouping strategies used in class</li> <li>Peer support</li> <li>Focused use of adult support within the classroom</li> <li>Visual timetable</li> <li>Praise and reward systems, making consequences clear</li> <li>Restorative language used</li> <li>Use of forced choices</li> <li>Give pupil specific roles in class</li> <li>Make expectations clear</li> </ul>  | <ul style="list-style-type: none"> <li>Class teacher</li> <li>Support staff</li> <li>Parents</li> <li>Pupils</li> </ul>  | <p>Improved progress</p> <p>Improved engagement</p> <p>Improved relationships</p> <p>Less incidents recorded</p> <p><b>If outcomes not reached progress to Targeted Support and refer to SENCo</b></p> |

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|                | Shows signs of being withdrawn and may need encouragement to take part in activities<br>Signs of emotional turbulence (for example tearfulness, withdrawal from social situations).   |  |  |  |
| <b>Post-16</b> | <p>Young person may have a short term mental health difficulty or periodically display social or emotional difficulties.</p> <p>The young' person's behaviour may become increasingly challenging or there may signs of withdrawal/ isolation. Staff/peers may notice a change in mood that continues over a period of time.</p> <p>The young person may have experienced a loss or bereavement or other short term difficulties. It may be that they require short term support but at this stage it should not be assumed that they have special educational needs.</p> | <ul style="list-style-type: none"> <li>Post-16 settings have systems in place for staff to routinely check the emotional wellbeing of all students, this includes gathering the views from the young person directly.</li> <li>Whole setting behaviour policy which incorporates promoting positive behaviour within the learning environment.</li> <li>Whole setting training on SEMH difficulties and their impact on learning.</li> <li>Education settings have policies which outline the whole setting approach to pastoral support and developing student's emotional wellbeing. Health and safety policies and risk assessments should be completed.</li> <li>Differentiated curriculum and personalised learning targets for all. This will encourage young people to learn and minimise disruptions.</li> <li>Peer support systems, including buddy schemes.</li> <li>Access to universal health services such as school nurse or GP services.</li> </ul> | <ul style="list-style-type: none"> <li>Young person</li> <li>Parent Carer</li> <li>SEND lead/ SENCo</li> <li>School nurse</li> <li>GP</li> </ul> | <p>Young person's progress is reviewed with the involvement of the young person and parent carer. At the review progress is made and the gap between the young person and their peers is narrowed.</p> <p>Outcomes are achieved and targeted support is no longer needed. The young person's needs will continue to be met through universal support.</p> <p>Young person is able to complete the course and achieve the necessary skills and qualifications to move into successful employment, higher education or the next level qualification</p> <p><b>If at the review, the young person's progress is limited and more intensive support is required, support should be sought within the specialist stage.</b></p> |

| Targeted Support                                | SEND Indicators (Assess)   | Pupil Provision/Support (Plan/Do)  | Involvement   | Outcomes (Review)  |
|---|--|--|---|--|
| <b>On SEN Support</b><br><br><b>Early Years</b> | <p>Some children'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 child's progress with learning or the learning of other children.</p> | <p>These children will require as above and:</p> <ul style="list-style-type: none"> <li>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.</li> <li>Further modifications to the setting and environment to take account of individual needs.</li> </ul> | <ul style="list-style-type: none"> <li>Early years worker</li> <li>SENCo</li> <li>Early Help Service</li> <li>Health visitor / GP</li> <li>CAMHS</li> </ul> | <ul style="list-style-type: none"> <li>Child makes progress as support is appropriate and 'gaps' in learning are closed.</li> <li>Improved access to the EYFS curriculum or chosen learning programme/outcomes.</li> <li>Noticeable improvement in learning and setting engagement.</li> </ul> |

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|                       |  | <ul style="list-style-type: none"> <li>• Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.</li> <li>• Support through flexible grouping strategies. Additional adult support may be required at an individual or within a small group. Support to develop social skills and emotional awareness may include: <ul style="list-style-type: none"> <li>• Some 1:1 or small group work at times of need.</li> <li>• Structured activities to develop specific social skills in small groups.</li> <li>• Consistent approaches in place to manage behaviour by all staff, this should be laid out in a clear behaviour plan.</li> <li>• Support to develop emotional security and sense of belonging: <ul style="list-style-type: none"> <li>• Placement in a nurture group.</li> <li>• Small group support activities, small key group.</li> <li>• These children will require a IEP / ILP or similar.</li> <li>• For some children, the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</li> <li>• For some children, a co-ordinated, holistic multi agency plan will be required.</li> <li>• This may involve Social Workers, Family Support Workers, and Health professionals i.e; and EHA for some children, it may be appropriate to submit an application for the SEND Top-Up Grant.</li> </ul> </li> </ul> </li> </ul> |  | <b>If outcomes not met progress to Targeted Support.</b>  |
| <b>On SEN Support</b> | <p><i>Despite universal level intervention and individualised support there are persistent difficulties with the indicators above and also:</i></p> <ul style="list-style-type: none"> <li>•Has social, emotional and/or mental health issues which substantially and regularly interfere with their own learning or that of the class group. Displays regular episodes of anger and agitation.</li> </ul> | <p>As above and:</p> <p>Collect background information from parents/carers</p> <p>Targeted group programmes run by LSA or Learning mentor</p> <p>Use of de-escalating techniques</p> <p>Use of sensory support</p> <p>Adults use of positive language and saying thank you at the end of an instruction not please</p>   | <p><i>Class teacher</i></p> <p><i>Support staff</i></p> <p><i>Learning Mentor/pastoral support</i></p> <p><i>Specialist ELSA staff</i></p> <p><i>Parents</i></p> <p><i>Pupils</i></p> <p><i>SENCo</i></p> <p><i>Discussion with EP</i></p> <p><i>Possible Early Help Involvement</i></p> | <p><i>Difference/benefit expected to see at this level.</i></p> <p>As above-</p> <p>Made progress within interventions from entry to exit.</p> <p>Evidence of pupils using strategies learnt in the</p> |
| <b>School Age</b>     |  |  |  |   |

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|                                     | <p>•Continues to make little or no progress despite interventions designed to improve aspects of their social, emotional and/or mental health development</p>  | <p>Specific programmes to address pupil's difficulties small group wherever possible and consider some 1:1 support<br/>Consider Early Help assessment with the family<br/>Discuss EP referral with SENCo/Family<br/>Consider referral to CAMHS<br/>Some pupils may go onto behaviour framework?<br/>Liaison with parents/carers<br/>Seek advice for behaviour strategies</p>  |  | <p>intervention back in the classroom/playground</p> <p><b>If outcomes not reached progress to Specialist Support</b></p>  |
| <p><b>Post-16 – Good health</b></p> | <p>Young person's social emotional and mental health difficulties cannot be met within the resources at universal level.</p> <p>Young person may become isolated or withdrawn. Attendance figures may show a downward trend.</p> <p>Discussions with the young person may highlight SEMH difficulties.</p> <p>An increase in disturbing, challenging and disruptive behaviours that impact on the young person's ability to access the curriculum/learning programme and also impacts on others within the learning environment.</p> <p>Behaviour impacts on the young person's progress and safety risks may be identified.</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.<br/>Further modifications to the setting and environment to take account of individual needs.<br/>Opportunities to gather young person's views and opportunities to develop trusting relationships with staff/workers.<br/>Distraction free workspaces and activities which are broken down into achievable tasks.<br/>Clear and consistent rewards systems that encourage positive behaviours.<br/>Social learning opportunities wither through planned 1:1 or small group work, where strategies to manager emotions and conflict can be developed.<br/>Group support activities where the young person can develop emotional security and a greater sense of belonging.<br/>Close liaison and consultation with external agencies and support services – Early help assessment may be necessary or initial advice from mental health services.<br/>Advice and sign posting to external support services and health provision such as GP.</p> | <ul style="list-style-type: none"> <li>• <i>Young Person</i></li> <li>• <i>Parent/Carer</i></li> <li>• <i>SEND lead/SENCo</i></li> <li>• <i>GP</i></li> <li>• <i>Early Help</i></li> <li>• <i>CAMHS / Adult Mental health team.</i></li> </ul> | <p>Young person's progress is reviewed with the involvement of the young person and parent carer. At the review progress is made and the gap between the young person and their peers is narrowed.</p> <p>Outcomes are achieved and targeted support is no longer needed. The young person's needs will continue to be met through universal support.</p> <p>Young person is able to complete the course and achieve the necessary skills and qualifications to move into successful employment, higher education or the next level qualification</p> <p><b>If at the review, the young person's progress is limited and more intensive support is required, support should be sought within the specialist stage.</b></p> |



| Specialist Support | SEND Indicators   | Pupil Provision/Support  | Involvement  | Outcomes  |
|--------------------|---|--|--|---|
| <b>Early Years</b> | <p>Relatively few children's difficulties are severe and longstanding and not a short-term response to stress or traumatic events such as bereavement or family breakdown.</p> <ul style="list-style-type: none"> <li>Over time professional advice has been followed and implemented but appropriate progress is still not seen.</li> </ul> <p>They may over a sustained period of time display extremely withdrawn, disengaged, self-harming or anxious behaviours.</p> <p>Present a serious threat to their own or others safety.</p> <p>Display particularly challenging, uncooperative, destructive and disruptive behaviours.</p> <p>Respond to peers and adults with significant physical and verbal aggression or sexually inappropriate behaviour.</p> <p>Have difficulty engaging with activities set by adults</p> | <p>These children will require:</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <p><b>A high level of adult support may be required to provide:</b></p> <ul style="list-style-type: none"> <li>A highly structured Individual Behaviour Plan.</li> <li>A high level of care and supervision.</li> <li>Individual programmes used to develop social and emotional skills throughout the day.</li> <li>Staff trained and skilled in supporting children with exceptionally challenging behaviour.</li> <li>A secure, structured and safe learning environment.</li> <li>Clear plans for the use of support to achieve agreed outcomes in their IEP / ILP / behaviour plan or similar.</li> <li>For some children, a co-ordinated multiagency EHA or social care assessment will be essential.</li> <li>For some children, the multi-agency plan may identify the need to request the Inclusion Grant for 1:1 support.</li> <li>Some children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.</li> </ul> | <p><i>Setting early years worker</i><br/><i>SENCo</i><br/><i>Early years SEND team</i><br/><i>Health visitor</i><br/><i>GP/CAMHS/Paediatrician</i><br/><i>Early Help worker</i><br/><i>Social Care – CHAD team</i><br/><i>Educational Psychologist</i></p> | <p><b>As for Universal and targeted level and:</b></p> <ul style="list-style-type: none"> <li>Positive response to specialist recommendations and advice provided by professionals.</li> <li>New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning.</li> <li>Reduction in negative behaviours and better engagement in learning.</li> <li>Education setting attendance increases and improved engagement in learning.</li> <li>Child is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period of time are not reached, consideration should be made to apply for an Education, Health and Care Plan. ( this would be most appropriate where there is evidence of the needs being long term, where</b></p> |

