



Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board



# Reading Local Area

## Ordinarily Available Provision & Graduated Response

for children and young people with Special  
Education Needs and/or Disabilities (SEND)

V2.0 2024



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## 1. Introduction

This guide is to help everyone better understand what is available in Reading for children and young people (CYP) with special educational needs and/or disabilities (SEND) who do not need an Education, Health and Care (EHC) plan but still need specialist support.

We call this support the **Ordinarily Available Provision (OAP)** and it covers everything you can expect to be available for children and young people with SEND in Reading schools and educational settings.

It includes a wide range of support and resources to help CYP with SEND get the support they need to succeed academically, socially and emotionally.

With this guide, we aim to make the **OAP** statement more accessible and understandable, helping you – and us – support your child’s education more effectively.

It will, hopefully, go a long way to answering the ‘when, what, where, why, who and how’ types of questions you may have about support for SEND that should be available.



## 2. What are Special Educational Needs and Disabilities (SEND)?

### Definition and Categories of SEND

Special Educational Needs and Disabilities (SEND) refers to children and young people (CYP) with learning difficulties or disabilities that make it harder for them to learn compared to most children of the same age. All children learn at different rates and some children may need additional support with their learning.

**There are four broad categories of SEND, which include:**

**Communication and Interaction:** Some children and young people have difficulties with speech, language, and communication, which can make it hard for them to understand and communicate effectively with others.

**Cognition and Learning:** Some children may have difficulties with organisation and memory skills or have a specific difficulty affecting one part of their learning, such as literacy or numeracy.

**Social-emotional Mental Health Needs (SEMH):** Some children and young people have difficulties managing relationships with others, regulating their emotions or present as withdrawn (which may reflect underlying anxieties or low mood).

**Sensory and/or Physical Needs:** Some children and young people have visual and/or hearing impairments or a physical condition that requires ongoing support and specialised equipment.

## How do we identify SEND?

A child may need extra support in learning, self-regulation, or emotional well-being, despite receiving high-quality teaching. When deciding whether to provide SEND support, the school/setting should gather information from a variety of sources (e.g., within the school/setting, parents/carers, the child, specialists such as educational psychologists, health visitor checks, GP appointments, Early Years Settings and many more). While sometimes disabilities or SEND can be very easy to identify, on other occasions indicators may be:

- Slow progress or low attainment may indicate SEND but not always
- Persistent disruptive or withdrawn behaviours may be communicative, indicating an unmet need such as social or communication issues, poor well-being, or poor mental health
- Language barriers could impact a child's performance, but it's important not to overlook specific needs.
- Speech and language development delay

## What to expect from SEND support

If assessments show that a child or young person needs more help than what is provided, support. The changes, adaptations and extra help that should be available in every mainstream setting for children and young people with special educational needs and disabilities.

This type of support includes a collaborative approach with parents/carers, other agencies and experts, and thorough observations and assessments of children. This may lead to an individual education plan being developed, outlining specific goals and strategies to support the child's learning.

### **This includes:**

- Regular communication with parents, getting their views about their child's needs and outcomes
- Planning that is centred on the child's individual learning goals, considering strategies to support individual development
- Arrangements should be in place to regularly assess the environment to ensure it is accessible
- The child's developmental progress should be clearly recorded and used to inform planning and next steps
- A curriculum that is differentiated appropriately to take account of individual needs
- Identification of specialist services to support the child's development and learning such as portage,

## What is an Education, Health and Care (EHC) plan?

If a child or young person's needs cannot be met through SEND support, an [Education, Health and Care \(EHC\) plan](#) is requested.

In the SEND Code of Practice (2015) a request is likely to happen where special educational provision currently being made for them by their early years setting, school or college from their own resources, is not enabling the child or young person to make adequate progress.

In most instances, before requesting an Education, Health, and Care Needs Assessment (EHCNA), the setting should have already made efforts to support children and young people with SEND through high-quality teaching and SEND support over a reasonable period (i.e., we expect each child's arrangements to be reviewed regularly every eight to twelve weeks). However, there may be circumstances where a child or young person's needs are clearly significantly beyond what can be offered by SEND Support, and therefore a family or setting may choose to submit an EHCNA at an earlier stage.

## Children's voice

It's important to consider how children and young people with SEND are included in planning and decision-making about the support they receive.

- Children should be encouraged to express their thoughts and emotions
- Efforts should be made to gather these views in a meaningful way on an individual basis throughout this process from all key professionals involved (e.g., school staff, family, external professionals)
- Observation and discussions with parents can still collect the views of young children or those who are unable to speak.
- These views should be considered in relation to the child's age, maturity, and abilities
- Children should be asked what they enjoy, their strengths, areas where they struggle, what helps their learning and behaviour, what is going well for them, and areas for improvement. These will form the basis for gathering their views for more formal purposes.

## 3. What Ordinarily Available Provision includes

### Quality First Teaching

Quality First Teaching (QFT) is a teaching approach to providing high-quality education to all children and young people with SEND. It ensures that every lesson is effective and accessible.

QFT aims to ensure that every child or young person with SEND receives a high standard of education and can achieve their full potential.

QFT is recognised as the first step of responding to children and young people with SEND in the [SEND Code of Practice](#).

## Here are principles of Quality First Teaching that are expected to be seen at Reading schools:

- **Inclusive Lessons:** Lessons are designed to meet the needs of all children and young people with SEND, including those with different learning styles and abilities. This means using various teaching methods and materials to help every child or young person with SEND understand the content.
- **High Expectations:** Teachers have high expectations for all children and young people with SEND. They believe every child and young person with SEND can succeed and encourage them to do their best.
- **Engaging Teaching:** Lessons should be interesting and engaging. They should capture children and young people with attention and make learning enjoyable. This might include interactive activities, group work, and practical examples.
- **Clear Objectives:** Teachers set clear learning objectives for each lesson. Children and young people know what they are expected to learn and why it is important.
- **Effective Assessment:** Teachers regularly check children and young people's understanding through questions, quizzes, and other assessments. They use this information to adjust their teaching and provide additional support where needed.
- **Differentiation:** Teachers adapt their teaching to meet the diverse needs of their children and young people with SEND. This could mean providing extra challenges for advanced learners or additional support for those who are struggling.
- **Feedback:** Teachers provide constructive feedback to children and young people with SEND, helping them understand what they did well and how to improve. This feedback is specific, timely, and focused on helping them progress.
- **Positive Learning Environment:** The classroom environment is supportive and positive. Teachers build good relationships with children and young people with SEND, encourage mutual respect, and create a safe space for learning.
- **Professional Development:** Teachers continuously seek to improve their skills and knowledge through ongoing professional development. They stay informed about the latest teaching strategies and educational research.

## The Early Years

Ordinarily Available Provision is a partnership system to best support children from birth. This includes for example Inclusive early years education to meet the needs of all children, Speech and Language support, Health Visiting, Midwifery,

**High quality early education** that supports learning across communication, physical development personal, social and emotional development. The setting SENCO should build a holistic profile of a child's development with parents and must seek parent's permission to contact other professionals involved with the child to inform individualised planning.

A strong partnership with for example health visiting, speech and language, family support or social care ensures that additional needs are met

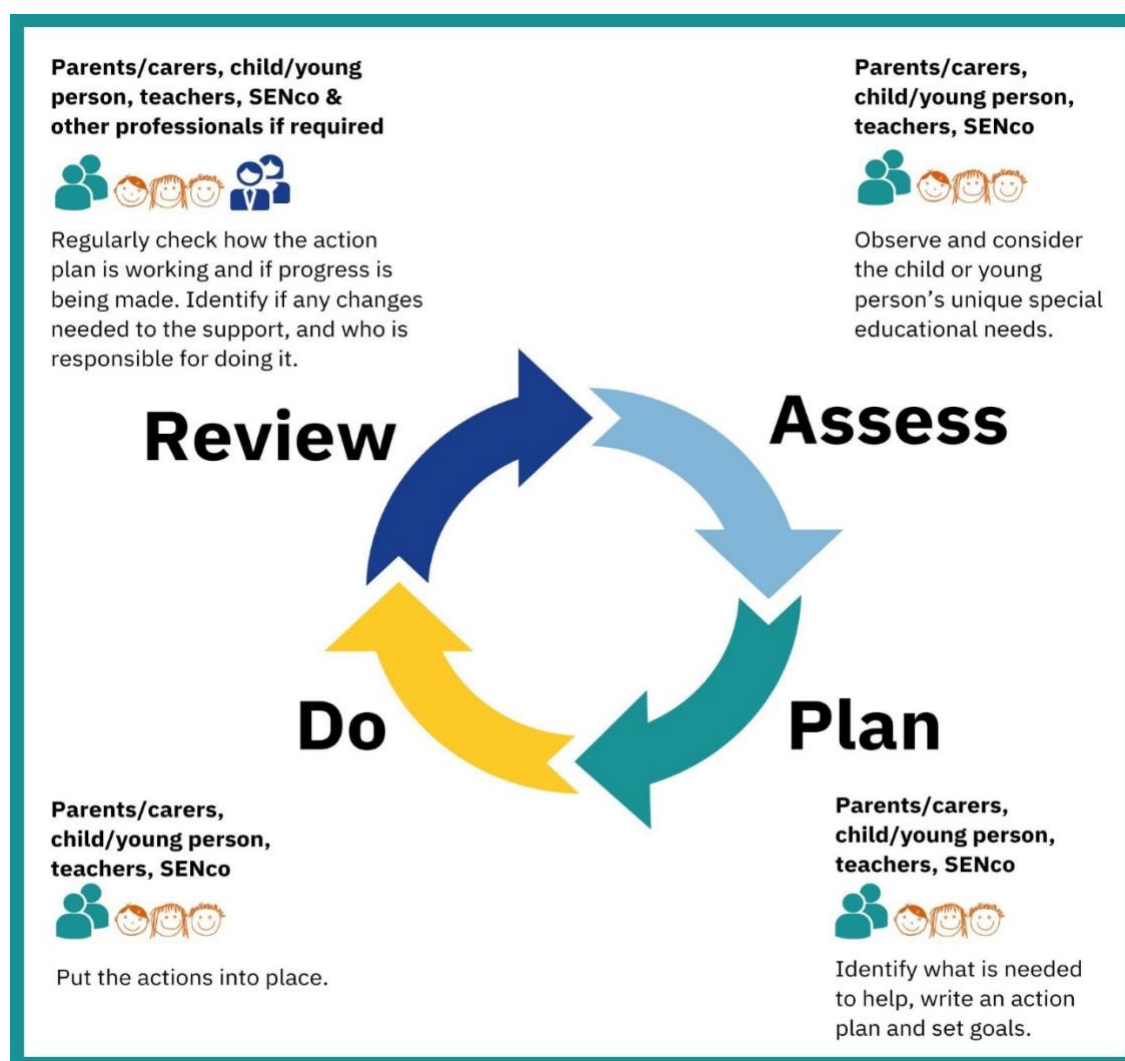
Early Years SEND advisors can provide support, advice, and training to settings to support inclusive practice and individual children's development.

Speech and language therapy can help children to understand what is being said to them, express themselves and produce the sounds needed for clear speech and support social communication skills and interaction with others. In Early Years this can be offered via phone consultation, online workshops, or face to face appointments.

The health visiting team can offer advice on development, sleep, behaviour, eating and toilet training in addition to their offer of the universal health child programme.

## The Graduated Response

The Graduated Response is also known as the **assess-plan-do-review** cycle (sections 6.45-6.56 of the SEN Code of Practice 2015). The cycle is a process used in education to help support learning and development for children and young people with SEND.



- **Assess:** This step involves gathering information about children and young people with SEND's current abilities, strength, and areas where they may need extra help. Teachers use various methods, such as observations, tests, and conversations with the children and young people and their parents, to understand their needs.

- **Plan:** Based on the assessment, the teacher creates a plan to support the child or young person with SEND. This plan includes specific goals for achievement and strategies or activities to help reach them. The plan is created with input from parents and other educators, such as SENCOs.
- **Do:** In this step, the teacher puts the plan into action. They use the strategies and activities outlined in the plan during their lessons to help the child or young person work towards their goals. This might include special teaching methods, extra practice, or using different resources.
- **Review:** After a set period, the teacher reviews the child or young person's progress. They look at how well they are doing and whether the plan is helping them achieve their goals. This review involves checking their work, assessing their understanding, and discussing progress with them and their parents.