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|                   |   |  |  | support has been in place over time with evidence of minimum impact and is costly -over £6000)  |
| <b>School Age</b> | <p>Over time professional advice has been followed and implemented but appropriate progress is still not seen.<br/>There is a demonstrable and significant effect on pupil progress over time despite appropriate advice being taken and appropriate support being provided by the school</p> <p>Significant needs have been identified<br/><b>As above and may also include:</b></p> <ul style="list-style-type: none"> <li>•Remaining off task despite significant adult support</li> <li>•Displaying unusual, harmful or dangerous behaviour to self or others</li> <li>•Experiencing a significant level of rejection by peers leading to an increased in social isolation</li> <li>•A high level of dependency and may have significant difficulties relating to their peer group</li> <li>•Frequent and prolonged mood swings</li> <li>•Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning and may lead to a period of absence from school</li> <li>•Signs of selective mutism</li> <li>•Frequent verbal and/or physical aggression towards others</li> <li>•Difficulty following rules and challenging authority</li> <li>•Presenting as a risk to themselves or others</li> <li>Refusal to attend school /significant absence periods</li> </ul> | <p><i>AS above and continue to follow professional advice, CAMHS/EP input</i></p> <p>Strategies also may include</p> <ul style="list-style-type: none"> <li>•Meet and greet</li> <li>•Brain breaks and sensory techniques eg calm box</li> <li>•Time out area allocated for the pupil</li> <li>•Buddy/peer mentor to be considered</li> <li>•Learning Mentor/key adult to give regular support</li> <li>•Attend lunchtime club</li> <li>•Behaviour support plan in place that all key staff are aware of, and if appropriate, a risk assessment</li> <li>•Develop pupil passport with the pupil</li> <li>•Flexibility around access to the curriculum and individual needs</li> </ul> <p>Early Help assessment to be completed<br/>Referral by SENCo to appropriate professional<br/>CAMHS<br/>speech and language<br/>EP<br/>CPD training for all staff involved with the pupil</p> | <ul style="list-style-type: none"> <li>• Class teacher</li> <li>• Support staff</li> <li>• Parents</li> <li>• Pupils</li> <li>• Learning Mentor</li> <li>• SENCo</li> <li>• EP</li> <li>• Early Help</li> <li>• CAMHS</li> </ul> | <p><i>Difference/benefit expected to see at this level.</i><br/>As above</p> <ul style="list-style-type: none"> <li>• Respond to advise provided by professionals</li> <li>- New resources</li> <li>- Intervention</li> <li>- Alternative Strategies</li> <li>• If outcomes reached move back to stage 2, if outcomes over time not reached consideration to apply for EHC plan ( this would only be if appropriate support is in place over time and at a cost of more than £6000).</li> <li>• EHC plans should only be applied for once educational psychologist consultation has taken place.</li> </ul> |
| <b>Post-16</b>    | <p><b>As above and indicators may also include:</b></p> <ul style="list-style-type: none"> <li>• The young person displays self-harming, anxious or extremely withdrawn behaviours. There may also be an escalation of</li> </ul>   | <p>Multi-agency holistic assessment to be completed, Including referrals to specialist mental health services such as CAMHS or adult mental health.</p>  | <p>Young Person<br/>Parent Carer<br/>SEND lead/SENCo<br/>Educational Psychologist</p>  | <p><b>As for Universal and targeted level and also:</b></p>   |

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|  | <p>challenging, uncooperative and disruptive behaviour.</p> <ul style="list-style-type: none"> <li>• Young person may present as a serious threat to themselves or others and are at risk of significant harm.</li> <li>• An increase in challenging behaviours and may respond to peers using significant verbal and physical aggression.</li> <li>• Presence of inappropriate sexual behaviours.</li> <li>• Difficulty in engaging with activities set for them by adults.</li> <li>• Serious decline in course attendance or complete refusal to attend.</li> </ul> | <ul style="list-style-type: none"> <li>• Early help or social care assessment.</li> <li>• Access to a wide range of evidence based interventions that are well focused on SEMH.</li> <li>• Development of a highly structured individual behaviour plan that incorporates specialist strategies and advice. This must include opportunities for the young person to share their views.</li> <li>• Learning environments should be secure and structures so that they are safe.</li> <li>• A high level of supervision may be needed.</li> <li>• Opportunities for social and emotional programmes either on a 1:1 basis or as part of a group.</li> <li>• Risk assessment to be completed.</li> <li>• Staff to be trained and skilled in supporting young people with challenging behaviours.</li> </ul> | <p><i>CAMHS/ADULT mental health worker</i><br/><i>Early help/Social care support – CHAD or Transitions team</i><br/><i>GP</i></p> | <ul style="list-style-type: none"> <li>• Positive response to specialist recommendations and advice provided by professionals.</li> <li>• New resources, interventions and alternative strategies enable the young person to make progress and successfully engage in learning.</li> <li>• Education setting attendance increases and improved engagement in learning.</li> <li>• Young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided back through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to apply for an Education, Health and Care Plan</b></p> |
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#### Final step: Requesting an Education, Health and Care Plan Assessment

The child/young person's Long-Term, Severe and Complex needs can be evidenced by specialist professional assessments which show evidence of a high level of educational, social and/or medical need.

The achievements and rates of progress of the child/young person are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still below expectation despite evidence of consistently high levels of intervention over time.

The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child or young person had suddenly acquired severe or complex needs). Ideally 2 cycles of the graduated approach will have been completed.

The level of need impacts on personal and social development and can be evidenced over time (unless the child or young person had suddenly acquired severe or complex needs).

Advice from local authority services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using the assess, plan, do, review cycle.

The delegated funding has been used fully and appropriately, including the non-statutory Element 3 funding and there is clear evidence of how E3 funding has been used to make provision for a child to enable progress towards agreed outcomes.

## Sensory and Physical

### **Physical**

*A medical diagnosis does not in itself imply special educational needs, for example, controlled asthma or epilepsy. Where, however, the physical or medical condition is such as to impede access to the curriculum or results in limited progress or learning delay, including social aspects, schools may need to make suitable arrangements. In very severe situations, a statement may be required.*

*Students with disabilities may require the school to put in place reasonable adjustments, either physically, via the organisation of the curriculum and pastoral systems or in the provision of information, under the Equality Act 2010.*

*Learning difficulties may arise through limited access at the school, or due to the nature of the condition, for example, disruption to attendance as a result of a longer-term condition, or enforced absence due to long-term hospitalisation or prolonged post-operative home recovery. Provision for children unable to attend school through illness or injury is the responsibility of the school for the first 15 days of a period of absence and the LA thereafter.*

*Particular attention will need to be given to provision for those with life-threatening or terminal conditions, not least in the counselling/pastoral aspects.*

*There may be physical barriers facing students, relating to mobility, stamina and dexterity and the need for regular, possibly daily, treatment, either on the school site, or at a clinic. This might include a drugs programme which might have side effects which impact on learning.*

*Consideration will need to be given to physical access, toileting, feeding, requirement for specialist equipment or materials, impact within the school and classroom on the student and on other students.*

### **Sensory**

*The special educational needs of students with hearing or visual impairment will vary from nil to mild to very significant, depending on the nature of the impairment and on whether it is partial or complete, temporary or permanent, and if the latter, the degree of permanence.*

*Students with sensory impairment might require the school to put in place reasonable adjustments in line with the Equality Act 2010, either physically through the organisation of the curriculum and pastoral systems or through the provision of information, under the Equality Act 2010.*

*Most of the students with sensory impairment will have been identified in early childhood and will already be accessing the relevant medical and audiology services by the time they reach aged four. Other conditions may arise through accident or illness, such as conductive hearing loss.*

*Sensory impairment can impact significantly on a student's educational development, resulting in some cases in learning delay and language disorders. This requires careful mapping and appropriate response by schools.*

*Students whose learning difficulties are associated with mild visual or hearing difficulties, such as monocular vision or mild conductive hearing loss, should be provided for within a mainstream setting, at the SEN Support level of intervention. Where correction is made for a minor visual (eg glasses) or hearing (eg grommets) conditions, the student should not require SEN Support.*

*Those with more significant needs may require the support of external agencies and input from specialist teachers to enable them to access the curriculum, via the SEN Support level of intervention.*

### SEND Code of Practice 2015 – Broad Areas of Need

**6.34** Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health

**6.35** Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

| Universal Support  | SEND Indicators   | Pupil Provision/Support   | Involvement   | Outcomes  |
|--------------------|---|---|---|---|
| <b>Early Years</b> | <p>As part of the Health Visiting Family Offer, all children have their gross motor and fine motor skills assessed routinely at 9-12 months and 2 years using the Ages and Stages Questionnaire. Needs may be identified during these assessments.</p> <p>All children are weighed routinely by health visitors at 6 weeks and 9-12 months of age. The universal immunisation programme is discussed with and offered to all families as part of the Healthy Child Programme. Concerns may be raised during these routine checks and programmes by parent carers or health visitors.</p> <p>New-born 'heel prick' screening is offered to all children under 1 year, including those who have moved from abroad. Needs may be identified through the screening programme.</p> <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>•Mild hearing or visual impairment</li> <li>•May use hearing aids or glasses</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>•May have some minor difficulties undertaking certain tasks</li> <li>•Child may be delayed in achieving independent mobility</li> <li>•May have stability problems but can walk unaided</li> </ul> | <p><b>Support offered to all CYP with recognised needs:</b></p> <ul style="list-style-type: none"> <li>• All children will require access to the following Intervention and Support approaches:</li> <li>• Curriculum differentiated appropriately to take account of individual needs.</li> <li>• Staff set personalised learning targets for all children.</li> <li>• Environment planned to</li> <li>• promote accessibility to the Early Years curriculum and the entire premises for every child. Using a total communication approach.</li> <li>• Risk assessments in place as appropriate and necessary.</li> <li>• Policies in place to describe accessibility, and support for those who need it.</li> <li>• All children need to be active and to develop their co-ordination, control and movement. Children must also be helped to understand the importance of physical activity and to make healthy choices in relation to food.</li> <li>• Staff will access training provided</li> <li>• Health Visitors have been trained in Infant Mental Health, and some Health Visitors have completed the New-born Observation training.</li> </ul> | <p><i>Early years worker/teacher</i><br/><i>Early years SEN team</i><br/><i>Health visitor</i><br/><i>Support staff</i><br/><i>Parents</i><br/><i>Pupils</i><br/><i>Early years quality Development team</i><br/><i>GP/Health teams</i></p> | <ul style="list-style-type: none"> <li>• Improved progress</li> <li>• Improved access to the curriculum</li> </ul> <p><b>If outcomes not reached, progress to Targeted Support and refer to SENCo</b></p> |