If the review shows that the child or young person is making good progress, the plan may continue as it is. If they are still struggling, the plan may be adjusted to meet a child or young person's needs better (this can be through updated assessment from school and/or external professionals), and the cycle begins again.

#### An Example Scenario for assess-plan-do-review:

- **Assess:** A Year 4 teacher notices that one of her pupils is having difficulty understanding and summarising stories. The teacher conducts a series of reading assessments to determine the student's decoding skills, vocabulary knowledge, and ability to comprehend passages. The teacher also reviews the student's previous work and consults with her parents to gather more insights into her reading history.
- **Plan:** Based on the assessments, the teacher identifies that the student can decode words adequately but struggles with vocabulary and inference. The teacher sets a goal for the student to improve her reading comprehension by learning new vocabulary and practising inference skills. The teacher plans targeted activities such as:
  - Vocabulary instruction using flashcards and matching games
  - Guided reading sessions where the student and the teacher read together and pupil practices predicting outcomes and inferring character emotions
  - Integrating a daily reading journal where the pupil writes summaries and reflections on the stories read.

The teacher decides to review the pupil's progress in six weeks.

- **Do:** The pupil participates in the planned activities. The teacher spends extra time with the pupil during guided reading sessions, and the pupil uses the new vocabulary in various class activities to reinforce her learning. The pupil maintains a reading journal, which the teacher checks weekly to provide feedback and further guidance.
- **Review:** After six to eight weeks, the teacher reassesses the pupil's reading comprehension using similar texts to those used in the initial assessment. The teacher also reviews the pupil's reading journal entries for signs of improvement in understanding and summarising stories. The pupil shows a noticeable improvement in vocabulary usage and can make inferences more effectively.

The teacher discusses the progress with the pupil and the parents, showing examples from the pupil's work that demonstrate growth. Based on the review, the teacher adjusts the ongoing plan, perhaps introducing more complex texts or focusing more on summarising skills, and the cycle begins with further assessments.

This process ensures that the interventions are specifically tailored to the pupil's continuing development and learning needs.

## Key Principles of the Graduated Response

- **Data-Driven Decision Making:** Each level of support is based on data from assessments and observations. Teachers use this data to identify SEND needs, monitor a child or young person's progress and make informed decisions about moving them between levels of help and support.
- **Evidence-Based Interventions:** Interventions at each level are based on research and evidence that they effectively address specific learning or behavioural issues.
- **Collaborative Approach:** Teachers, specialists, and parents collaborate to support the child or young person. Regular meetings are held to discuss their progress and adjust interventions as needed.
- **Flexibility and Responsiveness:** The approach is dynamic, allowing the child or young person to move between levels of support based on their progress. If they show significant improvement, they might return to less intensive support. Conversely, if they continue to struggle, they might move to more intensive interventions.
- **Inclusivity:** The aim is to provide support within the general education setting as much as possible, promoting inclusion and ensuring that the child or young person is not unnecessarily separated from their peers.

## The framework

The framework provides different levels of support to children and young people based on their individual needs. It consists of three levels of support: universal (advice), targeted (getting help), and specialist (getting more help) support. The chart is on the next page.

## SEND support

The SEND support for each child will be bespoke to meet the needs of that individual child. It should be set out in a plan and include the actions and approach needed to help the child make the expected progress. There are essentially four levels of support available to children and young people, depending on their individual needs, as illustrated below.



## Universal Support (Quality First Teaching)

<b>Who</b>	All children and young people
<b>How</b>	Quality first teaching and behavioural support provided to all children and young people in the general education classroom.
<b>Curriculum</b>	A well-structured curriculum aligned with national standards.
<b>Instruction</b>	Effective teaching practices such as differentiated instruction, where lessons are tailored to the diverse learning needs of children and young people.
<b>Assessment</b>	Regular formative assessments (e.g., quizzes, observations) to monitor progress and inform instruction.
<b>Environment</b>	A positive classroom environment with clear expectations and consistent routines.
<b>Collaboration</b>	Regular communication with parent carers, getting their child's needs and outcomes  Parenting support groups including Triple P / Teen Triple P (which can be accessed via BFfC website) are available.
<b>Professional Development</b>	Teachers receive ongoing training to improve their instructional strategies.

## Targeted Support (SEND Support Plan)

<b>Who</b>	Children and young people with SEND who are not making adequate progress and need more help or support.
<b>How</b>	SEND Support Plan. Small group interventions that are more focused and intensive than what is universally provided.
<b>Identification</b>	Assessment data to identify children and young people with SEND who need more help or support.
<b>Intervention</b>	<p>Targeted interventions in small groups (e.g., 3-5). These might include additional reading or maths instruction, behaviour interventions, or social skills training.</p> <p>Where children are above the age of 5, Family Help Practitioners implement direct 1:1 parenting support which includes supporting families where children have SEND. Family Help practitioners work in conjunction with services such as Primary Mental Health, SEND Advisors and the Autism Advisor for BfC to ensure children who have SEND have the appropriate support and access to services that meet their needs. Family Workers also contribute to EHCPs. Family Help also offer signposting to relevant services for families of children with SEND.</p> <p>Specific support for parents/carers with autistic children is available in the Living with Autism programme (which can be accessed via Parenting Special Children)</p>
<b>Frequency and duration</b>	Interventions are typically provided several times a week for a specific period (e.g., 30 minutes, 3 times a week).
<b>Monitoring</b>	Progress monitoring tools (e.g., weekly assessments) to frequently check the effectiveness of the interventions.
<b>Collaboration</b>	Teachers work with specialists (e.g., reading specialists, SEN teachers) to design and implement interventions.

## Specialist Support (Education, Health and Care Plan)

<b>Who</b>	Children and young people with SEND who continue to struggle and need more help despite receiving universal and targeted support (getting more help).
<b>How</b>	Education, Health Care plan (EHCP), individualised and highly intensive interventions.
<b>Identification</b>	Children and young people with SEND are identified based on lack of progress in targeted support, using detailed assessment data.

<b>Intervention</b>	Interventions are tailored to the individual needs and may involve one-on-one instruction or small groups.
<b>Frequency and duration</b>	Interventions are more frequent and longer in duration (e.g. daily sessions).
<b>Monitoring</b>	Use detailed and frequent progress monitoring to adjust interventions as needed (e.g. weekly assessments).
<b>Specialists</b>	Interventions may be delivered by SEN teachers, speech and language therapists, psychologists, or other specialists with expertise in the SEND area of need.
<b>Parental Involvement</b>	Parents are also involved in developing and reviewing the intervention plans.

## Early Years

<b>Impact of SEND on Learning</b>	<p>Difficulties in different needs for children aged 0-5 years, such as previously mentioned:</p> <ul style="list-style-type: none"> <li>• <b>Cognition and Learning</b></li> <li>• <b>Communication and Interaction</b></li> <li>• <b>Physical and sensory needs:</b> <ul style="list-style-type: none"> <li>• <b>Physical needs</b></li> <li>• <b>Hearing Impairment</b></li> <li>• <b>Visual Impairment</b></li> <li>• <b>Multi-Sensory Impairment</b></li> </ul> </li> <li>• <b>Social and Emotional Mental Health</b></li> </ul>
<b>General Guidance</b>	<ul style="list-style-type: none"> <li>- The Health Visiting (0-19) service within Berkshire Healthcare offers a number of visits for all Reading children, including a new birth visit, a three, and six, month face to face conversation. These meetings can provide help and advice, but also identify any SEND support needs.</li> <li>- All children in Reading are invited to attend a two-year developmental review with a member of the Health Visiting team. The team use the Ages and Stages Questionnaire (ASQ) tool and the Early Language Identification Measure (ELIM) to support early identification of speech, language and communication difficulties or wider SEND needs.</li> <li>- Early Years staff will regularly communicate with parents, getting their views about their child's needs and outcomes.</li> <li>- Plans will be developed that are centred on the child's individual learning goals, considering strategies to support individual development.</li> </ul>

	<ul style="list-style-type: none"> <li>- Arrangements should be in place to regularly assess the environment to ensure it is accessible for all - this assessment should inform future planning.</li> <li>- The child’s developmental progress should be clearly recorded and used to inform planning and next steps.</li> <li>- A curriculum that is differentiated appropriately to take account of individual needs.</li> <li>- Staff to access training offered by the Local authority.</li> <li>- Your child’s setting can access advice on supporting children’s development and inclusion through SEND surgeries with Early Year’s SEND advisors, they can also access advice on supporting Speech and Language development through SALT Surgeries.</li> </ul>
<p><b>Targeted Support</b></p>	<ul style="list-style-type: none"> <li>- Discussing with parents any concerns, considering parents' views, and jointly planning individual learning goals. It is important to establish good communication between home and setting so any changes in circumstances that may affect progress are shared.</li> <li>- The SENCO should build a holistic profile of the child’s development with parents and must seek parent’s permission to contact other professionals involved with the child to inform individualised planning.</li> <li>- Additional liaison with and referral to external professionals including Portage Service, Early Years SEND Advisors, Speech and Language Therapy, Specialist SEND Health Visitor, Paediatrician, Occupational Therapist, Physiotherapist, Educational Psychologist or Sensory Consortium Teacher may be necessary and should be done with your agreement. The roles of these services are explained below.</li> <li>- Early Years SEND advisors can provide support, advice, and training to settings to support inclusive practice and individual children’s development.</li> <li>- <i>Tiny Talkers</i> and <i>Time for Twos</i> are SEND specific courses offered to families for emerging communication needs and for transitioning to nursery, which parents and caregivers can self-refer to.</li> <li>- Portage support is offered via groups and/or home visits designed to support children’s development in partnership with parents.</li> <li>- Speech and language therapy can help children to understand what is being said to them, express themselves and produce the sounds needed for clear speech and support social communication skills and interaction with others. In Early Years this can be offered via phone consultation, online workshops, or face to face appointments.</li> </ul> <p>The health visiting team can offer advice on development, sleep, behaviour, eating and toilet training in addition to their offer of the universal health child programme.</p>

	<p>The Sensory Consortium Service work in partnership with settings and families for children who are deaf, vision and multi-sensory impaired to provide advice and support to ensure an inclusive environment and inclusive teaching strategies.</p> <p>Your child's setting will work in partnership with other services working with your child to ensure a joint approach to supporting your child's development.</p> <ul style="list-style-type: none"> <li>- Clear and achievable learning targets should be set in partnership with parents, taking in to account the holistic profile of the child's development and should be regularly reviewed and evaluated with parents.</li> <li>- If your child needs support that is differentiated or in addition to the Ordinarily Available Provision their setting will be able to apply for Early Years Inclusion Funding to support your child's development. <a href="#">Reading Directory   Early Years Inclusion Funding (EYIF)</a></li> </ul> <p>Your child may require specialist support from Paediatrics, Occupational therapy, Physiotherapy, SLT, Educational Psychology, Family Support or the Children Young People's Disability Team these teams will continue to work in partnership with your family and your child's setting.</p>
<b>Specialist Approach</b>	<p>If a child is failing to make adequate progress despite appropriate intervention at stage 2 or there will be a need to sustain a high level of support over time to ensure the child continues to make adequate progress, we will need to consider the need for a more specialist approach which may require statutory assessment of their special educational needs which may lead to an Education Health Care Plan.</p>

## 4. Legal Frameworks, Parents and Children Rights

### Legal Frameworks in an Ordinarily Available Provision

Understanding children and young people's and parents' legal frameworks and rights ensures that everyone is informed about what they are entitled to within the educational system.

#### The Children and Families Act 2014

This act governs how children and young people with special educational needs and disabilities (SEND) are supported.

- Emphasises the importance of involving children, young people, and their families in decisions
- Promotes a coordinated approach between education, health and social care services.
- Introduced the Education, Health and Care (EHC) plans.

#### The SEND Act 2014

- Provides statutory guidance for organisations working with children and young people with SEND

- Details the process for identifying, assessing, and supporting children and young people with SEND
- Stresses the importance of early identification and intervention
- Encourages inclusive education practices.

### The Equality Act 2010

- Ensures children and young people with disabilities are not discriminated against
- Prohibits discrimination based on disability, ensuring equal access to education
- Requires schools to make reasonable adjustments to support students with disabilities.

### Rights of children and young people with SEND

- **Right to an Inclusive Education:** Pupils have the right to be educated in a mainstream setting wherever possible. Schools must make reasonable adjustments to support pupils with SEND.
- **Right to Support:** Pupils with identified needs have the right to appropriate support to help them achieve their full potential. This includes additional resources, tailored teaching strategies, and access to specialist services if necessary.
- **Right to Participate:** Pupils have the right to be involved in their education and support decisions. Their views should be considered when developing and reviewing their support plans.

### Rights of Parents

- **Right to Information and Advice:** Parents have the right to clear information about their child's needs and the support available. Local authorities must provide advice and support to help parents navigate the SEND system.
- **Right to Participate:** Parents have the right to actively participate in all decisions about their child's education and support. They should be working with the SEN team to co-produce, and review EHC plans.
- **Right to Appeal:** If parents disagree with their child's support decisions, they have the right to appeal. This includes challenging decisions about EHC needs assessments and the content of EHC plans.
- **Right to Request Assessments:** Parents can request an EHC needs assessment if they believe their child requires more support than is ordinarily available.

## 5. Roles and Responsibilities

Local authorities and school staff play crucial roles in creating, implementing, and monitoring provisions and policies for children and young people with SEND.

This section summarises the key role-related responsibilities of each party to ensure that children and young people with SEND receive appropriate support.

### How Reading Borough Council supports Ordinarily Available Provision

Reading Borough Council delivers support through its children's services company Brighter Futures for Children (BFFC) to enable inclusive, supportive and effective educational environments for all, particularly those with Special Educational Needs and Disabilities (SEND).

### Role and Responsibilities of a Local Authority

- Co-produce provision and policy with children and young people with SEND and their families
- Arrange children and young people's statutory assessments and maintain and review statements of SEND and Education, Health and Care (EHC) plans
- Publish information on SEND funding and provision
- Monitor the progress of children and young people with SEND and work with schools to resolve issues regarding the progress of Reading children and young people with SEND wherever they are educated
- Provide information, advice, and support to children and young people with SEND and their parents, including the provision of statutory information, advice, and support services ([Reading IASS for SEND](#)), mediation and resolution services, and the [SEND Local Offer](#)
- Maintain an overview of how far education settings are accessible for pupils with SEND
- Prepare and maintain an accessibility strategy to:
  - Increase the extent to which disabled pupils can participate in the curricula of settings, schools, or colleges
  - Improve the physical environment of the schools to increase the extent to which disabled pupils can take advantage of education and benefits, facilities, or services provided or offered by the schools.
  - Improve the delivery to disabled pupils of information which is readily accessible to pupils who are not disabled.

## 6. Brighter Futures for Children services to support implementation of Ordinarily Available Provision

### Under 5s with SEND

Brighter Futures for Children has a range of support available to help parents, carers, families of children under 5 who have identified SEND needs.

This includes:

- a dedicated [speech, language and communication hub](#) on Brighter Futures for Children's website
- We are committed to ensuring that all Early Years settings are able to support children with special educational needs and/or disabilities (SEND). Full information on what our setting offer, on the admission process and FAQs on transition from early years to primary can be found on the dedicated website page for [parents and carers of children under 5 with SEND](#)
- In addition, the [dedicated webpage](#) has information on help and support available at our children's centres, through our portage service, the Autism Advisory service and other support available in childcare settings.
- You can also visit our [Reading SEND Local Offer](#) site, for a range of information including local services and charities, national services and charities, support groups for the whole family, and where to get help and advice.

## Reading Inclusion Support in Education (RISE)

RISE service supports all Reading's schools in improving their offer of Ordinarily Available Provision (OAP) and supports their use of Graduated Response (GR) for all children and young people with additional needs.

RISE supports Ordinary Available Provision and what you can expect to see in schools through:

**Training for Teachers:** RISE offers training for teachers and school staff based on the best methods recommended by Brighter Futures for Children (BFFC). This training helps teachers learn new ways to teach so that all students can learn better and feel included.

**Using Evidence-Based Teaching Methods:** RISE helps schools use teaching methods that are proven to work. This means using the best strategies and tools to help pupils learn more easily and successfully.

**Building School Support Systems:** RISE advisors help schools create strong early intervention systems. These systems are key for providing the right support quickly and making sure all pupils get the help they need.

**Sharing ideas between schools:** RISE helps schools in Reading share ideas and resources. This means schools can work together, solve common problems, and support each other to provide the best education for all pupils.

## School Effectiveness service and Early Years Advisory Service

Our School Effectiveness service provides high-quality support, advice, and training to help schools improve learning for all pupils.

The service help schools achieve positive Ofsted ratings and supports good and outstanding schools to continue developing excellent practices. We also offer customised services to meet specific school needs.

Similarly, our Early Years Advisory service supports early years settings with advice, support and training to support inclusive practice in early years settings and providers to support children's

individual development. This may include additional liaison with and referral to external professionals including Portage Service, Speech and Language Therapy, Health Visitor, Paediatrician, Occupational Therapist, Physiotherapist, Educational Psychologist or Sensory Consortium Teacher may be necessary and should be done with your agreement.

Portage is a model of support that is offered via groups and/or home visits designed to support children's development in partnership with parents. Speech and language therapy can help children to understand what is being said to them, express themselves and produce the sounds needed for clear speech and support social communication skills and interaction with others. In Early Years this can be offered via phone consultation, online workshops, or face to face appointments.

The health visiting team can offer advice on development, sleep, behaviour, eating and toilet training in addition to their offer of the universal health child programme.

The Sensory Consortium Service work in partnership with settings and families for children who are deaf, vision and multi-sensory impaired to provide advice and support to ensure an inclusive environment and inclusive teaching strategies.

Your child's setting will work in partnership with other services working with your child to ensure a joint approach to supporting your child's development. Together, settings will provide clear and achievable learning targets with parents and carers, which will be regularly reviewed and evaluated.

## Evidence-based approaches schools are encouraged to use

Together, we set high expectations for learning for our SEND children. We work closely with families and personalise learning for each individual child, by identifying the sources of stress in education and trying to reduce them.

We do this by adapting learning, making a plan together to meet needs and build on each child's strengths, interests and talents and also recognising that diversity makes Reading a vibrant and better place.

As seen above, our Early Help, Early Years, Local Offer, RISE and School Effectiveness services work closely with schools to implement evidence-based practices and innovative approaches to enhance the educational experience for all children and young people. Your child's Early Years setting can access advice on supporting children's development and inclusion through SEND surgeries with Early Year's SEND advisors, they can also access advice on supporting Speech and Language development through SALT Surgeries.

Below, we outline several key approaches that we encourage schools in Reading to adopt as part of their Ordinarily Available practice.

**Therapeutic Thinking Schools (TTS) approach:** The TTS approach helps schools develop trauma-informed methods for managing behaviour and inclusion. This includes regular training and refreshers to help staff to handle behavioural and emotional challenges effectively.

**Growth Approach to Autism in Reading:** Due to the growing number of autistic students, Reading has adopted a growth approach supported by the Autism Education Trust (AET). This programme ensures that good practice standards are followed, targeted and intensive support for autistic students is provided and educational materials and environments are adapted to meet their needs.

**Social Communication Emotion Regulation and Transactional Support (SCERTS) Approach:** The SCERTS Model is a comprehensive, evidence-based framework addressing core challenges of autism. It provides a structured assessment and review process compatible with other proven methods like Attention Autism, supporting communication and emotional regulation in students with autism.

**Intensive Interaction:** Intensive Interaction focuses on teaching early communication and social interaction skills. This approach enhances cognitive abilities, emotional well-being, and social relationships. Staff are trained to support students with communication challenges and incorporate these techniques into individualised learning plans.

**Speech and Language Therapy (SaLT) and Occupational Therapy (OT):** The RISE service works with the Children and Young People's Integrated Therapy (CYPIT) service to provide tools and support for speech and language therapy and occupational therapy. Schools are guided to use evidence-based approaches to enhance speech and occupational skills, adapting learning environments for physical and communication needs.

**Evidence-Based Approach to Emotionally Based School Avoidance (EBSA):** Guidance and training have been developed to support children experiencing Emotionally Based School Avoidance (EBSA) using therapeutic and evidence-based methods. The RISE team provides ongoing support to implement these strategies, helping students who struggle with school attendance.

**Supporting Attention Needs:** RISE supports schools in using Lambeth's Attention Difficulties Resource Pack to assist students struggling with attention issues. This includes integrating strategies from the Resource Pack into classroom management and developing personalized support plans for students with attention difficulties.

**English as an Additional Language (EAL):** Applying principles from [The Bell Foundation's framework](#), schools support EAL and SEND students by ensuring resources and strategies are culturally and linguistically responsive. This includes adapting materials and teaching methods to support language development.

**Anti-Racism:** Promoting racial equity is a key part of these approaches. Schools are encouraged to undertake racial literacy training, ensuring all practices are implemented with an anti-racist perspective and engaging with diverse communities to ensure all voices are heard and respected.

## 7. School-based roles and responsibilities

### Governors' responsibilities

- Ensuring SEND provision is in line with the SEND Code of Practice 2015
- Publishing a SEND Information Report and an accessibility plan on the school's website annually
- Publishing information on SEND funding and provision and monitoring expenditure. Schools are required to commit element 2 of the schools funding formula, demonstrate how this has been allocated to meet need and identify the impact of this resource before applying for an Education Health and Care Plan.
- Ensuring SEND provision is integrated into the organisational improvement or development plan

- Monitoring the school's work on behalf of children with SEND
- Ensuring the right and sufficient staff are recruited
- Appointing a SEND governor and SEND coordinator.

### Headteacher's roles and responsibilities

- Creating an inclusive school culture
- Informing the governors regularly
- Ensuring SEND provision is monitored and evaluated regularly,
- Ensuring that staff have the adequate skills, training and understanding to meet the needs of children and young people with SEND.

### SENCO's roles and responsibilities

- Ensuring contact with parents and other professionals in respect of children and young people with SEND
- Ensuring good signposting to the Reading SEND Local Offer and encouraging parent carers to use the platform to access information, advice and guidance.
- Advising and supporting parents in respect of their child's SEND
- Advising and supporting teachers and other practitioners
- Ensuring that appropriate Individual Education Plans are in place
- Ensuring that relevant background information about individual children with special educational needs is collected, recorded, and updated.

### Teachers' roles and responsibilities

- Delivering Quality First Teaching
- Using the Graduated Approach (Assess, Plan, Do, Review Cycle) for children and young people with SEND
- Collaborating with parents to plan and agree on SEND provision for children and young people with SEND
- Overseeing any adults working with the class.

### Nursery Manager role and responsibilities

- Creating an inclusive nursery culture
- Ensuring SEND provision is monitored and evaluated regularly,
- Ensuring that staff have the adequate skills, training and understanding to meet the needs of children and young people with SEND.

## Nursery SENCO role and responsibilities

- Ensuring all practitioners in the setting understand their responsibilities to children with SEND and the setting's approach to identifying and meeting SEN
- Advising and supporting colleagues
- Ensuring parents are closely involved throughout and that their insights inform action taken by the setting
- Liaising with professionals or agencies beyond the setting.

## 8. Working together - engagement with parents and carers

Parent carers should be involved in supporting their children's needs. It is important to work together proactively and to listen and engage in joint decision-making. Differing views among parents, caregivers, and teachers can help in understanding a child's needs and support strategies. It is important to maintain a child-centred, flexible, strengths-based approach in any discussion.

The [Reading SEND Local Offer](#) has information about local services, support, activities and events for children and young people aged 0 - 25 years who have special educational needs or disabilities (SEND).

## Graduated Response for Communication & Interaction including neurodivergence

### Description of need

The SEND Code of Practice (2014) states, “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 and/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.” Everyone with speech, language and communication needs is different and may have difficulty with one, some or all of the different aspects of speech, language or communication at different times of their lives.