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|                   | <p>There is a wide range of physical and medical disabilities and children cover the whole ability range. Some children are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may mean they need some short-term support, but it should not be assumed that they have special educational needs.</p>  | <ul style="list-style-type: none"> <li>• Settings draw on their expertise from the 'H.E.Y.' scheme</li> <li>• Settings are advised by the Early Years Quality Development Team</li> </ul> <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>• Awareness of seating arrangements during carpet time, at the table and when in other parts of the school e.g. assembly/lunchtimes</li> <li>• Good classroom management</li> <li>• Lighting in room</li> <li>• Ensure child wears hearing aids or glasses if these are required.</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>• Awareness of being able to safely move around the environment</li> <li>• Flexible grouping</li> <li>• Ensure pupil is included in group and has access to all being said in the group and encourage full pupil participation in group work</li> <li>• Staff awareness</li> <li>• Peeps in place, and health care plan if appropriate</li> </ul> |   |   |
| <b>School Age</b> | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>• Mild hearing or visual impairment</li> <li>• May use hearing aids or glasses</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>• May have some minor difficulties undertaking certain tasks</li> <li>• Child may be delayed in achieving independent mobility</li> <li>• May have stability problems but can walk unaided</li> </ul> | <p>All children need to be active and to develop their co-ordination, control and movement. Children must also be helped to understand the importance of physical activity and to make healthy choices in relation to food. Curriculum differentiated appropriately to take account of individual needs. Staff set personalised learning targets for all children. Environment planned to promote accessibility to the Early Years curriculum and the entire premises for every child. Using a total communication approach. Risk assessments in place as appropriate and necessary. Policies in place to describe accessibility, and support for those who need it.</p> <p><b>Sensory:</b></p> <p>Awareness of seating arrangements during carpet time, at the table and when in other parts of the school eg assembly/lunchtimes</p>  | <ul style="list-style-type: none"> <li>• Class teacher</li> <li>• Support staff</li> <li>• Parents</li> <li>• Pupils</li> </ul> | <ul style="list-style-type: none"> <li>• Improved progress</li> <li>• Improved access to the curriculum</li> </ul> <p><b>If outcomes not reached, progress to Targeted Support and refer to SENCo</b></p> |

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|                |   | <p>Good classroom management</p> <p>Lighting in room</p> <p>Ensure child wears hearing aids or glasses if these are required.</p> <p><b>Physical:</b></p> <p>Awareness of being able to safely move around the environment</p> <p>Flexible grouping</p> <p>Ensure pupil is included in group and has access to all being said in the group and encourage full pupil participation in group work</p> <p>Staff awareness</p> <p>Peeps in place, and health care plan if appropriate</p> <p>Maximise opportunities for child to participate in physical activities within and outside of the curriculum</p>  |   |   |
| <b>Post-16</b> | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>•Mild hearing or visual impairment</li> <li>•May use hearing aids or glasses</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>•May have some minor difficulties undertaking certain tasks</li> <li>•Child may be delayed in achieving independent mobility</li> <li>•May have stability problems but can walk unaided</li> </ul> | <ul style="list-style-type: none"> <li>• Good classroom management</li> <li>• Lighting in room</li> <li>• Ensure young person wears hearing aids or glasses if these are required.</li> <li>• Awareness of being able to safely move around the environment</li> <li>• Flexible grouping</li> <li>• Ensure young person is included in group and has access to all being said in the group and encourage full pupil participation in group work</li> <li>• Staff awareness</li> <li>• Peeps in place, and health care plan if appropriate</li> <li>• Promote general healthy and active lifestyle for ongoing maintenance of physical abilities and physical health in adulthood</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Class teacher</i></li> <li>• <i>Support staff</i></li> <li>• <i>Parents</i></li> <li>• <i>Pupils</i></li> </ul> | <ul style="list-style-type: none"> <li>• Improved progress</li> <li>• Improved access to the curriculum</li> </ul> <p><b>If outcomes not reached, progress to Targeted Support and refer to SENCo</b></p> |

| Targeted Support   | SEND Indicators   | Pupil Provision/Support  | Involvement   | Outcomes   |
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| <b>Early Years</b> | <p><b><i>Despite universal level intervention and individualised support there are persistent difficulties with the indicators above and:</i></b></p> <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>• Moderate hearing or visual impairment</li> <li>• May use hearing aids or glasses</li> </ul> | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>• Home/school liaison</li> <li>• Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout</li> <li>• Labels in setting clear and appropriate size</li> <li>• Ensure contrast where necessary to identify hazards in environment or on stairs</li> </ul> | <ul style="list-style-type: none"> <li>• <i>Class teacher</i></li> <li>• <i>Support staff</i></li> <li>• <i>Parents</i></li> <li>• <i>Pupils</i></li> <li>• <i>SENCo</i></li> </ul> | <p>.</p> <ul style="list-style-type: none"> <li>• The gap between the child/young person's progress in their areas of difficulty and areas unaffected by their sensory, physical or</li> </ul> |

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|            | <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Severe trauma, perhaps as a result of an accident, amputation or serious illness.</li> <li>Degenerative conditions like muscular dystrophy e.g. Duchenne.</li> <li>Moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorder.</li> <li>Moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes.</li> <li>Physical difficulties may result in: difficulties in safely accessing the physical environment, facilities and equipment, difficulty in achieving independent self-care skills. difficulties in communicating through speech and other forms of language.</li> <li>Emotional stress and physical fatigue.</li> </ul> | <ul style="list-style-type: none"> <li>Some setting resources may need to be individualised e.g. name labels etc. and provide high contrast on whiteboards</li> <li>Gain child's attention before starting to speak and reiterate names of pupils and responses from others</li> <li>Check pupils understanding frequently</li> <li>Supportive work buddies</li> <li>Some individual and/or small group teaching to reinforce learning</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Teach particular skills to improve curriculum access</li> <li>May require some equipment e.g. sloping board, pencil grips and adaption to resources</li> <li>Small group intervention or fine/gross motor programmes</li> </ul>   |  | <p>medical needs is closing or being maintained</p> <ul style="list-style-type: none"> <li>Greater participation in classroom activities</li> </ul> <p><b>If outcomes not reached, progress to specialist Support</b></p>  |
| School Age | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>Moderate hearing or visual impairment</li> <li>May use hearing aids or glasses</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Child may demonstrate less physical competency at fine or gross motor tasks within the curriculum compared to peers, despite intervention at "Universal" level.</li> </ul>   | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>Home/school liaison</li> <li>Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout</li> <li>Labels in classroom clear and appropriate size</li> <li>Ensure contrast where necessary to identify hazards in environment or on stairs</li> <li>Some class resources may need to be individualised e.g. name labels etc. and provide high contrast on whiteboards</li> <li>Gain pupils' attention before starting to speak and reiterate names of pupils and responses from others</li> <li>Check pupils understanding frequently</li> <li>Supportive work buddies</li> <li>Some individual and/or small group teaching to reinforce learning</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Teach particular skills to improve curriculum access e.g. touch typing</li> <li>May require some equipment e.g. sloping board, pencil grips and adaption to resources</li> <li>Small group intervention or fine/gross motor programmes</li> </ul> | <ul style="list-style-type: none"> <li>Class teacher</li> <li>Support staff</li> <li>Parents</li> <li>Pupils</li> <li>SENCo</li> </ul> | <p>The gap between the child/young person's progress in their areas of difficulty and areas unaffected by their sensory, physical or medical needs is closing or being maintained</p> <p>Greater participation in classroom activities</p> <p><b>If outcomes not reached, progress to Specialist Support</b></p> |

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| <b>Post-16</b> | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>Moderate hearing or visual impairment</li> <li>May use hearing aids or glasses</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Young person may demonstrate less physical competency at fine or gross motor tasks within the curriculum compared to peers, despite intervention at "Universal" level.</li> </ul> | <p><b>Sensory:</b></p> <ul style="list-style-type: none"> <li>Home/school liaison</li> <li>Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout</li> <li>Labels in classroom clear and appropriate size</li> <li>Ensure contrast where necessary to identify hazards in environment or on stairs</li> <li>Some class resources may need to be individualised e.g. name labels etc. and provide high contrast on whiteboards</li> <li>Gain pupils' attention before starting to speak and reiterate names of pupils and responses from others</li> <li>Check pupils understanding frequently</li> <li>Supportive work buddies</li> <li>Some individual and/or small group teaching to reinforce learning</li> </ul> <p><b>Physical:</b></p> <ul style="list-style-type: none"> <li>Teach particular skills to improve curriculum access e.g. touch typing</li> <li>May require some equipment e.g. sloping board, pencil grips and adaption to resources</li> <li>Small group intervention or fine/gross motor programmes</li> </ul> | <ul style="list-style-type: none"> <li>Class teacher</li> <li>Support staff</li> <li>Parents</li> <li>Pupils</li> <li>SENCo</li> </ul> | <ul style="list-style-type: none"> <li>The gap between the child/young person's progress in their areas of difficulty and areas unaffected by their sensory, physical or medical needs is closing or being maintained</li> <li>Greater participation in classroom activities</li> </ul> <p><b>If outcomes not reached, progress to Specialist Support.</b></p> |
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| Specialist Support | SEND Indicators  | Pupil Provision/Support   | Involvement  | Outcomes   |
|--------------------|--|---|--|--|
| <b>Early Years</b> | <p><b>Sensory:</b></p> <p>Moderate or severe hearing or visual impairment, which has significant impact upon learning or ability to participate in the curriculum.</p> <p><b>Physical:</b></p> <p>Despite support and intervention at Universal and Targeted levels, child continues to demonstrate physical difficulties, which are having an impact upon their learning.<br/>OR<br/>Pupil has a known physical disability or medical condition which impacts upon their ability to participate in school life and learning without</p> | <p><b>Physical:</b></p> <p>Home – school liaison re child's abilities and needs.<br/>Staff understanding of the child's condition, with respect to both their abilities and difficulties.<br/>School environment may require adaptation to ensure accessibility eg. Toileting facilities, ramps and grab rails.<br/>Child may require access to and space to use specialist seating, walking or standing aids or a wheelchair, as advised by OT or Physio.<br/>All staff working with child to have basic manual handling training.</p> | <p>Child/Young person<br/>Parent Carer<br/>Sensory advisory staff<br/>Occupational Therapists<br/>Physio Therapists<br/>SENCo / Education setting staff<br/>Early help/CHAD social care support<br/>GP and Paediatrician<br/>Early years SEND worker</p> | <p><b>As for Universal and targeted level and:</b></p> <ul style="list-style-type: none"> <li>Positive response to specialist recommendations and advice provided by professionals.</li> <li>New resources, interventions and alternative strategies enable the child to make progress and successfully engage in learning.</li> </ul> |

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|                       | <p>support. Child may already be under the care of Children's Therapy Services, Poole Hospital NHS Foundation Trust.</p>  | <p>Staff should follow child's individual manual handling plan if this is required.<br/>Implementation of motor skill or therapeutic programmes as prescribed by a Children's Occupational Therapist or Children's Physiotherapist<br/>School day may require adaptation if the child experiences physical fatigue, which will impact upon their ability to learn.<br/>Preparation of individual learning resources<br/>Child may need short rest breaks and tasks may take longer to complete<br/>May need to differentiate physical curriculum and may need to incorporate exercises into general class/PE lessons<br/>Additional time and equipment may be required for toileting and personal care.<br/>Assistance or supervision may be required at break and lunchtimes for mobility.<br/>Assistance may be required for eating and drinking at break or lunchtimes.<br/>Awareness of suitability of school trips and reasonable adjustments should be made to ensure inclusion.<br/>Aware of social inclusion, buddy system/circle of friend set up<br/>Develop strategies for self-esteem, confidence building and promoting independence<br/>Peer awareness and understanding</p> |  | <ul style="list-style-type: none"> <li>Education setting attendance increases and improved engagement in learning.</li> <li>Child is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period of time are not reached, consideration should be made to apply for an Education, Health and Care Plan. ( this would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum impact and is costly -over £6000)</b></p> |
| <b>School Support</b> | <p>Moderate or severe hearing or visual impairment, which has significant impact upon learning or ability to participate in the curriculum.</p> <p><b>Physical:</b><br/>Despite support and intervention at Universal and Targeted levels, child continues to</p> | <p>Home – school liaison re child's abilities and needs.<br/>Staff understanding of the child's condition, with respect to both their abilities and difficulties.<br/>School environment may require adaptation to ensure accessibility eg. Toileting facilities, ramps and grab rails.</p>  | <p><i>Child/Young person<br/>Parent Carer<br/>Sensory advisory staff<br/>Occupational Therapists<br/>Physio Therapists</i></p> | <p><b>As for Universal and targeted level and also:</b></p> <ul style="list-style-type: none"> <li>Positive response to specialist recommendations and advice provided by professionals.</li> </ul>   |