### Speech, Language and Communication Needs (SLCN) covers difficulties or differences within the following areas:

#### Speech:

- saying sounds accurately and in the right places (articulation, phonological delays/disorders, childhood apraxia of speech)
- speaking fluently, without hesitating, prolonging or repeating words or sounds (also known as stammering)
- speaking with expression and a clear voice, using pitch, volume and intonation to support meaning
- voice problems, such as hoarseness and loss of voice

#### Language:

- listening, processing and making sense of what people say
- understanding words (vocabulary) and their meaning
- understanding instructions
- understanding the rules of grammar used
- having words to describe objects, actions and attributes
- knowing how words go together to form phrases and sentences
- using these sentences to build up conversations and narratives
- following the rules of grammar
- using higher level skills such as reasoning, inference
- Communication & Interaction:
  - interacting with others for a variety of reasons including to get needs met
  - understanding the non-verbal rules of good communication, e.g. knowing how to take verbal turns, choosing language to suit the situation
  - using language in different ways to question, clarify, describe and debate

- taking into account other people’s perspectives, intentions and wider context and use this information to problem solve social scenarios
- Some difficulties with speech, language and communication are short-term, but others will be more permanent and remain throughout childhood and adulthood. Over 10% of children/young people have some form of persistent speech, language and communication needs that impact upon social, emotional, mental health and/or access to the curriculum. Of these,
- Approximately 2.34% have a language disorder that is associated with another condition such as autism, sensorineural hearing loss, cleft palate, learning disabilities, and genetic conditions such as Down’s syndrome.
- Approximately 7.58% have language difficulties that are not linked with another condition but affect the way they understand and express language. This is known as Developmental Language Disorder.

In addition, in areas of high social deprivation in the United Kingdom, between 40% and 56% of children start school with language skills that are below age-related expectations (Lindsay & Dockrell, 2010). In some instances, persistent difficulties communicating effectively with others may result in feelings of frustration or anxiety. This may lead to some difficulties with regulating emotions and/or deteriorating social relationships with peers and/or adults. Speech, Language and Communication Needs are known to be a significant risk factor for poor life chances and outcomes. Whilst more complex needs are likely to be identified in early childhood, children with more subtle language and communication differences can go unidentified, and it is important they are identified as soon as possible to minimise any impact on other areas of life, or later outcomes.

English as an additional language does not in itself constitute a speech and language difficulty, however it is important to monitor progress to ensure there are no additional speech, language and/or communication needs alongside.

The term ‘Neurodiversity’ was coined in the 1990s to refer to the natural variations found in a human population in terms of people’s brain functioning and cognition. Neurodiversity is used to describe that we all have different cognition and brain functioning. As a result, we think, speak, feel, act and experience life in different ways. Around 15% of people living in the UK are neurodivergent, meaning they have been diagnosed with one or more the developmental conditions currently recognised as such, including autism, attention deficit (hyperactivity) disorder (ADHD), Developmental Language Disorder (DLD), dyslexia, dyscalculia, dyspraxia, and Tourette’s syndrome.

Neurodivergent children may have differences in social interaction and communication which will impact how they relate to others and process information.

## What you may observe about the child

- Difficulties with expressive language which may mean they use minimal language, echo/imitate words, the language they use may be unclear or they may find it difficult to express themselves
- Difficulties with their speech sounds

- Difficulties with receptive language which could mean they find it difficult understanding instructions, following direction, understand gestures (nonverbal communication) and they may struggle to participate in conversations
- Differences in social interaction
- Differences in verbal and non-verbal communication
- Difficulties with flexibility and managing change
- Difficulties with language based executive functioning skills
- Differences in processing verbal information

## Tools and resources to use

- SCERTS (Social Communication Emotional Regulation Transactional Supports) Framework (see RISE Knowledge Hub)
- Intensive Interaction (see RISE Knowledge Hub)
- TEACCH (see RISE Knowledge Hub)
- Attention Autism
- Visual Supports (See RISE Knowledge Hub)
- Autism Education Trust practical support pack (see RISE Knowledge Hub)
- Reading 5-point Plan (see RISE Knowledge Hub)
- Learning About Neurodiversity at School (LEANS) [About LEANS and neurodiversity | Salvesen Mindroom Research Centre \(ed.ac.uk\)](#)
- NEurodivergent peer Support Toolkit (NEST) [NEST \(NEurodivergent peer Support Toolkit\) | Salvesen Mindroom Research Centre \(ed.ac.uk\)](#)
- NHS CYPIT Speech and Language Therapy Team [Speech and Language Therapy | Children Young People and Families Online Resource \(berkshirehealthcare.nhs.uk\)](#)
- CYPF Speech and Language Therapy: Information Pack for Schools and Screening Tools Pack (see RISE Knowledge Hub)
- Speech and Language UK [Home - Speech and Language UK: Changing young lives](#)
- [Developmental Language Disorder \(DLD\) educational support - Speech and Language UK: Changing young lives](#)
- [Creating a communication supportive environment: Primary - Speech and Language UK: Changing young lives](#)
- RADLD [RADLD - Raising Awareness of Developmental Language Disorder - RADLD](#)
- NAPLIC [NAPLIC | NAPLIC](#)
- ELKLAN Training and Approaches in 'Language Builders' books [Elklan Training Limited](#) (see RISE Knowledge Hub)
- Communication Matters [Types of AAC - Communication Matters](#)

## Universal

### What this might look like

For CYP with communication and interaction as a key need, you may observe a CYP requiring the following:

- May need some support to listen and respond to longer explanations, stories, sequences of information in whole class situation
- May need additional time to process and respond to verbal information
- May need additional prompting from teacher/another adult to follow instructions, or stay on task
- May have a limited vocabulary or appear to struggle with more abstract language
- May require support to acquire new vocabulary, e.g. topic specific vocabulary
- May have difficulties pronouncing some sounds that they would be expected to pronounce at their age, or using speech sounds within words
- May have difficulties with speech fluency, for example, stuttering
- May have a voice disorder that affects the sound of the voice or may cause loss of voice
- May display anxiety about speaking in certain situations (selective mutism)
- May find it difficult to develop, explain and communicate their ideas
- May have difficulties learning new skills and information, especially when presented in verbal or written format
- Compared to their peers, CYP may show a slower rate of learning
- May have differences in their social interactions in the classroom
- May find social communication more difficult than age equivalent peers

Assess/Plan	Do	Review
<p><b>All CYP should receive:</b></p> <ul style="list-style-type: none"> <li>• Regular and thorough monitoring and assessment including self-assessment to set individual targets in order to develop communication &amp; interaction skills.</li> <li>• To support with this, schools may wish to use universal screening approaches to identify hidden/unidentified speech, language and communication needs (some examples include: Speech/Language Link,</li> </ul>	<ul style="list-style-type: none"> <li>• Physical environment is adapted to be communication-friendly and increase inclusivity:               <ul style="list-style-type: none"> <li>○ Reduce background noise</li> <li>○ Consider seating arrangements</li> <li>○ Reduce visual distractions</li> </ul> </li> <li>• Adaptation to the school environment using the <b>5-point plan</b></li> <li>• Visual resources and prompts used consistently throughout the school to support access to the environment, understanding of</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews of each CYP's progress in consultation with CYP's parents/carers.</li> <li>• Holistic review of CYP's needs, focus on communication &amp; interaction needs as well as academic progress.</li> <li>• Class/subject teachers, SENCO and TA to participate in review and monitoring.</li> <li>• Whole school system cycle of reviewing attainment and progress.</li> </ul>

Assess/Plan	Do	Review
<p>Wellcomm, Nuffield Early Language Intervention [NELI] LanguageScreen)</p> <p><b>Schools should guarantee:</b></p> <ul style="list-style-type: none"> <li>• All staff trained in Good Autism Practice.</li> <li>• Whole school community has an understanding of neurodiversity.</li> <li>• All staff working with CYP understand, at a level relevant to their role, : <ul style="list-style-type: none"> <li>○ Speech, Language and Communication needs and the impact in the school environment,</li> <li>○ Strategies to support SLCN,</li> <li>○ Communication &amp; interaction differences.</li> </ul> </li> <li>• Staff audit their skills and knowledge in supporting the speech, language and communication development of all CYP. Gaps in knowledge are used to identify training priorities.</li> <li>• An identified lead professional for language and communication and ensure that they have access to appropriate training to enhance their competency levels (for example this may include formal training such as ELKLAN training course/s, Level 3 Speech, Language and Communication Advanced Course, Level 4 Higher Level Communication Practitioner award, or informal training such as training on SLCN offered by CYPIT Speech and Language Therapy Service, RISE, or online webinars</li> </ul>	<p>structure, routine and expectations, and support independence.</p> <p>(See further information on RISE Knowledge Hub)</p> <ul style="list-style-type: none"> <li>• Adults adapt their language: <ul style="list-style-type: none"> <li>○ Attract attention before giving an instruction</li> <li>○ Give simple instructions in the order to be followed</li> <li>○ Language is carefully considered to ensure all children understand</li> <li>○ Explain any abstract or non-literal language used e.g. jokes, idioms, sarcasm</li> <li>○ Provide additional thinking/processing time to respond</li> <li>○ Use natural gestures to support what is said</li> <li>○ Repeat key points and summarise</li> <li>○ Slightly reduce pace of speech</li> <li>○ Model good communication, including non-verbal communication</li> </ul> </li> <li>• Classroom staff are skilled at adjusting the pace and order of activities to maintain attention.</li> <li>• Adults prepare CYP for change and transitions</li> <li>• Adults provide/offer learning breaks for CYP</li> <li>• Teach all CYP about neurodiversity and SLCN, using age-appropriate resources</li> <li>• Explicitly teach and explain new vocabulary: <ul style="list-style-type: none"> <li>○ Use lively, interactive, multi-sensory teaching styles</li> <li>○ Link new words to words, topics and experiences CYP already know</li> <li>○ Revisit new vocabulary regularly</li> </ul> </li> </ul>	

Assess/Plan	Do	Review
<p>and learning (see RISE knowledge hub for details).</p> <ul style="list-style-type: none"> <li>• There are close home school links to allow schools to be well informed of any home circumstances that may impact on learning.</li> <li>• They respond to concerns raised by parents/ carers/ children and young people/professionals</li> <li>• They have processes in place to enable parents/carers to understand typical speech, language and communication development and support parents/carers by signposting to resources and sources of information (for example, including information in newsletters or hosting information events for parents/careers).</li> <li>• They develop a holistic view of child/young person’s needs.</li> <li>• They work closely with RISE to embed good autism practice and whole-school approaches to SLCN</li> <li>• They seek advice from other professionals as required e.g. CYPIT Speech and Language Therapy Service, Educational Psychology Service</li> <li>• Maintain close links with Reading’s Autism Advisor</li> <li>• A school policy on neurodivergence</li> <li>• They regularly review whether the environment is ‘communication friendly’ and make adjustments as necessary to</li> </ul>	<ul style="list-style-type: none"> <li>○ Keep a record of new words for CYP to refer to</li> <li>• Regularly check for understanding, and encourage all CYP to monitor their own level of understanding and to ask for help: <ul style="list-style-type: none"> <li>○ Create a supportive environment where asking for help is encouraged</li> <li>○ Teach CYP to identify occasions when they don’t understand</li> <li>○ Identify systems for CYP to ask for help, this might include asking discretely, or supporting them with key phrases/prompts</li> </ul> </li> <li>• Plan opportunities to develop and use communication skills: <ul style="list-style-type: none"> <li>○ A range of teaching approaches are used to support learning including multi-sensory, demonstrations, roleplay and connection to real life experiences.</li> <li>○ Plan opportunities for communication throughout the day, e.g. small group activities, talking partners, opportunities to rehearse an answer with adult/peer first</li> <li>○ access to resources to develop language and communication skills, such as high-quality books and stories, items of interest, photos</li> <li>○ Staff/Peer modelling to promote communication and interaction throughout the day</li> <li>○ Offer lunchtime or after school club/s or activities that provide structure and offer opportunities for social interactions focused around shared interests</li> </ul> </li> </ul>	

Assess/Plan	Do	Review
<p>improve inclusivity (see <a href="#">Creating a communication supportive environment: Primary - Speech and Language UK: Changing young lives</a> and the RISE Knowledge Hub)</p> <ul style="list-style-type: none"> <li>• They implement a consistent, whole-school approach to teaching spoken language and communication skills, including teaching subject and cross-curricular vocabulary.</li> </ul>		

## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some pupils' speech, language and/or communication and interaction needs will not be met and therefore require more **targeted support**.