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|  | <p>demonstrate physical difficulties, which are having an impact upon their learning.<br/>OR<br/>Pupil has a known physical disability or medical condition which impacts upon their ability to participate in school life and learning without support. Child may already be under the care of Children's Therapy Services, Poole Hospital NHS Foundation Trust.</p> | <p>Child may require access to and space to use specialist seating, walking or standing aids or a wheelchair, as advised by OT or Physio.<br/>All staff working with child to have basic manual handling training.<br/>Staff should follow child's individual manual handling plan if this is required.<br/>Implementation of motor skill or therapeutic programmes as prescribed by a Children's Occupational Therapist or Children's Physiotherapist<br/>School day may require adaptation if the child experiences physical fatigue, which will impact upon their ability to learn.<br/>Preparation of individual learning resources<br/>Child may need short rest breaks and tasks may take longer to complete<br/>May need to differentiate physical curriculum and may need to incorporate exercises into general class/PE lessons<br/>Additional time and equipment may be required for toileting and personal care.<br/>Assistance or supervision may be required at break and lunchtimes for mobility.<br/>Assistance may be required for eating and drinking at break or lunchtimes.<br/>Awareness of suitability of school trips and reasonable adjustments should be made to ensure inclusion.<br/>Aware of social inclusion, buddy system/circle of friend set up<br/>Develop strategies for self-esteem, confidence building and promoting independence<br/>Peer awareness and understanding</p> | <p>SENCo / Education setting staff<br/>Early help/CHAD<br/>social care support<br/>GP and Paediatrician<br/>Early years SEND worker</p> | <ul style="list-style-type: none"> <li>New resources, interventions and alternative strategies enable the child/young person to make progress and successfully engage in learning.</li> <li>Reduction in negative behaviours and better engagement in learning.</li> <li>Education setting attendance increases and improved engagement in learning.</li> <li>Child/young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided back through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to apply for an Education, Health and Care Plan (this would be most appropriate where there is evidence of the needs being long term, where support has been in place over time with evidence of minimum</b></p> |
|--|---|--|---|---|



|                |  |   |   | impact and is costly - over £6000).  |
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| <b>Post-16</b> | <p>Moderate or severe hearing or visual impairment, which has significant impact upon learning or ability to participate in the curriculum.</p> <p><b>Physical:</b><br/>Despite support and intervention at Universal and Targeted levels, child continues to demonstrate physical difficulties, which are having an impact upon their learning.<br/>OR<br/>Pupil has a known physical disability or medical condition which impacts upon their ability to participate in school life and learning without support. Child may already be under the care of Children's Therapy Services, Poole Hospital NHS Foundation Trust.</p> | <p>Home – school liaison re child's abilities and needs.<br/>Staff understanding of the child's condition, with respect to both their abilities and difficulties.<br/>School environment may require adaptation to ensure accessibility eg. Toileting facilities, ramps and grab rails.<br/>Child may require access to and space to use specialist seating, walking or standing aids or a wheelchair, as advised by OT or Physio.<br/>All staff working with child to have basic manual handling training.<br/>Staff should follow child's individual manual handling plan if this is required.<br/>Implementation of motor skill or therapeutic programmes as prescribed by a Children's Occupational Therapist or Children's Physiotherapist<br/>School day may require adaptation if the child experiences physical fatigue, which will impact upon their ability to learn.<br/>Preparation of individual learning resources<br/>Child may need short rest breaks and tasks may take longer to complete<br/>May need to differentiate physical curriculum and may need to incorporate exercises into general class/PE lessons<br/>Additional time and equipment may be required for toileting and personal care.<br/>Assistance or supervision may be required at break and lunchtimes for mobility.<br/>Assistance may be required for eating and drinking at break or lunchtimes.<br/>Awareness of suitability of school trips and reasonable adjustments should be made to ensure inclusion.<br/>Aware of social inclusion, buddy system/circle of friend set up<br/>Develop strategies for self-esteem, confidence building and promoting independence<br/>Peer awareness and understanding</p> | <p><i>Child/Young person<br/>Parent Carer<br/>Sensory advisory staff<br/>Occupational Therapists<br/>Physio Therapists<br/>SENCo / Education setting staff<br/>Early help/CHAD<br/>social care support<br/>GP and Adult health services/paediatrician</i></p> | <p><b>As for Universal and targeted level and also:</b></p> <ul style="list-style-type: none"> <li>Positive response to specialist recommendations and advice provided by professionals.</li> <li>New resources, interventions and alternative strategies enable the young person to make progress and successfully engage in learning.</li> <li>Education setting attendance increases and improved engagement in learning.</li> <li>Young person is able to transfer intervention skills into different learning environments and activities – including during social times.</li> </ul> <p><b>If outcomes are reached than support can be provided back through universal/targeted levels again.</b></p> <p><b>If outcomes over a reasonable period are not reached, consideration should be made to apply for an</b></p> |

|   |  |  |  | Education, Health and Care Plan |
|---|--|--|--|---------------------------------|
| <p><u>Final step: Requesting an Education, Health and Care Plan Assessment</u></p> <p>The child/young person's Long-Term, Severe and Complex needs can be evidenced by specialist professional assessments which show evidence of a high level of educational, social and/or medical need.</p> <p>The achievements and rates of progress of the child/young person are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still below expectation despite evidence of consistently high levels of intervention over time.</p> <p>The high level of need impacts on learning and participation and can be evidenced by professional assessment over time (unless the child or young person had suddenly acquired severe or complex needs). Ideally 2 cycles of the graduated approach will have been completed.</p> <p>The level of need impacts on personal and social development and can be evidenced over time (unless the child or young person had suddenly acquired severe or complex needs).</p> <p>Advice from local authority services and other agencies has been accessed, implemented, and impact evaluated, over a period of time using the assess, plan, do, review cycle.</p> <p>The delegated funding has been used fully and appropriately, including the non-statutory Element 3 funding and there is clear evidence of how E3 funding has been used to make provision for a child to enable progress towards agreed outcomes.</p> |  |  |  |                                 |

At all points throughout the graduated approach children will achieve outcomes which may enable a reduction in the support needed. It is important that the integrated process is viewed as a flexible and dynamic one that matches provision to current need, for example, children could move from a resource such as a special school into a mainstream school with appropriate support.

## Provision - Monitoring and Evaluating Impact

Education settings should have systems in place that enable them to identify the provision being made to children and young people with SEND.

This should include the whole range of provision offered within the setting – individual, class and whole school/college/setting. It should capture all the provision made that is different to and beyond that which is offered through the differentiated curriculum.

- ❖ Consider interventions and ensure they are appropriate and work towards making progress.
- ❖ Identify strengths and weakness in provision.
- ❖ Make cost provision easier, in terms of resources and highlight areas where support might be duplicated or be ineffective.
- ❖ Provide a clear transparent picture of how resources are being used to meet needs. This in turn demonstrates accountability.

Provision mapping is an effective approach which is utilised across a large number of education providers within the Bournemouth Local authority area. Provision maps can be applied at individual, class and whole school level.

Provision mapping is a process and not just a tool for recording intervention and used effectively should:

- ❖ Identify gaps in provision and highlight how well provision matches need.
- ❖ help to support the development of SEND related policies
- ❖ Are an essential piece of evidence to submit when requesting an Education, Health and care plan.

Provision mapping processes should enable an education setting to establish the costs associated with supporting children and young people in different ways (e.g. how much does it cost to run a particular intervention group for six children over a term or how much does it cost, over the course of the year, to provide a TA to scribe for someone in an English lesson), so that you can demonstrate how the delegated SEN budget is being used and, for example, how much has been spent on an individual student.

It will be necessary to provide this information if requesting assessment for an EHCP in order to demonstrate that a pupil is a 'high needs' pupil i.e. the support is costing in excess of £6000 per year (plus the support expected as part of universal support)



## Outcomes at SEN Support level and beyond

*“An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be SMART” (SEND Code of Practice, 9.66)*

### Background

The SEND Code of Practice, 2015 and Children and Families Act 2014 put great emphasis on the importance of considering outcomes for children and Young people with special educational needs. Outcomes are necessary in order to establish whether any special education provision put in place, has achieved the difference it set out to make and whether the child/young person has made progress.



By concentrating on outcomes, we are ensuring the focus of any discussion, review and consideration of provision is on the difference that support is making, rather than the type of provision itself. It requires those planning support to really think about the change that is needed and only once that has been identified, should consideration be given to the provision to achieve that change/difference.

This approach should start at **all levels of needs planning** and not just at the point of statutory support through an Education Health and care plan.

In Bournemouth, we would expect to see clear use of outcomes throughout all education provider's planning, monitoring and reviewing processes and any supporting documents.

### Writing, Monitoring and reviewing good outcomes

Outcomes can be short, medium or long term.