CYP may show signs that are suggestive of longer-term difficulties in their speech, language or communication skills, and/or have a diagnosis such as Developmental Language Disorder, Autism (with/ without associated language disorder), Phonological disorder, Childhood Apraxia of Speech (CAS), Dysfluency, Selective Mutism or a Voice Disorder.

- The child/young person may plateau with their learning or the gap between them and their peers may continue to increase.
- Difficulties in accessing the curriculum without school-based support, due to speech, language and/or communication needs
- Difficulties maintaining focus, especially during adult-led and language-based activities
- Difficulties recalling and following instructions and retaining information
- Difficulties in understanding of language, including questions and abstract concepts
- Require verbal language to be supported by other forms of communication such as visuals, gestures and routines
- Difficulties with formulating spoken sentences, using simplistic or short sentence structures
- Difficulties with use of grammar in spoken sentences
- Difficulties recalling and learning vocabulary, may use general vocabulary

- Have a number of persistent immaturities in their speech, disordered speech patterns, and/or reduced speech intelligibility which impacts on peer relationships, social-emotional wellbeing/ confidence, and/or access to the curriculum e.g. phonics/ spelling/ difficulties sharing ideas
- Difficulties in using language for learning and/or social interaction
- Difficulties using and understanding non-literal language, resulting in regular misunderstandings
- Experience breakdowns/ misunderstandings in communication with peers, which require support to resolve and may lead to difficulties with friendships
- Difficulties with changes in routine and structure, requiring significant adult support to manage this
- Recent assessment/diagnosis for a neurodivergent condition
- Differences in how student responds to verbal and non-verbal communication
- Student may be dysregulated in a variety of settings when learning or during social interaction.

School staff should consider whether the pupil should be identified as having special educational needs, if the provision is additional to, and different from what is provided at the universal level.

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Review provision recorded for the child/young person, which may include advice and information from external services, e.g. RISE, Speech and Language Therapy, Educational Psychology, Autism Advisor. Records of liaison with external professionals in relation to the CYP should be kept.</li> <li>• Use of SMART targets in individualised learning plans.</li> <li>• Raise and discuss barriers to learning with parent/carers, child/young person, SENCO, class teacher or equivalent. For CYP with SLCN, ensure that communication needs are fully supported during this progress</li> </ul>	<p><b>Targeted approaches that may be needed, in addition to universal strategies as per previous phase:</b></p> <ul style="list-style-type: none"> <li>• Teaching considers the interests and preferences of the individual to support engagement and learning.</li> <li>• Staff have received focused training on communication &amp; interaction.</li> <li>• Carefully considered adult supporting to ensure it facilitates independent learning through scaffolding, prompting, cueing, and modelling.</li> <li>• Allow for processing time to support pupil understanding.</li> <li>• Use Good Autism Practice Strategies, see AET Practical Support Pack.</li> <li>• Use DLD strategies, see Developmental Language Disorder: A guide for every teacher</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing process of assessment and review in place, at least 3 times per year (termly).</li> <li>• Progress against individual outcome should be reviewed. If progress is not being made, review strategies and resources, seeking advice from external services if required. If progress is being made, then new outcomes should be agreed.</li> <li>• Collect data at regular points for targeted interventions delivered and use this to measure impact and support the review of progress.</li> <li>• An ongoing record of assessment, intervention and evaluation is kept and regularly updated</li> </ul>

Assess/Plan	Do	Review
<p>(e.g. use of visuals, breaking information down, checking understanding).</p> <ul style="list-style-type: none"> <li>• Evidence based interventions, recorded, tracked and impact reviewed within a provision map.</li> <li>• Parent/carer to be involved in the formulation, monitoring, and implementation of targets.</li> <li>• Ensure information sharing amongst school staff on any adaptations, strategies and best practice to support a particular CYP.</li> <li>• School to complete a more detailed assessment to identify the CYPs profile of speech, language and/or communication needs to inform intervention options and target setting. They may use: <ul style="list-style-type: none"> <li>○ Observations / checklists</li> <li>○ The SCERTS (Social Communication, Emotional Regulation, Transactional Supports) Framework to assess communication level, set targets and plan supports. RISE can support schools with this.</li> <li>○ Screening tools/assessments to identify SLCN in further detail (i.e. CYPIT Screening Tools Pack, Language/Speech Link, Wellcomm, NELI Screening tool, Speech &amp; Language UK Progression Tools)</li> </ul> </li> <li>• Appropriate targeted interventions are explicitly planned for and delivered on a rolling basis. Clear pre and post</li> </ul>	<p>on supporting children and young people with DLD in mainstream schools</p> <ul style="list-style-type: none"> <li>• Create a one page profile/pupil passport with student to ensure consistency between staff.</li> <li>• Provide consistent and structured routines.</li> <li>• Use individual timetables, now and next board, and/or task planners to support routines, organisation and independence</li> <li>• Teach organisational skills, revision techniques and study skills</li> </ul> <p>Differentiate and scaffold spoken and written work based on language abilities:</p> <ul style="list-style-type: none"> <li>○ Adapt rate and complexity of curriculum delivery in relation to CYPs language competence</li> <li>○ Be aware of complexity of questions and reduce if necessary</li> <li>○ Pre-teach key vocabulary and new concepts</li> <li>○ Visual supports used at whole-class and individual level to support all areas, e.g. routines, organisational skills, classroom tasks</li> <li>○ Adapt and scaffold work, chunking information</li> <li>○ Support written language and planning for written tasks using writing frames, templates and visual structures</li> <li>○ Provide sentence starters</li> <li>○ Differentiate homework</li> <li>○ Consider different ways for CYP to demonstrate their learning</li> </ul> <p>Support their spoken language:</p>	<ul style="list-style-type: none"> <li>• Parent/carers and pupil views should always be sought as part of the review process.</li> <li>• Pupil to be supported to express their views.</li> </ul> <p><b>If progress is made and outcomes achieved, then the CYP can move back into universal level support or continue to be supported at targeted level of SEND Support. If outcomes are not reached and progress is not made, consider if support should be progressed to specialist level in discussion with SENDCo</b></p>

Assess/Plan	Do	Review
<p>assessments to evaluate progress and impact of interventions are planned.</p> <ul style="list-style-type: none"> <li>Investigate and plan any access arrangements required by CYP, if relevant.</li> </ul>	<ul style="list-style-type: none"> <li>Use AAC or total communication approaches in the classroom, if necessary, e.g. communication boards, Makaton signing</li> </ul> <p>Support friendships and social interaction:</p> <ul style="list-style-type: none"> <li>Teach all children about neurodiversity and SLCN</li> <li>Use materials and resources that represent the CYP, e.g. books with neurodivergent characters</li> <li>Support CYP to work through problems with peers, if appropriate consider use visual approaches such as Social Stories or Comic Strip Conversations</li> <li>Create regular opportunities for supported discussion/interactions with peers</li> </ul> <p>Support social-emotional wellbeing and self-advocacy:</p> <ul style="list-style-type: none"> <li>Support CYP to develop their self-awareness</li> <li>Promote independence</li> <li>Teach emotion vocabulary</li> <li>Consider alternative ways of collecting pupil voice, considering their SLCNs</li> <li>Focus on strengths and build confidence</li> <li>Talk to children about any diagnosis they may have and what it means to them. Relevant resources may include; DLD and Me, AET Resources such as Understanding Me and Others</li> </ul> <p>Targeted group Interventions delivered by trained member of staff, may focus on one or more areas of speech, language and/or communication development/difficulty, e.g.</p>	

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>○ Development of receptive language such as ability to process and understand instructions, understand questions and inference</li> <li>○ Development of expressive language such as sentence structure, grammar or narratives,</li> <li>○ Vocabulary,</li> <li>○ Speech sounds</li> </ul> <p>Interventions may also focus on developing self-awareness and advocacy in relation to any differences/diagnoses, or to teaching self-help strategies including organisational strategies, revision techniques and study skills.</p> <p>Interventions to be overseen by SENCo.</p>	

## Specialist

### What this might look like

The pupil has significant and persistent difficulties with language and/or communication, evidenced in detailed school tracking over time, despite access to appropriate learning opportunities, targeted interventions and a graduated response to support. Therefore, these pupils will require more specialised intervention and provision.

In addition to difficulties experienced at a targeted level, pupils may have difficulties with:

- Difficulties may have a considerable impact on their ability to access the curriculum.
- The child/young person’s difficulties may significantly affect their understanding and processing of spoken language causing a significant delay in their receptive and expressive language
- May experience significant difficulties understanding language when not reinforced by other means of communication, e.g. visuals, gestures, routines
- May have a limited vocabulary or may not use verbal language to communicate

- 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 difficulty
- May have language difficulties that impact confidence across the curriculum and in everyday life
- May become anxious or overwhelmed by speech/ group conversations/ discussion
- Their language and communication difficulties may be leading to frustration or emotional dysregulation
- CYP may not be able to transfer strategies/skills between situations
- Difficulties with sustaining engagement whilst undertaking learning activities
- May display a limited repertoire of interests and play skills that affect the child’s friendships, or may avoid interacting with others or be on the periphery of peer interactions
- Difficulties in accessing whole setting teaching and unstructured periods of time
- May require the use of alternative and augmentative communication systems, for example, signs or symbols, communication aids

Assess/Plan	Do	Review
<p><b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Holistic assessment of how communication &amp; interaction differences impact on the individual child/young person’s ability to access the educational setting. This should include advice from outside agencies.</li> <li>• Ongoing communication with parents / carers to support the identification of CYPs strengths and challenges.</li> <li>• Specialist assessment and advice from professionals, for example, RISE, Educational Psychology Service, Speech &amp; Language Therapy</li> <li>• A record will be kept of consultation with external professionals, such as Educational Psychology Service, CAMHS, Speech &amp; Language Therapy, Occupational Therapy</li> </ul>	<p><b>In addition to universal strategies and strategies outlined at a targeted level, but strategies used will be highly individualised based on pupil needs.</b></p> <ul style="list-style-type: none"> <li>• All staff using recommended strategies consistently.</li> <li>• Resources, including staffing and materials to deliver and implement professionals’ recommendations and programmes.</li> <li>• A highly modified learning environment that meets their individual needs.</li> <li>• Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person’s needs throughout the day.</li> <li>• Individualised interventions should be carried out as recommended by professionals, or if not specified, regularly (i.e. daily or multiple times per week). Interventions at this level are likely to</li> </ul>	<p><b>In addition to the targeted offer some pupils may require:</b></p> <ul style="list-style-type: none"> <li>• Continued monitoring of pupil progress towards individualised SEND support plan.</li> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> <li>• A record kept of consultation with external professionals, if they are involved with the student.</li> <li>• Reviews should include specific reference to progress towards desired outcomes and targets.</li> <li>• If targets are not met, then strategies/resources should be changed, and/or targets broken into smaller steps.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• Use of SMART targets informed by an understanding of communication and interaction differences.</li> <li>• Provision mapping, involving child/young person, parent / carer, SENCo and class teacher.</li> </ul>	<p>include interventions delivered 1:1 and highly adapted to the CYP, such as Intensive Interaction, or tailored interventions following individual programmes recommended/provided by the SaLT/EP or other professionals.</p> <ul style="list-style-type: none"> <li>• Access to staff that have received more in-depth training on communication and interaction differences, and training in the specific intervention programmes to be delivered.</li> <li>• The environment may need further adaptation to ensure it is a total communication environment (using and accepting speech, visuals, signing, non-verbal communication) and that all methods of communication are supported and valued.</li> </ul>	<ul style="list-style-type: none"> <li>• Where appropriate, reviews should involve input from external professionals</li> </ul> <p><b><u>If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress consideration may need to be given to requesting an EHC needs assessment.</u></b></p>

## Highly specialist

### What this might look like

Despite support and intervention through the graduated approach the child/young person`s progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training.