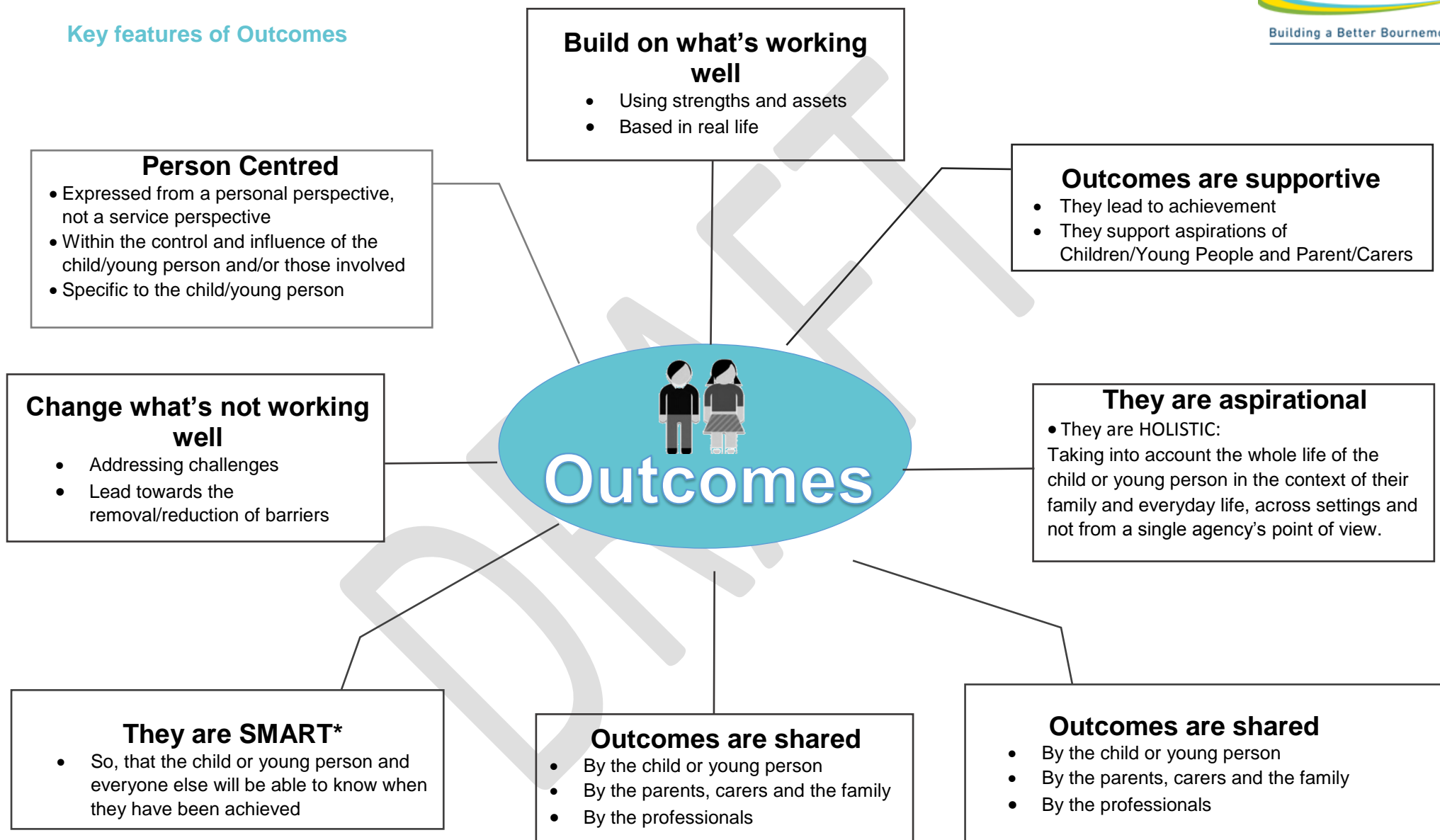
There are two types of outcomes:

- **Intrinsic** - valued by and relate primarily to individuals, such as happiness, self-esteem, confidence etc.
- **Extrinsic** - can be measured and valued by other people, including educational achievement, literacy, and numeracy or good health etc.

Outcomes should be built into all SEN support plans and, using person-centred approaches, be written in partnership with children/young people and their parent/carers.

When implementing the graduated approach, outcomes should be central to every phase of the cycle (assess, plan, do, review) and in particular when monitoring the effectiveness of support provided at SEN support level.

## Key features of Outcomes



## SMART and SCRUFFY Outcomes

When writing outcomes, it is important to make them clear and in a style, that is easy to understand and measure. The worst types of outcomes are those that are vague and non-specific. It is much harder to establish if “woolly” outcomes have been achieved.

Examples of “Woolly” outcomes are:

- ❖ Gilly will be happy
- ❖ Josh will improve his literacy and numeracy
- ❖ Eric will develop his fine and gross motor skills
- ❖ Solomon will improve his social communication skills



When creating outcomes, you should ask yourself “how will we know whether the outcome has been achieved or not? Is the outcome SMART enough to tell us this?”

**SMART** – **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely

Examples of SMART outcomes are:

- ❖ By the time, she is 16 Casey will know how to communicate appropriately in a work environment
- ❖ By the end of Key Stage 1 Maisie will be able to read and understand simple stories with fluency and enjoyment

Penny Lacey (2010) from the University of Birmingham developed the SCRUFFY model and this too can be used by education settings when developing outcomes.

|                       |  |
|-----------------------|--|
| <b>Student Led</b>    | this means starting where the student is – it emphasises the principles of person-centred planning   |
| <b>Creative</b>       | looking more broadly towards aspirations and different ways of achieving these.  |
| <b>Relevant</b>       | because learning outcomes need to be related to a strength and needs analysis which is individually determined and may be different for different learners.                |
| <b>Unspecified</b>    | to avoid a narrow task analysis BUT to maintain a range of ideas and possibilities – ways of getting to what the student needs to do in the short, medium and longer term. |
| <b>Fun</b>            | to engage and motivate the student (and the teacher!) and involve parents where possible.  |
| <b>For Youngsters</b> | Children and Young People across the age range   |





**Education providers should avoid writing outcomes that are provision or support driven. Such as:**

- ❖ Molly will access 3 sessions of speech and language therapy a week.
- ❖ Joseph will have an occupational therapy assessment

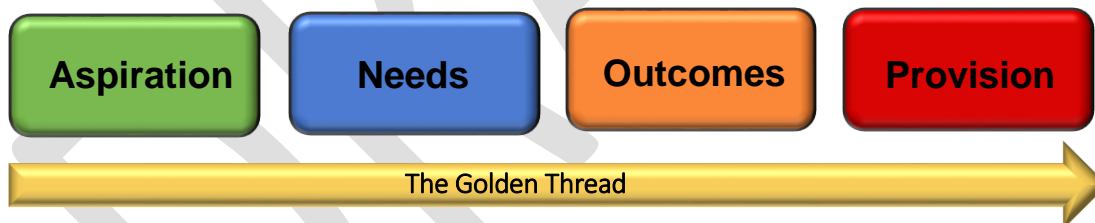
### Top Outcome Writing Tips

1. Put in a timescale for the outcome to be achieved – e.g. ‘By the end of Key stage 1’ or ‘By the time he is 16’
2. Use an active verb for example ‘read’, ‘know’, ‘be able to’
3. Make sure it will be clear whether the outcome has been achieved or not.

### Avoid:

- ❖ Vagueness
- ❖ Provision
- ❖ Too small steps – outcomes should last for 2-3 years
- ❖ Low aspiration – make sure outcomes are challenging but realistic
- ❖ Outcomes that are outside of our responsibility – for example – Edward will have a girlfriend

**Remember “The Golden thread”** – there should be a clear link throughout the support/EHC plan between the aspirations of the child/young person, the child/young person’s needs, the outcomes and the provision.



## Supporting Children and Young People with SEND in an education setting – The Equality act 2010

The **Equality Act 2010** says education settings must not discriminate against a child/young person because of their disability. This is unlawful under the Act. Where a child/young person has a disability, the LA and/or the school have a duty:

- (i) *to not discriminate against the child/young person on the grounds of the disability when compared to others who do not have that disability, and*
- (ii) *to make reasonable adjustments to enable access to and around buildings and rooms, and in use of equipment, to the provision of information and to the curriculum; this includes planned adjustments in anticipation of likely future needs.*

In some situations, education providers must also take positive steps so that children/young people with disabilities can access and participate in the education and other activities they provide.

All education settings including Early Years providers, all schools, FE colleges, sixth form colleges, 16-19 academies and independent special schools approved under Section 41 of the Children and Families Act 2014 have duties under the Equality Act 2010.

**All settings must make reasonable adjustments for children/young people** including the provision of auxiliary aids and services for disabled children/young people, in order to prevent them being put at a substantial disadvantage.

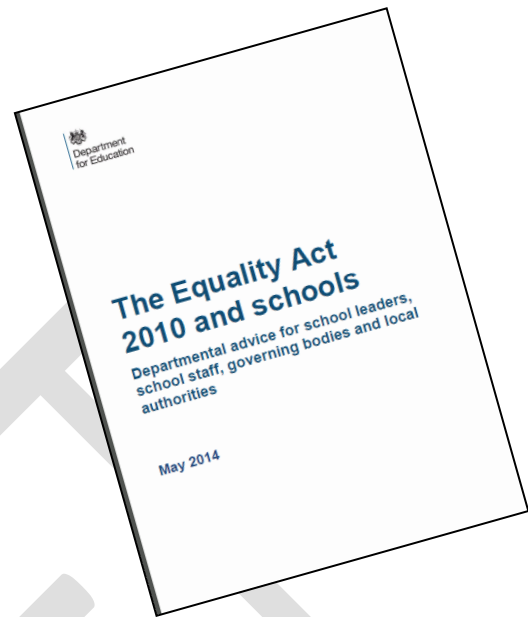
### When must education settings make reasonable adjustments?

The duty to make adjustments applies to all of the education setting's activities and the decisions that are made by teachers and staff including:

- ❖ admissions
- ❖ exclusions
- ❖ access to school trips
- ❖ attendance at school
- ❖ help and support in school
- ❖ learning activities and materials.

Education settings **must make adjustments** if:

- ❖ A child or young person is disadvantaged by a practice or rule because of their disability or the failure to provide an aid, and
- ❖ it's reasonable to make the changes or provide the aid to remove the disadvantage.



Whether something is reasonable depends on things such as:



- ❖ The child/young person's disability and what support, if any, they receive under a statement of special educational needs (SEN)
- ❖ How practicable the changes are
- ❖ The resources of the education setting
- ❖ The cost of making the change or providing the aid
- ❖ If the change requested would overcome the disadvantage the child/young person experiences
- ❖ If there are other ways of overcoming the disadvantage
- ❖ Health and safety considerations and the interests of other pupils.

The duty to make reasonable adjustments in education is anticipatory. This means **settings must consider in advance what they need to do to make sure all disabled children/young people can access and participate** in the education and other benefits, facilities and services they provide for those within their settings.

Schedule 10 of the Equality Act states that schools must implement accessibility plans which are aimed at:

- (a) increasing the extent to which disabled children/young people can participate in the curriculum;
- (b) improving the physical environment of the school/setting for the purpose of increasing the extent to which disabled children/young people are able to take advantage of education and benefits, facilities or services provided or offered by the education provider, and
- (c) improving the delivery of information to disabled children/young people which is readily accessible to those who are not disabled.

**Department for Education: Guidance on the Equality Act 2010 and advice for schools can be found at:**  
<https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

## Education Health and Care Assessment and Planning

Before considering a child / young person for an EHC Needs Assessment, careful consideration should be given to the circumstances, bearing in mind that this may reveal good progress from a lower base and that not all children / young people are expected to progress at the same rate.

An EHC Needs Assessment builds on arrangements made through the graduated approach to enable educational settings to make provision for those children / young people with the most complex needs. A request for an Education Health and Care plan should be needs driven and foremost, about accessing the right level and type of provision beyond that which the education setting can provide. Whilst an EHCP enables additional funding to be allocated, it's primary purpose should not be financial.



The Code of Practice (2015 paragraph 9.3) requires the local authority to conduct an assessment of education, health and care needs when it considers that it may be necessary for special educational provision to be made for a child or young person in accordance with an EHC Plan. The EHC needs assessment should not normally be the first step in the process, rather it should follow on from planning already undertaken with parents/carers and young people in conjunction with early year's providers, schools, post 16 institutions and other providers.

The requirement for an assessment is likely to be triggered when it is clear that the special educational provision required to meet the child or young person's special educational needs cannot reasonably be met within the resources normally available to the early years' providers, school, post 16 institution or other provider.