The CYP difficulties range from moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum. The CYP has life-long disabilities that require more targeted/personalised and specialist intervention.

- The CYP has complex, long-term speech and language difficulties that cause substantial barriers to learning and social relationships
- Has difficulty effectively accessing the curriculum for a significant part of the school day, despite interventions at a previous stage
- Requires a constant and ongoing high level of support

- Has significant difficulty in making expected connections between concepts and generalising / applying skills learnt in new situations
- May display fleeting attention, especially during language-based activities
- May depend on physical methods of interacting with others, for example leading by the hand
- May require the use of alternative and augmentative communication systems for all communication, for example, signs or symbols, communication aids
- Social isolation, frustration and peer isolation is evident
- Pupil may struggle to understand social situations and become overwhelmed
- Increase in emotional distress
- Rigid routines and a need to control the environment

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• At the highly specialist level, pupils will require a graduated approach which involves:</li> <li>• Very personalised interventions and support approaches</li> <li>• Increased involvement of people with appropriate specialist expertise.</li> <li>• Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul>	<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>• Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>• Technology used to address pupil needs as recommended by specialists.</li> <li>• Curriculum delivery needs to be highly personalised, incorporating therapy activities into the daily curriculum.</li> <li>• Highly adapted spoken presentation of information</li> <li>• Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes</li> <li>• Strategies and approaches to support class differentiation are in place and based on specialists' advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> <li>• Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</li> <li>• Analysis and evidence must reflect the effectiveness of highly specialist support and expected outcomes.</li> <li>• SENDCO will oversee the child/young person's support, including how this is being delivered</li> </ul>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>• High quality training is provided for all staff involved in delivering and monitoring provision.</li> <li>• Constant and consistent use of an augmentative and alternative communication (AAC) system, integrated into learning activities, with the support of a communicative partner. Communication partners are trained in how to use these systems to support language development and to support CYP to express their views and opinions.</li> <li>• Regular access to a workstation/area of low distraction to work on individual targets as advised by external professionals.</li> <li>• Continued and consistent implementation of universal, targeted and specialist strategies for repeated cycles of intervention</li> <li>• The environment is a total communication environment (using and accepting speech, visuals, signing, non-verbal communication) and all methods of communication are supported and valued.</li> </ul>	

## Graduated Response for Cognition and Learning

### Description of need

Many children/young people (CYP) who experience difficulties with aspects of learning will have their needs met through high quality teaching, curriculum enhancement and targeted provision.

CYP with more significant learning difficulties will be identified early in their school career. In most cases, they will have difficulty acquiring basic numeracy and literacy skills and may have commensurate speech and language difficulties. They may well find it hard to deal with abstract ideas and to generalise from experience. Some may also have poor social skills and may show signs of social, emotional and mental health needs.

### What you may observe about the child

- They may have difficulties with memory and reasoning skills.
- They may struggle with processing, organising and coordinating spoken and written language to aid cognition.
- They may struggle with sequencing and organising the steps needed to complete tasks.
- They may struggle with problem-solving and developing concepts.
- They may struggle with understanding ideas, concepts and experiences when information cannot be gained through first hand sensory or physical experiences.
- Possible difficulties with fine and gross motor competencies, which significantly impair access to the curriculum.
- Resources needing to be deployed which are additional to or different from those normally available to the students in the school, through the differentiated curriculum.

### Tools and resources to use

The following are available for staff to access free of charge, via the RISE Knowledge Hub (please email [RISE@brighterfuturesforchildren.org](mailto:RISE@brighterfuturesforchildren.org) for access) or via your schools link SEND Consultant.

- The growth to autism's 5-point plan
- The principles of instruction
- The engagement model
- The Therapeutic Thinking Schools (TTS) resources

## Universal

### What this might look like

CYP who experience challenges with their cognition and learning will typically have levels of attainment that are lower than those of their age equivalent peers. They may also experience some difficulty in acquiring skills, notably in language, literacy, numeracy skills (or early developmental skills). They may be slower to use, retain and apply everyday concepts than age equivalent peers.

It should not be assumed that if a CYP experiences the above there is an underlying SEN need that's caused by a learning difficulty. For example, slower rates of progress could be due to a range of factors (e.g. the impact of life events, see social emotional and mental health section). However, with the strategies outlined in this document (e.g., high quality teaching), often their rate of progress will increase over time, when viewed in a holistic way (e.g., alongside other needs).

Assess/Plan	Do	Review
<p><b>All CYPs should receive:</b></p> <ul style="list-style-type: none"> <li>Support to evaluate their own performance.</li> <li>Regular and thorough assessment including self-assessment to set individual targets.</li> </ul> <p><b>Schools should guarantee:</b></p> <ul style="list-style-type: none"> <li>Considering the whole school approach with specialist support services, such as School Effectiveness, the Educational Psychology Service, and the Reading Inclusion Support in Education Team.</li> <li>Whole school training on identified areas of CPD.</li> <li>Whole school provision mapping to ensure continuity and consistency in learning.</li> <li>A systematic approach to monitor and track progress including baseline and formative assessments.</li> </ul>	<ul style="list-style-type: none"> <li>A range of teaching approaches are used to support learning including multi-sensory and connection to real life experiences.</li> <li>Classroom staff are skilled at adjusting the pace and order of activities to maintain attention.</li> <li>A range of tools to scaffold and support learning e.g. word banks, number lines, writing frames.</li> <li>Extra practice to reinforce skills, as required.</li> <li>Classroom grouping and seating arrangements are conducive to promote learning and independence.</li> <li>Language is carefully considered to ensure all CYP understand.</li> <li>Restorative language is used aligned with the <b>TTS</b> approach.</li> <li>Metacognition strategies are implemented</li> </ul>	<ul style="list-style-type: none"> <li>Regular reviews of each CYP's progress in consultation with pupil's parents/carers.</li> <li>Whole school system cycle of reviewing attainment and progress.</li> <li>Holistic review of CYP's needs, focus on social and emotional needs as well as academic progress.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• There are close home school links to ensure schools are well informed of any home circumstances that may impact on learning.</li> <li>• Lesson planning considers <b><u>Rosenshine's Principles of Instruction:</u></b> <ul style="list-style-type: none"> <li>○ <i>Small steps</i></li> <li>○ <i>Models</i></li> <li>○ <i>Scaffolds</i></li> <li>○ <i>Ask questions</i></li> <li>○ <i>Check for understanding</i></li> <li>○ <i>Guide student practice</i></li> <li>○ <i>Obtain high success rate</i></li> <li>○ <i>Independent Practice</i></li> <li>○ <i>Daily Review</i></li> <li>○ <i>Weekly/Monthly Review</i></li> </ul> </li> </ul> <p>Staff regularly ask CYP and parents for feedback on their progress with learning.          Holistic view of CYP's needs (e.g., focus on social and emotional needs as well as academic progress).</p>	<p>and used actively by staff and CYP.</p> <ul style="list-style-type: none"> <li>• Adaptation to the school environment using <b><u>the growth approach to autism's 5 point plan</u></b> to take into account learning needs.</li> <li>• Access to inclusive resources to support learning such as:             <ul style="list-style-type: none"> <li>○ <i>word mats (that have been explicitly modelled),</i></li> <li>○ <i>graphic/knowledge organisers (that have been explicitly modelled),</i></li> <li>○ <i>pencil grips,</i></li> <li>○ <i>concrete materials and manipulatives,</i></li> <li>○ <i>checklists,</i></li> <li>○ <i>structure strips,</i></li> <li>○ <i>visual timetable.</i></li> </ul> </li> <li>• Catch up learning opportunities either small group work or occasionally 1:1 (e.g. phonics, handwriting or numeracy intervention).</li> <li>• Opportunities to generalise skills and learning across different curriculum strands or areas.</li> <li>• Use of assistive technology where appropriate.</li> </ul>	

## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some CYPs cognition and learning needs will not be met and therefore require more **targeted support**.

CYP with cognition and learning needs will have lower levels of attainment than age-related expectations. They may experience with:

- Processing more complex instructions (e.g., problem solving, working memory, visual or auditory instructions)
- Remembering important information (e.g., words, phonics, numeracy concepts)
- Communicating knowledge (e.g., writing, recording work)
- Focus and attention
- Planning and organisation

School staff should consider whether the CYP should be identified as having special educational needs, if the provision is additional to, and different from what is provided at the universal level.

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some CYPs may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Use of the <a href="#">Engagement model</a> to support pupils who are working below the level of the national curriculum and not engaged in subject-specific study.</li> <li>• Review provision recorded for the CYP, which may include consultation, advice and information from external services (e.g. the Educational Psychology Service, RISE, the Autism Advisory Service).</li> <li>• Use of SMART targets in individualised learning plans.</li> <li>• Class teacher to liaise with parent/carer,</li> </ul>	<ul style="list-style-type: none"> <li>• Precision Teaching and pupil impact closely monitored (training available via RISE).</li> <li>• Teaching considers the interests and preferences of the CYP to support engagement and learning.</li> <li>• Alternative methods for recording are encouraged, e.g. mind-mapping, writing frames, word processing, voice recognition, cloze procedure.</li> <li>• Regular pre teaching opportunities are created to develop concepts and vocabulary.</li> <li>• Opportunities for overlearning and repetition e.g. little and often.</li> <li>• A variety of practical materials and</li> </ul>	<ul style="list-style-type: none"> <li>• Review of progress should take place three times a year.</li> <li>• Progress against individual outcome should be reviewed. If progress is not being made, review strategies and resource. If progress is being made, then new outcomes should be agreed.</li> <li>• Parent/carers and CYP views should always be sought as part of the review process.</li> <li>• Steps taken to meet the needs of individual pupils should be kept and readily available when needed.</li> <li>• Targeted interventions are evaluated within the school provision map and used to identify next steps in learning and</li> </ul>

Assess/Plan	Do	Review
<p>CYP, SENCO, or equivalent to discuss barriers to learning and agree specific outcomes.</p> <ul style="list-style-type: none"> <li>• Outcome focused review, at least once a term but may be more frequent.</li> <li>• Evidence based interventions, recorded, tracked and impact reviewed within a provision map.</li> <li>• Clear pre and post assessments to evaluate progress and impact of interventions.</li> <li>• Explore other evidence-based interventions if those implemented are not making a difference.</li> <li>• Regular liaison between school staff in relation to specific programmes and targets.</li> <li>• Parent/carer to be involved in the formulation, monitoring and implementation of targets.</li> </ul>	<p>experiences to support learning.</p> <ul style="list-style-type: none"> <li>• Support practical work with concrete/visual materials to establish concepts and skills.</li> <li>• Develop personal organisation in response to timetabling/managing equipment/independence.</li> <li>• Materials which reduce or support notetaking, copying of diagrams and charts and/or alternative approaches to recording (to include a range of software).</li> <li>• Staff able to monitor and assess for access to special exam arrangements.</li> <li>• Visual cues to support all areas, e.g. routines, organisational skills.</li> <li>• Highly structured steps in learning that are small and achievable.</li> <li>• Use of visual timetables, 'now and next' and 'task boards' to ensure tasks are understood and can be completed.</li> <li>• Carefully considered adult support to ensure it facilitates independent learning through scaffolding, prompting, clueing and modelling. Using evidence provided by the Education Endowment Foundation.</li> <li>• Movement breaks are offered to pupils to support with concentration or sensory processing needs.</li> <li>• Instructions are chunked, supported with visuals where appropriate, with staff routinely checking for understanding.</li> <li>• Allow for processing time to support CYP understanding, see AET advice.</li> </ul>	<p>provision.</p>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>• Use of appropriate assistive technology to support in specific area of need.</li> <li>• Use of specialist equipment and teacher or SENCo's discretion e.g. therabands, pencil grips, specialist pens.</li> <li>• CYP accessing 1:1 or small group evidence-based interventions which:               <ul style="list-style-type: none"> <li>○ <i>are based on pupil need.</i></li> <li>○ <i>could be multisensory,</i></li> <li>○ <i>are systematic, reinforcing and time limited,</i></li> <li>○ <i>use pre and post assessment measures,</i></li> <li>○ <i>enable learnt skills to be transferred to the classroom,</i></li> <li>○ <i>delivered by suitably trained adults.</i></li> </ul> </li> </ul>	

## Specialist

### What this might look like

The CYP has significant and persistent learning difficulties evidenced in detailed school tracking over time, despite access to appropriate learning opportunities, targeted interventions, and a graduated response to support. Therefore, these CYPs will require more specialised intervention and provision.

In addition to difficulties experienced at a targeted level, CYPs may have difficulties with:

- Acquisition of self-help skills
- Independence
- Limited progress despite targeted support

Assess/Plan	Do	Review
<b>In addition to the targeted offer, some CYPs may</b>	<b>Strategies outlined at a targeted level but will be</b>	<b>In addition to the targeted offer some CYPs may</b>

Assess/Plan	Do	Review
<p><b>need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Additional specialist assessment to contribute to specific and focused SEN support plan.</li> <li>• Use of the Engagement model to support CYPs who are working below the level of the national curriculum and not engaged in subject-specific study.</li> <li>• Careful consideration of learning environment to meet the needs of CYPs e.g. independent workstations, quiet areas, calm corners.</li> <li>• Referrals to external agencies for assessment (e.g., the Educational Psychology Service) and/or advice on implementation (e.g., RISE).</li> <li>• A highly structured and individualised learning programme which incorporates advice sought from specialist services.</li> <li>• Consideration of how individual CYP outcomes can be incorporated into everyday learning environment and referred to.</li> </ul>	<p><b>highly individualised based on CYP needs e.g.</b></p> <ul style="list-style-type: none"> <li>• Individual timetable</li> <li>• Areas of interest incorporated into learning opportunities.</li> <li>• Use of motivating individualised multi-sensory resources.</li> <li>• A safe, structured, and secure learning environment with opportunities to promote and develop independence.</li> <li>• CYP profiles/passports to ensure consistency and continuity of approach.</li> <li>• Programs delivered by appropriately trained staff as directed by an appropriate experienced professional (e.g. advice from an Educational Psychologist, with implementation overseen by the SENCo, with support from RISE).</li> <li>• Specialist equipment provided under the advice of an external professional (e.g. IT supports, see sensory and physical section).</li> <li>• Opportunities for overlearning, consolidation, rote learning and error-free learning.</li> <li>• The explicit teaching of independent learning and work skills through the provision of learning tools such as ICT, visual timetables/prompts, alternative methods of record e.g. mind mapping, voice recognition software.</li> </ul>	<p><b>require:</b></p> <ul style="list-style-type: none"> <li>• Continued monitoring of CYP progress towards individualised SEND support plan.</li> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> <li>• A record kept of consultation with external professionals if they are involved with the CYP.</li> </ul>

## Highly specialist

### What this might look like

If a CYP, despite sustained cycles of assess, plan, do and review at the specialist stage does not make progress, consideration may need to be given to requesting an EHC needs assessment. These CYPs learning difficulties range from moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum. The CYP has life-long learning difficulties or disabilities and require more targeted/personalised and specialist intervention. They may experience difficulty in other related areas that have an impact on their learning, for example mobility, coordination, perception, physical disability and/or a sensory impairment, self-esteem issues, SEMH needs and vulnerabilities.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• At the highly specialist level, CYPs will require a graduated approach which involves:               <ul style="list-style-type: none"> <li>○ Highly personalised interventions and support approaches.</li> <li>○ Increased involvement of people with appropriate specialist expertise.</li> <li>○ Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul> </li> <li>• Use of the Engagement model to support CYPs who are working below the level of the national curriculum and not engaged in subject-specific study.</li> <li>• Long term involvement of educational and non-education professionals as a part of the assess, plan do, review process.</li> </ul>	<ul style="list-style-type: none"> <li>• Class teacher remains accountable for the progress of CYP predominately working on modified curriculum.</li> <li>• Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>• Technology used to address CYP needs i.e. augmentative devices.</li> <li>• Curriculum delivery needs to be highly personalised.</li> <li>• Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their CYP.</li> <li>• Schools to ensure annual reviews are undertaken in appropriate timescales and parents, CYP and external professionals invited.</li> </ul>

## Graduated Response for Social, Emotional and Mental Health (SEMH)

### Description of need

CYP who experience challenges with their social, emotional, and mental health display their emotions in a variety of ways. For example, they may find aspects of social relationships or emotional regulation difficult. This could be observed through internalising (e.g. becoming withdrawn, depressed, anxious, or isolated) or externalising (e.g., acting out in challenging, disruptive, or dangerous ways). Both internalising and externalising can be equally significant indicators of distress. To meet the needs of all children, require adjustments must be made in school.

Examples of SEMH include:

- Low mood (depression)
- Worries (anxiety)
- Emotional regulation (children becoming overwhelmed or struggling to follow routines)

It may be that a child who has recently experienced ACEs (such as grief, loss, or bereavement), may present with heightened SEMH needs that need to be managed in a specific way that is different to a child with longer term SEMH needs. For example, a CYP who recently experienced a family bereavement may need support to explore their responses to this loss with a trained adult, alongside a period of 'watchful waiting' as the CYP processes what has happened.

In class, SEMH needs could be observed as the following:

- **Emotional Dysregulation:** The child may experience intense and rapidly fluctuating emotions, such as anxiety, anger, or sadness, which they struggle to manage appropriately.
- **Low Self-Esteem or Self-Worth:** The child may display signs of low confidence, reluctance to participate, and negative self-talk, believing they are "not good enough" or incapable.
- **Social Withdrawal or Isolation:** The child may avoid interacting with peers, preferring to remain alone, and may find group activities overwhelming or intimidating.
- **Anxiety or Excessive Worry:** A child may display nervousness, avoidance of certain tasks or environments, or overthinking, particularly when facing new situations or changes in routine.
- **Behaviour that challenges:** A child may become defiant, get in disagreements with others, or show disruptive behaviours in response to perceived stress or emotional overwhelm.

- **Attachment:** The child may struggle to form trusting relationships with adults or peers, showing signs of clinginess or, conversely, avoidance of emotional closeness.
- **Hyperactivity and Difficulty Focusing (Attention Deficits):** The child may struggle to sit still, remain attentive, or complete tasks, often appearing restless or easily distracted.
- **Low Resilience to Stress or Setbacks:** The child may easily give up when faced with challenges, showing frustration or withdrawal when things do not go as expected.
- **Overwhelming Grief or Loss:** The child may display sadness, withdrawal, or changes in behaviour following the loss of a loved one, significant change, or trauma.
- **Perfectionism and Fear of Failure:** The child may exhibit extreme distress at the thought of making mistakes, leading to avoidance of challenging tasks or excessive focus on detail.
- **Difficulties in Understanding and Managing Social Cues:** A child may struggle to interpret social signals from others, leading to misunderstandings, social rejection, or frustration in social contexts

Other examples could include self-harm, substance abuse, eating disorders or physical symptoms that are medically unexplained.

The Government Guidance document “Mental health and behaviour in schools” (November 2018) clearly states: “*schools need to be alert to how mental health problems can underpin [emotion regulation] issues in order to support pupils effectively*”. They also need to be aware of their duties under the Equality Act 2010, recognising that some “*mental health issues will meet the definition of disability.*”

Research indicates that neurodiverse young people (e.g., with a diagnosis/suspected ADHD, autism, specific learning needs) are at higher risk of experiencing challenges in this area. Other groups (such as children experiencing Adverse Childhood Experiences; ACEs) are also at higher risk. To promote positive mental health, schools must understand the protective factors that can enable pupils to be resilient when they encounter problems and challenges.

### What you may observe about the child

A CYP who appears to experience need in this area may not automatically lead to a pupil being registered as having ‘SEN’, particularly during times where a child may have had challenging experiences in their wider life (e.g., bereavement, changes at home). Furthermore, CYP struggling to regulate their emotions can be an indication of unmet SEN. If a child is presenting with regulation challenges; there should be an assessment to determine whether there are any unidentified causal factors (e.g., undiagnosed learning difficulties, neurodiversity, or mental health challenges).

All children and young people progress at different rates and their social, emotional, and mental health needs can change over time. It is important to understand what a reasonable expectation for a particular child or young person is to achieve, considering their particular context.

## Tools and resources to use

### Therapeutic Thinking Schools (TTS)

The TTS approach is Brighter Futures for Children's (BFfC) / Reading's approach to Behaviour and Inclusion. It is at the heart of the Education and SEND Strategy. Evidence from other LA's using the approach demonstrates a reduction in exclusions and use of physical interventions to manage behaviour as a result of using this approach. All schools in Reading can access training in the approach at regular intervals (usually free of charge), or review videos on the RISE Knowledge Hub at any time (free of charge) and the Local Authority strongly encourages them to do so.

Therapeutic approaches mean that:

- School policy and the day-to-day practice in schools provides experiences that create sustained positive feelings within all children (regardless of their experiences of trauma, disability, difficulty and or neurodiversity).
- Equity is promoted over equality, whereby all children are given the positive experiences they need to succeed, rather than treating all children the same regardless of need.
- Behaviour is analysed to understand the feelings and motives driving the behaviour.
- Everyone involved in supporting a child to understand the drivers of dangerous or difficult behaviour and be consistent in how they manage children who are showing distress or anxiety through internalising or externalising behaviours.
- Approaches need to be underpinned by a clear therapeutic behaviour policy. For an example of how this might look, please see BFfC's guidance for schools on creating an effective Behaviour Curriculum (this can be found on the RISE Knowledge Hub).
- Schools do not use public methods of tracking behaviour that risk creating negative feelings
- students cannot publically see the judgement of staff.
- Therapeutic plans are used to give clear and specific direction to staff regarding what to do to manage individual pupils where additional differentiation is needed (over and above the whole school behaviour policy).
- Group dynamics are used to plan provision and distribute resources so that all children within a cohort are given the support they need.
- Exclusion is linked to management of risk (protective consequence) and not used as a punishment, sanction, or discipline measure.

All BFfC staff whose role is to advise schools will be familiar with and give advice that is in line with this approach.

### A Graduated approach to SEMH

As outlined in the Government Guidance document "Mental health and behaviour in schools" (November 2018): "A school's approach to mental health and behaviour should be part of a consistent whole school approach to mental health and wellbeing. This should involve providing a structured school

environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This should be paired with an individualised graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities....”

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

- Clear policies relating to Social, Emotional, and Mental Health (SEMH), Teaching and Learning, Health and Safety, Safeguarding and SEND, signed by staff, and available on the school website and accessible via the Local Offer, overseen by a school’s Senior Mental Health Lead (SMHL).
- Inclusive & effective teaching and learning across the curriculum.
- Fully inclusive school ethos which is understood and shared by all stakeholders.
- “Differentiation for behaviour” should be embedded in the schools inclusive ethos.
- A positive learning environment which recognises behaviour as a communication of a pupil’s emotional state.
- Robust curricular, pastoral and behaviour support arrangements.
- Systems that develop, maintain and value relationships and the views of all stakeholders.

It is important that exclusion is only ever linked to management of risk (protective consequence) and not used as a punishment, sanction or discipline measure. For example: A child may receive a fixed term exclusion after an incident of homophobic bullying long enough for a plan to be created that protects victims when the child returns and to put in place educational consequences to reduce the likelihood of a recurrence of that behaviour, not used simply as a punishment.

Schools will employ a variety of approaches to maximise the engagement and achievement of all children and young people within their provision maps (for SEMH needs, a Therapeutic Plan may be more appropriate). These arrangements apply to all children and young people and are not part of the special educational provision. Schools’ pastoral care arrangements should ensure that students are able to discuss any health-related and other problems with a trained member of school staff, a relevant health professional, educational psychologist, education welfare officer, counsellor or other relevant professional.

For some students, quality first teaching and in class scaffolding will not be enough to meet their SEMH needs. Schools may need to employ additional strategies and seek advice from external agencies. Further information on the graduated approach is given below. The access point for additional support at the Universal and Targeted level must be needs-led, dependent on the level of intervention required. For most young people, it may be appropriate to provide support at the Universal level initially. However, the needs of a few young people may be such that they require targeted intervention without having accessed Universal support.