*When taking into consideration whether an EHC assessment is necessary, the local authority should consider whether there is evidence that despite the setting taking relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person they have not made expected progress (see paragraph 9. 14 of the Code of Practice 2014).*

## Requesting an Education Health and Care Assessment

The following people have a specific right to request an education, health and care needs assessment for a child or young person aged between 0 and 25:

- ❖ The child's parent (or an advocate on their behalf).
- ❖ The young person over the age of 16 (or an advocate on their behalf).
- ❖ A person acting on behalf of a school or post-16 institution (this should be with the knowledge and agreement of the parent or young person where possible).

Requesting an EHC Assessment can be costly. These costs occur before any provision is put in place, so careful consideration needs to be given before submitting a request to assess to ensure we are using resources efficiently and where they are most needed.

In order to determine whether or not a coordinated EHC assessment is required the local authority needs to consider a number of key questions and be satisfied that the setting has provided sufficient evidence to confidently answer those questions and make fair and consistent decisions.

### Education Setting Pre-request checklist

Before submitting a request for an EHC assessment, it is necessary for all education settings to work through and complete the **EHCP pre-request checklist**. This is a useful tool to support information and evidence gathering and an effective way to help decide whether all steps have been taken prior to completing the request form.

Parent/carers and young people requesting an EHC assessment directly will not need to complete the checklist.

## Providing evidence to support the EHC Assessment

When considering an EHC assessment, Bournemouth Local authority are under a duty to gather evidence to inform the decision-making process. This evidence needs to be gathered from parent carers/young people and all professionals who are currently working with the child or young person. It is expected that all education settings involved will be required to submit the necessary quality evidence in order for the LA to make informed and fair decisions.

It is expected that in submitting the case for an EHC Plan assessment the education provider will demonstrate that they have provided funding from within their own delegated budget (up to £6000) for individual children/young people to address and support their special educational needs. The education provider should demonstrate that its actions have been purposeful, relevant and sustained. It is important that the evidence provided gives information about the graduated approach and that the case can clearly identify how the £6000 has been used to support the individual child /young person and that a higher level of provision is needed to support their special educational needs.

The guidelines set out in Chapter 6 in the Code needs to be followed with particular reference to SEN Support in schools (paragraph 6.44- 6.62) in writing the request for assessment.

The education setting will evidence that the Bournemouth SEND graduated approach has been followed when requesting a statutory assessment. When making decisions, the following will need to be shown:

- ❖ Relevant and purposeful intervention in line with the graduated approach, including an analysis of the child/young person's special educational needs and provision used to address those needs such as the use of a provision map
- ❖ Evidence that assessment and review of the child/young person's special educational needs has been undertaken regularly
- ❖ Involvement of parents/carers and child/young person and evidence of their full involvement throughout the graduated approach. Requests for statutory assessment must always include information to reflect the views wishes and feelings of children/young people and parent carers.
- ❖ Involvement of the educational psychologist whose advice has been used in devising appropriate strategies and programmes. Advice from other relevant external professionals, e.g. Speech and language therapists or physiotherapists may also be required.
- ❖ Involvement, if required from social care services and/or health professionals in the case as per the requirements of the graduated pathway. If the child or young person has no current involvement, we would also need to have clear information to show whether they had current social care/health needs, despite not having support in place.
- ❖ Monitoring by the education provider of the child/young person's progress over a period of time (generally 2-3 assess, plan, do, review cycles) and with the external professionals' involvement, including evidence of any changes in strategies and programmes as a result of that monitoring. We also need to see clear outcomes attached to any tried support/intervention.
- ❖ Clear indication of the impact of the strategies in place on the child's learning and/or behaviour and the resulting outcomes.

**Evidence provided should be up to date and no more than 12 months prior to the request for an EHC assessment.**

All evidence should be submitted along with a fully completed Bournemouth EHCP request form. All submitted requests and forms will be thoroughly checked against the requirements before being put forward to panel for a decision. If the forms are incomplete or information is missing this could delay the process or result in the request being returned to the education setting.

## EHCP decision making

In Bournemouth, all requests for a statutory assessment for an EHC Plan are considered by a panel which includes local authority professionals, education, health and social care professionals. The SEND Panel meets on a weekly basis and parents/carers will be informed in writing of the decision of the panel following the meeting. Bournemouth Local Authority also runs additional officer only panels, which consist of senior SEN managers and are utilised when swift decision making is needed.

*"It is helpful for local authorities to set up moderating groups to support transparency in decision-making. Such groups can improve the consistency of decision making about whether to carry out an EHC needs assessment and whether to issue an EHC plan. Through sampling and retrospective comparison, moderating groups can also help local authority practice to become more robust and clearly understood by schools, early years settings, post-16 institutions, young people and parents". (SEND CoP , Jan 2015 Ch. 9.60)*



During the SEND panel, a number of key questions need to be explored and answered before a decision to assess or issue an EHCP, can be made. The panel will also need to be provided with sufficient evidence in order to answer the following:

1. Does the child/young person have significant barriers to learning in comparison with others of her/his age?
2. Has the setting sought advice and followed recommendations from outside agencies and professionals?
3. Has the setting implemented advice from outside specialists/agencies, developed provision mapping and SMART outcomes?
4. Has the child or young person's progress been reviewed over time?
5. Has the setting given clear information about how their delegated SEN budget has been used to support the child /young person's special educational needs?
6. Are the child/young person's special educational needs greater than the funding delegated to the setting (i.e. above the £6000)?
7. Has the setting provided clear evidence that despite providing delegated funding to the child /young person they have not made adequate progress?



## Decision to assess

If a decision to assess is agreed, Bournemouth SEN team will process the information and an Inclusion Officer will be allocated to the child/young person – it should be noted that at this stage there is still no guarantee an Education Health and Care plan will be issued. Once the assessment is complete, the case returns to the SEND panel for a decision whether to issue an EHCP and allocate the requested identified provision/resources. It is at this point that any requests for an EHC personal budget will be considered.

## Decision to not proceed with an assessment

Where the SEN panel decides that an EHC assessment is not necessary, the LA will notify the child/young person's parent or the young person and the educational setting currently attended and give the reasons for its decision. This notification will take place as soon as practicable and at the latest within 6 weeks of the initial request. The LA will also inform the child's parent or the young person of their right to appeal that decision and will ensure that the child's parents or young person are aware of the resources available to meet SEN within mainstream provision and of other support set out in the Local Offer.



## Decision to issue an Education Health and Care Plan

Once the decision has been made to issue an EHCP to a child/young person, the local authority will complete the draft and send out a copy to the parent carer/young person for consultation. The parent carer/young person will have 15 (actual) days to look through the draft and agree the content. They will also be asked to name a school of their choice in section I of the EHCP. Any Personal budget arrangements will also be finalised and the associated agreement documents will need to be signed.

If the parent/carers or young person has any concerns with the content of the plan, it is important they make contact with their designated SEN inclusion officer as soon as possible.

Once the signed draft form has been returned, the Local Authority will then consult on the chosen provision – please note that we will always use our best endeavours to try and secure the school of choice. However, there are times when it is necessary for the Local Authority to name a different setting particularly when considering our duty to ensure we are allocating resources efficiently. Where Parent Carers/young People are not in agreement there are options to appeal the decision.

## Decision to not issue an Education Health and Care Plan

Where the SEN panel decides that an EHC assessment is not necessary, the LA will notify the child/young person's parent or the young person and the educational setting currently attended and give the reasons for its decision. This notification will take place as soon as practicable and at the latest within 10 weeks of the notification to assess. The LA will also inform the child's parent or the young person of their right to appeal that decision and will ensure that the child's parents or young person are aware of the resources available to meet SEN within mainstream provision and of other support set out in the Local Offer. In these instances, it continues to be the responsibility of the education setting to ensure the child/young person can access education and to get their needs met.

When a decision not to issue a plan has been made, the assessment process should not go to waste. All information gathered by the Local Authority should be utilised by education settings to further inform the support they are providing at SEN support level.

## EHCP assessment and planning process

When a request for an EHC assessment is received, Bournemouth local authority has 20 weeks within which to assess and finalise an education health and care plan. The diagram below outlines the stages of the EHCP process and the activities undertaken during each stage.

### Timeline for the 20-week statutory Education, Health and Care needs assessment process

| Phase 1<br>0 – 6 weeks or earlier if possible  | Phase 2<br>7-16 weeks   | Phase 3<br>16-20 weeks   |
|--|---|--|
| <p>A request for an EHC needs assessment is submitted to the SEN team by the school/setting/parent/carers or the young person.</p> <p>The SEN team check the request and prepare the case for SEND Panel</p> <p>The SEND Panel considers the request for EHC needs assessment based on statutory duties under the children and families act and the SEND guidance criteria</p> <p>If agreed to proceed, SEN team will set date for an assessment meeting at around Week 10 - 14 to agree contents of the proposed EHC Plan</p> <p><i>If an EHC assessment is not necessary, SEN team will inform child/young person's parents and the education provider</i></p> | <p>SEN team will seek further advice from professionals</p> <p>Professionals have 6 weeks in which to return their advice. Once in, the allocated Inclusion Officer from the SEN team will put together a proposed plan and send out, along with the associated advice, to all attending the meeting.</p> <p>Meeting held with parents/ child/young person and all professionals involved to agree the outcome and provision sections of the EHC Plan (Sections E and F). Discuss with parent /young person a personal budget.</p> <p>Proposed plan submitted to panel for a decision as to whether a plan should be issued.</p> <p>If agreed final draft of EHC Plan sent to parents and all professionals.</p> <p><i>If an EHC Plan is not necessary, the SEN team will inform parents with recommendations</i></p> | <p>Draft plan is issued to parent/carer/young person where they will have 15 days to consult on the document, agree the content and name an education setting.</p> <p>SEN consult with Schools/settings using the agreed draft EHC Plan</p> <p>Finalise EHC Plan (week 20)</p> <p><i>If dispute about provision and/or placement LA to finalise the EHC Plan to enable the parent to consider mediation or appeal to SENDIST</i></p> |

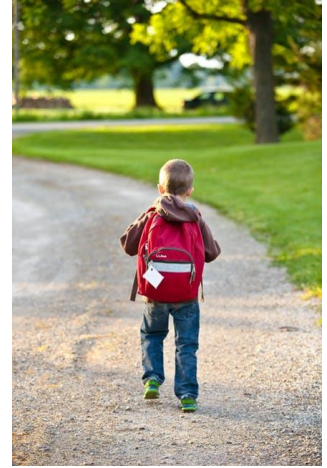
Once an Education Health and care plan has been agreed and issued, it is the responsibility of Bournemouth Local Authority to ensure the provision is in place and delivered as agreed. The majority of support within the plan may still be delivered within the educational setting and educational settings have a duty to ensure they work in partnership with Bournemouth LA and Parent carers/young people, to achieve best possible outcomes.

It is important that the EHCP is not viewed as a final destination for children and young people with SEND. The whole process should be fluid and as provision becomes effective, outcomes are achieved and progress is made, opportunities may arise for children and young people to move back into SEN support and then universal provision.

## EHCP – Annual Reviews

Once in place, Local Authorities are under a legal duty to review Education, Health and Care plans at least every 12 months. The annual review is an essential tool as it allows outcomes and provision to be monitored and evaluated. It is important that the EHCP remains a live working tool and that children/young people continue to move forward and make progress within their education and life learning.

Annual reviews should always place children and young people at the centre of the meeting and adopt a person-centred approach (see Bournemouth annual review guidance for further details on person centred reviews). Where possible children and young people should be encouraged to attend the reviews and meetings should be facilitated in creative ways that allow them opportunities to take part.



**6.56** *Where a pupil has an EHC plan, the local authority must review that plan as a minimum every twelve months. Schools must co-operate with the local authority in the review process and, as part of the review, the local authority can require schools to convene and hold annual review meetings on its behalf*

In Bournemouth there is an expectation that education settings will host annual reviews and work with parent/carers and young people to identify dates that are convenient and minimise disruption. For families who are being supported by social care or a CAF, annual reviews should aim to be held alongside other meetings, in order to reduce the burden on families.

Annual reviews should focus on outcomes and how effective provision has been in enabling children and young people to achieve them. The review should not only explore progress made over the last 12 months but consider the impact and relevance of provision, whether needs have changed and where outcomes have been met, setting new ones for the coming year.

**From year 9 onwards, all annual reviews should incorporate planning for adulthood. Reviews should facilitate discussions around the 4 preparing for adulthood key themes- employment and education, Housing and independent living, relationships and community participation and keeping healthy. SMART outcomes should also be developed to enable progression and learning that enables young people with SEND to make positive transitions into adulthood.**

As part of the annual review, a variety of viewpoints will be captured and all relevant adults and professionals will be invited to attend and contribute to the review. Invitations for the review are generally sent out 2 weeks before the meeting.

Bournemouth Education providers will be expected to complete annual review paperwork and take minutes at the meeting. After the review, paperwork will be sent out by the education setting to all parties within 10 working days of the annual review and the SEN Inclusion officer will undertake any relevant actions, including making any required amendments or submitting proposed changes to the SEND panel.

## Ceasing an Education Health and Care Plan

Where the outcome of the Annual Review may be a recommendation to cease to maintain the EHCP, parent carers/young people will need to receive reassurance from the education setting that their child/young person will continue to receive the appropriate level of support to meet his/her needs. In most cases, it would be helpful for settings to discuss the possibility of ceasing an EHCP *before* the review meeting so that parents have an opportunity to raise any concerns.

*Paragraph 8:117 'There should be no assumption that, once the LA has made a Statement/EHCP, they should maintain that Statement/EHCP until they are no longer responsible for the young person. Statements/EHCPs should be maintained only when necessary. But a decision to cease to maintain a Statement/EHCP should be made only after careful consideration by the LA of all the circumstances and after close consultation with parents, and where appropriate the young person.'*

In Bournemouth, we will only cease an EHCP once we have determined that it is no longer necessary for the plan to be maintained, or we are no longer responsible for the child or young person.

The following general guidance should apply:

- ❖ Have the outcomes in the EHCP been met?
- ❖ Is the child/young person making consistent progress relative to his special educational needs and do they no longer require the provision set out in the plan?
- ❖ Could the child/young person's needs be met from within the school's delegated SEN resources at the SEN Support stages of the SEND Code of Practice?

The SEND Code of Practice (Jan 2015) 9.201 also outlines circumstances where the LA is no longer responsible for the child/young person:

- ❖ A young person aged 16 or over leaves education to take up paid employment (including employment with training but excluding apprenticeships)
- ❖ The young person enters higher education
- ❖ A young person aged 18 or over leaves education and no longer wishes to engage in further learning
- ❖ The child or young person has moved to another local authority area

Bournemouth LA will consider the recommendations made at the Annual Review meeting before deciding whether or not to cease the Statement/EHCP. Once the decision to cease the EHCP has been made the LA writes to parents and the school to give notice of its decision with reasons. This letter goes to the young person when he/she is aged 16+, beyond statutory school leaving age.

Parent carers/young people will be given an opportunity to discuss the decision further with a SEN Inclusion Officer and will have a right of appeal to the First-Tier Tribunal (SENDIST). They will also be given contact details for the SENDIAS, the Bournemouth Parent Carer Forum, and the Local Offer.

It is important to recognise that where an EHCP ceases and the child/young person is still in an education setting, this does not necessarily mean they no longer have additional needs and education settings should still offer the necessary support at SEN support level or through the local offer. Ongoing support should always be developed with parent/carers/young people using the person-centred approach.

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## Bournemouth's SEND Local Offer

All education providers within the local area should familiarise themselves with the local offer and sign post parent /carers and young people to this at every opportunity. It is also expected that education providers within the local area will publish their own SEND offers.

### What is "The Local Offer"?

The Local Offer is a Local Authority's publication of all the provision "they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans." (Section 4.1 SEND Code of Practice, January 2015)

### The Local Offer has two key purposes:

1. To provide clear, comprehensive, accessible and up to date information about the available provision and how to access it &
2. To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEND and their parents, and disabled young people and those with SEN, and service providers in its development and review.

For some children and young people, the Local offer is where they will draw support from in order to achieve positive outcomes and get their needs met. Bournemouth's local offer can be accessed at <https://bournemouth.gov.uk/ChildrenEducation/LocalOffer/LocalOffer.aspx>

### What is my role in developing the Local Offer?

Providers of services can continually develop and update their local offer and the most effective way for them to do this is by contacting the Local offer Co-Ordinator. [local.offer@bournemouth.gov.uk](mailto:local.offer@bournemouth.gov.uk)

Practitioners can use the Local Offer to find services that support a child or young person with SEND. Practitioners can also promote use of the Local Offer as a valuable resource to find services in their area and know what to expect in terms of access and provision.

If a practitioner or family find a service or activity that is not on the Local Offer but could benefit children and young people with SEND and their families, details can be emailed to [local.offer@bournemouth.gov.uk](mailto:local.offer@bournemouth.gov.uk)

Schools and colleges are required to contribute to Bournemouth's local offer by providing details on how they meet the needs of children and young people with special educational needs and disabilities within their settings. In addition, schools are required to publish their own SEN Information Report providing details about how they will meet the needs of children and young people with special educational needs and disabilities. The requirements in relation to schools and colleges can be found in the SEND code of practice, January 2015.



## Early Years Special Educational Needs and Disability (under-fives)

The implementation of the Children and a Families Act 2014 introduced a system which imposes clear legal duties on all Early Years education providers to identify, assess and support children under 5 with SEND.

In Bournemouth, all Early Years education settings must have regards to and work within, the SEND Code of practice, Jan 2015 and the Statutory Framework for Early Years Foundation Stage (2014). This ensures that providers are offering the best support and outcomes possible for those 0-5 years.

All children are entitled to an education that enables them to:

- ❖ achieve the best possible educational and other outcomes, and
- ❖ become confident young children with a growing ability to communicate their own views and ready to make the transition into compulsory education 5.1 (SEND CoP, 2015)

The Early Years Foundation Stage (EYFS) sets out the standards that all Early Years providers must meet to ensure that children learn and develop well and are kept healthy and safe. The framework also covers the education and care of all children in Early Years provision, including children with special educational needs and disabilities.

### Identifying SEND in the Early Years

In Bournemouth, all providers should have clear arrangements in place for identifying and responding to SEND at the earliest stage possible. Early identification is key to ensuring children experience the best long-term outcomes.

Identifying SEND can happen at any stage of a child's Early Years education and development. Often there are key assessment points where needs arise, such as during early years hearing checks or 2-year progress checks.

Where a child appears to be behind expected levels, or where a child's 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 formal checks, from practitioner observations and from any more detailed assessment of the child's needs. 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. Where any specialist advice has been sought from beyond the setting, this should also inform decisions about whether or not a child has SEN. All the information should be brought together with the observations of parents and considered with them. 5.28 (SEND Code of Practice, 2015)

Early years providers need to be aware that where a developmental/learning delay has been identified in the early years this does not always indicate that the child has SEN. Where a provider has concerns, an assessment should be completed to determine whether there are any additional factors impacting on the child's development. Consideration should also be given to wider circumstances such as housing, family or home life and a multi-agency approach should be adopted. This could include an Early Help assessment (see beginning of toolkit for information on early Help)

## Working with Parent/carers

When identifying SEND in Early years' children, as well as using professional knowledge, there is an expectation that Early Years providers will work closely with parent/carers and co-produce planning and provision. Settings should also have a good understanding of the "section 19 principles" (Children and families act 2014) and how these apply to SEND decision making and provision.

Early years providers must provide information for parents on how they support children with SEN and disabilities, and should regularly review and evaluate the quality and breadth of the support they offer or can access for children with SEN or disabilities. This includes helping to develop their own Local Offer of support and contributing to the LA's wider Local Offer.

Early years providers in Bournemouth, must also be aware of and adhere to their duties under the Equality Act 2010 (see beginning of toolkit for further information). In particular, they must not discriminate against, harass or victimise disabled children, and they must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at substantial disadvantage.

## Early Years SEND Provision

Where a child has a significantly greater difficulty in learning than their peers, or a disability that prevents or hinders a child from making use of the facilities in the setting and requires special educational provision, the setting should make that provision. In all cases, early identification and intervention can significantly reduce the need for more costly interventions at a later stage – 5.31 (SEND CoP, 2015)

Identified provision should be matched to the child's SEN and within the broad areas of need (Cognition and learning, communication and interaction, SEMH and Sensory and/or physical). The special educational provision made for a child should always be based on an understanding of their particular strengths and needs and should seek to address them all, using well-evidenced interventions targeted at areas of difficulty and, where necessary, specialist equipment or software

Bournemouth Early Years provides must put in place Early years' provision using the graduated approach and in line with the Bournemouth SEND Guidance pathway (see pg. 20). This includes delivering support at SEN support level.

It is especially important that provision is put in place without delay and as early as possible using the graduated approach cycle of Assess, plan, do review as outlined earlier in the toolkit. All early years' providers will have an identified SENCo who will co-ordinate the graduated approach and ensure that it is revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress.

All SENCos follow the Statutory Guidelines laid out in the [SEND Code of Practice Jan 2015](#) in order to offer the best support possible for your child.

## Early years support in Bournemouth

In Bournemouth, the Early years' team offer two levels of support to Early Years settings. It is important that before a request for help is made, all Early Years providers MUST have completed the SEND Graduated Response Checklist which is found on the Bournemouth Early Years SEND website (on the information for SENCos page). You will also find fast track guidance there with an explanation of when it is appropriate to use this. <http://www.bournemouth.gov.uk/eysend>

### Area Support

With parental permission, a Special Educational Needs Development Officer (SENDo) will visit a child's childcare setting and discuss the child's needs with the SENCo. Advice will be offered and equipment may be loaned.

Sometimes, a referral is made to another professional. Parent/carers are involved in the referral process. The child may be assessed using either a Schedule of Growing Skills (SoGS) assessment or a Schedule of Social Skills (SoSS) assessment, so that their progress can be monitored.

Progress is monitored termly to make sure the child's support is helping them reach their goals.

### Advisory Support

Children whose needs are considered to be severe, complex and long-term will be seen at their childcare setting by an Advisory SENDo. The Advisory SENDo will visit the child (at least once a term) to offer support; mentor staff, advise one-to-one support workers and guide parents/carers and staff through the Education, Health and Care Plan (EHCP) process.

### Portage

Portage is a home visiting education service. It promotes parents as playing a vital role in their child's development. It follows a carefully structured, yet flexible approach which enables parents to support their child.

Portage workers visit the parent and their child at home to look at what skills the child needs to develop. They then design activities for the parent and child to do together. These activities are broken down into small steps to help the child make progress. This progress is reviewed on a regular basis and further goals are set.

Referrals to the Portage Service are usually made by health professionals, childcare settings or social care.

### Small Talk

Small Talk is a specialist speech and language unit based within Malmesbury Park School which children can attend for the year before they start school. A Speech and Language Therapist will advise if they would like to put a child forward to the allocating panel.

## The Vision Support Service and Hearing Support Service

The Hearing Support Service works with children with mild to profound hearing impairment. The Vision Support Service works with children with mild to profound visual impairment.

Both services help by giving advice and training to childcare setting staff and sometimes may provide direct teaching to children. Both services in partnership with parents and carers to agree support and involvement.

For further information on SEND in the Early Years please visit the dedicated website at <http://www.bournemouth.gov.uk/eysend>

## Preparing for Adulthood – supporting young People 16-25

Preparation for adulthood should be considered for young people with SEND from year 9 onwards. It is well documented that young people with SEND can often take longer to transition into adulthood and planning for this should start at the earliest opportunity.

### Preparing for adulthood

(the following information has been drawn from DfE, FE Guide to 0-25 code of practice)

Everyone working with children and young people who have SEN or disabilities should support them to prepare for adult life and help them go on to achieve the best outcomes in employment, independent living, health and community participation.

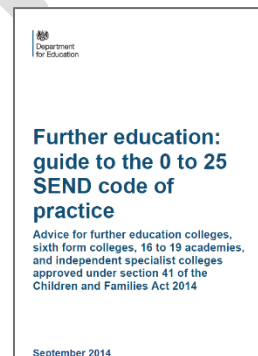
### Preparing for adulthood reviews

Preparing for adulthood should form part of the planning for all children and young people with SEN and disabilities, right from the earliest years. However, for teenagers preparation for adult life needs to be a more explicit element of their planning and support. Discussions about their future should focus on what they want to achieve and the best way to support them to achieve it. For children and young people with EHC plans, local authorities must ensure that the EHC plan review at Year 9, and every review thereafter (including when they are at college), includes a focus on preparing for adulthood.

### Young people's right to make their own decisions

After compulsory school age (the end of the academic year in which they turn 16) the right to make requests and decisions under the Children and Families Act 2014 applies to young people directly, rather than to their parents. Parents, or other family members, can continue to support young people in making decisions, or act on their behalf, provided that the young person is happy for them to do so, and it is likely that parents will remain closely involved in the great majority of cases.

This is particularly important for young people under 18 and colleges would normally involve parents or family members where they have concerns about a young person's behaviour or welfare. They should also continue to involve parents or family members in discussions about the young person's studies where that is their usual policy. The fact that the Children and Families Act 2014 gives rights directly to



young people from the end of compulsory school age does not necessitate any change to a college's safeguarding or welfare policy.

### Planning the transition into post-16 education and training

Young people entering post-16 education and training should be accessing provision which supports them to build on their achievements at school and which helps them progress towards adulthood. Young people with EHC plans are likely to need more tailored post-16 pathways.

It is important that information about previous SEN provision is shared with the further education or training provider. Schools should share information before the young person takes up their place, preferably in the spring term prior to the new course, so that the provider can develop a suitable study programme and prepare appropriate support. Schools and colleges should work in partnership to provide opportunities such as taster courses, link programmes and mentoring which enable young people with SEN to familiarise themselves with the college environment and gain some experience of college life and study.



For children and young people with EHC plans, discussions about post-16 options will be part of the preparing for adulthood focus of EHC plan reviews, which must be included as part of the review from Year 9 (age 13-14). The local authority must ensure these reviews take place, and schools and colleges must co-operate with

the local authority in these reviews. If it is clear that a young person wants to attend a different school (sixth form) or a college, then that school or college must co-operate, so that it can help to shape the EHC plan, help to define the outcomes for that young person and start developing a post-16 study programme tailored to their needs.

### Careers advice for young people

FE colleges have a duty through their funding agreements to ensure that students are provided with independent careers advice. This duty applies for all students up to and including the age of 18 and also to 19- to 25-year-olds who have EHC plans. Colleges should raise the career aspirations of students with SEN and broaden their employment horizons. They should use a wide range of imaginative approaches, such as taster opportunities, work experience, mentoring, exploring entrepreneurial options, role models and inspiring speakers.

### High quality study programmes for students with SEN

All students aged 16-19 (and, where they have an EHC plan, up to the age of 25) should follow a coherent study programme which provides stretch and progression and enables them to achieve the best possible outcomes in adult life. Where appropriate, this should include access to mainstream courses followed by students who do not have SEN or a disability. Colleges are expected to design 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 participate in meaningful work experience and non-qualification activity. They should not be repeating learning they have already completed successfully. For students who are not taking qualifications, their study programme should focus on high quality work experience, and on non-qualification activity which prepares them well for employment, independent living, being healthy adults and participating in society. Full guidance about study programmes is available on the [GOV.UK website](https://www.gov.uk).

### Pathways to employment



All young people should be helped to develop the skills and experience, and achieve the qualifications they need, to succeed in their careers. The vast majority of young people with SEN are capable of sustainable paid employment with the right preparation and support. All professionals working with them should share that presumption. Colleges that offer courses which are designed to provide pathways to employment should have a clear focus on preparing students with SEN for work. This includes identifying the skills that employers value, and helping young people to develop them. One of the most effective ways to prepare young people with SEN for employment is to arrange work-based learning that enables them to have first-hand experience of work, such as apprenticeships, traineeships and supported internships.

### Transition to higher education

Securing a place in higher education is a positive outcome for many young people with SEN or a disability. Where a young person has this ambition, the right level of provision and support should be provided to help them to achieve that goal, wherever possible.

### Young people aged 19 to 25

Colleges must continue to use their best endeavours to secure the special educational provision needed by all young people aged 19 to 25 with SEN attending their institution. Guidance on EHC plans for young people aged 19 to 25 is given in Chapter 9 of the 0-25 SEND Code of Practice, paragraphs 9.150 to 9.156.

### Leaving education or training

All young people with SEN should be supported to make the transition to life beyond college, whether or not they have an EHC plan. As well as preparing them for adulthood generally, colleges should ensure that young people with SEN have the information they need to make the final steps in this transition. This includes information about local employers, further training, and where to go for further advice or support.

For young people with EHC plans, where it is known that a young person will soon be completing their time in education and training, the annual review prior to ceasing the EHC plan should be used to agree the support and specific steps needed to help the young person to engage with the services and provision they will be accessing once they have left education, and the college should contribute to this review.

More information about helping young people to prepare for adulthood is in Chapter 8, Preparing for adulthood from the earliest years, in the 0-25 SEND Code of Practice.

### Useful Links

For further information on Preparing for Adulthood see  
<https://www.preparingforadulthood.org.uk/>



## SEND Information, Advice and Sign-posting

In Bournemouth, there are a number of services and agencies who provide SEND support to parent/carers young people.

### Bournemouth parent carer Forum

Bournemouth Parent Carer Forum provides a central voice for Bournemouth Parents and Carers of children and young adults with SEN / complex learning / medical needs and disabilities. The Forum monitors and helps shape participation and awareness with Parents.



They have influenced and shaped current and future service provision for Bournemouth families. They have raised awareness about Parents' real concerns with a collective voice. The Forum will also signpost Parents and Carers regarding health, education, social services and other agencies in Bournemouth.

The Forum takes part in many consultations and participation work and shares this information with Bournemouth families via newsletters, information events and social media, to enable Parents, Carers and young people gain greater knowledge and understanding of the services that are available. These may be delivered by health, education, specialist provision, advocacy services, local authority and/or the voluntary sector.

The Forum welcomes Parents, Carers and young people who want to understand more about the available services and their potential impact on children and young adults, so please come and join our successful forum.

### Contact details

**bourneouthparentcarerforum@gmail.com** or telephone Marion on **07585404335**.

<http://parentcarerforum.co.uk/contact/>



**Bournemouth  
Parent  
Carer!  
Forum!**

### SEND Information Advice and Support Service (SENDIASS)

SENDIASS used to be known as the Parent Partnership. SENDIASS stands for Special Educational Needs and Disabilities Information, Advice and Support Service.

We help children and young people up to 25 years old, and their families. We can offer:

#### General help

- ❖ Help you prepare for meetings and go with you if we can
- ❖ Take the time to listen to you
- ❖ Putting you in touch with someone who can help
- ❖ Bournemouth's Local Offer

#### Impartial advice and information

- ❖ Information, advice and support on special educational need a and disability (SEND) law, appeals, personal budgets, health and social care which is free, accessible, confidential and impartial
- ❖ Help with filling out forms and understanding reports
- ❖ Offer information on the Bournemouth Borough Councils processes for resolving disagreements and support you through mediation

#### Education

- ❖ Support you with looking around schools
- ❖ Help in asking questions in school if you don't think your child is progressing or receiving the right type of support
- ❖ Support you if your child has SEND and is excluded from school
- ❖ Help you with applying for an Education Health and Care Plan (EHC)
- ❖ Putting you in touch with Independent Supporters to help you with the EHC Plan transfer process

The address is:

SENDIASS

Bournemouth Learning Centre

Ensburry Avenue

Bournemouth

BH10 4HG

**Tel: 01202 451970**

Further useful links:

Further SEN Legal information / advice can be obtained from IPSEA

### Independent Support – Rose Road Association

Independent Support is a national government initiative launched in January 2014 and designed to help parents and young people navigate through the Education, Health and Care (EHC) planning process.



An Independent Supporter provides time limited impartial information and support to families and young people with special educational needs who are going through the process of developing an Education, Health and Care (EHC) Plan. An Independent Supporter can support you at any stage of the EHC planning process.

### What can an Independent Supporter do to help?

- ❖ Explain the EHC Assessment and how an EHC plan is developed
- ❖ Explain who does what and when
- ❖ Help you to recognise the difference between goals, aspirations and outcomes
- ❖ Help you to navigate the Local Offer found on the local authority website
- ❖ Ensure you have all the information you need to make a decision e.g. how to request a personal budget, how to choose a school or setting
- ❖ Provide impartial information and support for you to be confident to express your views
- ❖ Be a point of contact throughout the EHC Assessment, with your Key Worker if you wish

In Hampshire, Dorset, Poole and Bournemouth, Rose are delivering Independent Support. An Independent Supporter will give impartial support to families with children or young people who are transferring from a statement of Special Educational Needs to an Education, Health and Care Plan (EHCP), or applying for a new EHCP.

**Email:** [independentsupport@roseroad.org.uk](mailto:independentsupport@roseroad.org.uk)

**Telephone:** 0300 303 8604

### Any questions? Contact the SEN Team

Further information about the SEND Code of Practice and statutory procedures, including Annual/Phase/Transitional/Transfer Review arrangements are available from:

The SEN Team [SEN@bournemouth.gov.uk](mailto:SEN@bournemouth.gov.uk)

Telephone - 01202 456166