## Universal

### What this might look like

BFFC (and partner organisations) advocate for use of the THRIVE Framework. The THRIVE framework conceptualises five needs-based groupings for young people with SEMH needs and their families. See Figure 1 below.



Figure 1. The THRIVE Framework

The SEMH section of the graduated response should be understood within the THRIVE model. It conceptualises need in five categories;

- Thriving (Universal)
- Getting Advice and Signposting (Universal)
- Getting Help (Targeted)
- Getting More Help and Getting Risk Support (Specialist & Highly Specialist)

In the THRIVE Model, emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population. CYP and their families are ‘empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach’ (THRIVE, 2019).

For CYP with SEMH needs, the following could be observed (it is important to note that SEMH needs can vary hugely depending on the profile of a child, for example they may externalise or internalise their feelings):

- Benefits from guidance around making and sustaining appropriate relationships with adults and/or peers.
- Benefits from signposting towards evidence-based strategies to support SEMH (e.g., calming/self-soothing strategies).
- May find it challenging to express their point of view and/or talking about their feelings directly to adults or peers.
- May seek acknowledgement/approval from adults and peers.
- Will benefit from guidance as to where to find appropriate/evidence-based strategies regarding SEMH.
- May experience stress during certain times (e.g., exams) that impacts performance or other aspects of life.

Assess/Plan	Do	Review
<p><b>All students should receive:</b></p> <ul style="list-style-type: none"> <li>• Psychoeducation around Mental Health, delivered to Children and Young People (CYP) through lessons, assemblies, or signposting (e.g., towards the TellMi app, or Mental Health/Early Support for CYP in GPs who are under 18).</li> </ul> <p><b>Schools should guarantee:</b></p> <ul style="list-style-type: none"> <li>• They have identified a member of staff who is the Senior Mental Health Lead (SMHL) and has the relevant qualification.</li> <li>• They are working with the Reading Inclusion Support in Education (RISE)</li> </ul>	<ul style="list-style-type: none"> <li>• Quality First Teaching in place (see Cognition and Learning Graduated Response).</li> <li>• A school policy is in place and followed which aligns with the <b>TTS</b> and Whole School Approach to Mental Health Principles.</li> <li>• Clear communication throughout the school, behaviour management systems regularly reviewed and ensuring appropriate behaviour/expectations are taught alongside the academic curriculum.</li> <li>• Where appropriate, whole school mental health audits are taking place.</li> </ul>	<ul style="list-style-type: none"> <li>• Yearly review of regular whole school mental health audits.</li> <li>• Considering a CYP’s holistic progress across school in consultation with pupil’s parents/carers (a child who starts to struggle in other areas could be indicative of SEMH challenges).</li> <li>• Working closely with school support such as the School Effectiveness Team and the RISE Team.</li> </ul>

Assess/Plan	Do	Review
<p>Team to embed universal strategies. Also involvement from partner agencies such as the Partnership Inclusion of Neurodiversity in Schools (PINS).</p> <ul style="list-style-type: none"> <li>• The <b><u>Therapeutic Thinking Schools Approach (TTS)</u></b> embedded across the school.</li> <li>• Work with the Mental Health Support Team and School Nurses to consider the Whole School Approach to Mental Health, led by the schools SMHL. This includes opportunities for whole school training.</li> <li>• Working with key professionals, particularly your link Educational Psychologist, to consider areas for focus.</li> <li>• Hosting events for parents (e.g., Coffee Mornings) internally or with the support of either BFC organisations (e.g., the MHST) or local organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Advice is frequently sought around the local offer in the area, and this is being communicated to CYP.</li> <li>• Ensure CYP are aware of simple self-help strategies, particularly around times that could be identified as high stress (e.g., exams).</li> <li>• Access to a place where CYP can communicate their needs, without the pressure of confronting an adult (e.g., a mailbox).</li> </ul>	

## Targeted

### What this might look like

- How this could be observed in the classroom:
- Benefits from support to make and sustain appropriate relationships with adults and/or peers.
- Benefits from adult prompting to remain on task.
- May become overwhelmed in a range of situations.

- May not yet be able to express their point of view verbally and/or talking about their feelings without support.
- Presents as withdrawn and may need encouragement to take part in activities.
- Presents as overwhelmed frequently, and it is not always clear why (for example unusual tearfulness, withdrawal from social situations).
- Situational mutism.
- Presenting as unpredictable to those supporting them.

When a young person is initially identified as needing support, it is necessary to obtain a baseline assessment of those difficulties that are causing concern so that the effectiveness of any intervention can be evaluated. Baselines should give clear ideas of the frequency and severity of any difficulties. SEMH should be described using non-judgemental, accurate descriptions and do not “over describe” or “under describe” any specific behaviour. At all stages during the graduated response, attempts should be made to analyse and understand the feelings and motivations that drive behaviour so that interventions follow logically from this.

The indicators for intervention at the targeted stage should be based on concerns, underpinned by evidence and analysis, that despite receiving scaffolded learning opportunities, a CYP makes little or no progress over a sustained period. Impact of all interventions should be considered holistically (e.g., in relation to the outcomes for the child, family and school).

Assess/Plan	Do	Review
<p><b>Schools can seek guidance/support from:</b></p> <ul style="list-style-type: none"> <li>• Mental Health Surgeries (run by a Primary Mental Health Worker and Educational Psychologist) and the OneReading Partnership Hub. They could also be discussed in a planning meeting with a link Educational Psychologist. These strategies can be embedded by the RISE Team.</li> <li>• Ensuring specific children are aware of the variety of support available in Reading, which can be found in the Family Information Service (FIS) on the</li> </ul>	<ul style="list-style-type: none"> <li>• See universal approaches.</li> <li>• Risk assessments for the setting and safety plans for the CYP themselves should be considered.</li> <li>• School should work closely with the CYP and their family to identify triggers, (e.g., bullying, family issues) and identify a plan to get the necessary help.</li> <li>• All SEMH needs are responded to in a therapeutic way, for example: <ul style="list-style-type: none"> <li>○ Responses to children becoming overwhelmed are to either protect or to teach (e.g., how can</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviewing of school support and a CYP’s safety plan. Progress should be systematically and regularly monitored to establish the effectiveness of the intervention. Reviews should take place at least each half-term. A Team Around the Child (TAC) meeting may be called to inform holistic planning. Planning meetings with the EPS or MHST.</li> </ul>

Assess/Plan	Do	Review
<p>Local Offer website. For example, ensuring a child is aware that they can access Solution Focused Therapy by the TellMi app, or attending group interventions run by the Berkshire West Autism and ADHD Support Service.</p> <ul style="list-style-type: none"> <li>• Planning Meetings with MHST, where individual children can be raised. Schools can consider referring to the MHST, for 1:1 targeted intervention around worries or low mood/to run small group interventions (NOTE: for some schools in the Caversham area this will not be available until September 2025).</li> </ul> <p><b>Schools can provide within-school support via:</b></p> <ul style="list-style-type: none"> <li>• Adaptations in place to ensure the student feels able to access and succeed in school (e.g., access to a card that allow a child to remove themselves, support with transitions, regular check ins from a supportive adult, close home/school liaison).</li> <li>• Completing TTS Resources, such as the Early Prognosis Tool, to support understanding of a child’s needs (this can also be supported by the RISE Team). Wherever possible, this should include the CYP’s views, observations across settings, and discussion with key staff.</li> </ul>	<p>I keep people safe? What does the child need to learn? How are we going to teach them?).</p> <ul style="list-style-type: none"> <li>○ Responses are not punitive.</li> <li>○ Use of de-escalating techniques (e.g. emotion coaching).</li> <li>○ All communication consistent.</li> </ul> <ul style="list-style-type: none"> <li>• Small group programmes using evidence-based interventions, delivered by a trained individual such as an ELSA or the MHST.</li> <li>• School based individual or group pastoral support sessions focussing on the educational consequences of behaviour to support the child to respond in more prosocial ways (e.g., Social Stories).</li> <li>• Access to a key worker adult or peer mentor on a regular basis.</li> <li>• Access to a base within school where support is available.</li> <li>• Curriculum is clearly differentiated and adapted to meet the child/young person’s needs. Grouping strategies used flexibly, considering group dynamics, to make best use of available staff and space, to enhance learning and access to the curriculum (see Cognition and Learning section).</li> <li>• Consider use of IT and audio/visual supports.</li> </ul>	

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>School have identified a member of staff who could support in targeted areas, such as an Emotional Literacy Support Assistant (ELSA).</li> <li>Schools may wish to use well-known standardized assessment tools (such as the Strengths and Difficulties Questionnaire).</li> </ul>		

## Specialist

### What this might look like

If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress at the targeted level, the CYP would be considered for a specialist intervention. The period of time covered by this review process would normally be approximately six months, but during this period or towards the end of this period, schools or colleges should consult with relevant support services (e.g., EPS, MHST, PMHW) to consider the nature of the difficulty and appropriate additional support. If a CYP's behaviours escalate quickly, despite appropriate strategies being in place, it may be appropriate to shorten the review cycle. Progress indicators should be measured against baseline information after targeted intervention has been implemented and monitored as part of the evaluation process.

If despite receiving targeted programmes and/or concentrated support the CYP continues to do the following, then consider a move to specialist support:

- Have social, emotional and/or mental health difficulties which substantially and regularly in group.
- Makes little or no progress despite interventions designed to improve aspects development.

The CYP may also present as:

- Remaining off task despite significant adult support.
- Displaying unusual, harming, or dangerous behaviour to self or others.

- Experiencing a significant level of rejection by peers leading to an increase in social isolation.
- A high level of dependency and may have significant difficulties relating to their peer group.
- Frequent and prolonged mood swings.
- Evidence of significant unhappiness, anxiety, stress or dissatisfaction which is affecting learning, persistent emotional or regulation difficulties that have not been ameliorated by different management techniques usually employed by the school, very poor concentration and significant difficulties accessing curriculum.
- High levels of anxiety which make it difficult to remain in the classroom.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• If there is any risk, a safety plan should be in place.</li> <li>• Considering assessment/intervention from school-based specialist services, such as the Primary Mental Health Team (PMHT), which can be accessed via Children’s Single Point of Access (CSPOA) or a PMHT Consultation. This could also be an assessment from the Educational Psychology Service (EPS).</li> <li>• Support regarding SEMH from the RISE Team’s emotional regulation specialists (this is currently only available to maintained primary schools).</li> <li>• TTS Analysis tools such as anxiety analysis, therapeutic tree, subconscious, and conscious behaviour checklists (or other equivalent, evidence based behavioural analysis tool).</li> <li>• For some, a therapeutic plan (or equivalent) may be required if there are significant concerns about risk (towards</li> </ul>	<ul style="list-style-type: none"> <li>• See universal and targeted approaches.</li> <li>• Referrals/consultation from the relevant support services (e.g., PMHT, RISE) outlined in Assess/Plan.</li> <li>• Plans in place (e.g., Therapeutic plans) alongside universal supports with increased adult support (e.g., small group in all identified lessons that are challenging).</li> <li>• A flexibility delivered curriculum when there are significant difficulties accessing the classroom which are causing distress. This can include: <ul style="list-style-type: none"> <li>○ Teaching in a separate location within the school (individually or within a smaller group).</li> <li>○ At specific times, and / or taking part in a different task or activity.</li> </ul> </li> <li>• This should be planned, proactive and should be targeted towards situations where the risk has been identified as highest (see ‘anxiety analysis’ TTS tool). A re-integration plan should always be in</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviewing of school support and a CYP’s safety plan. Where possible, seek support from relevant support services (e.g., the RISE Team, social care).</li> </ul>

Assess/Plan	Do	Review
<p>themselves or others) and require a high level of support.</p> <ul style="list-style-type: none"> <li>• Significant adaptations in place to ensure the student feels able to access and succeed in school (e.g., changes to the structure of the school day for example consistent highly structured play provided instead of free flow if the student finds this challenging).</li> <li>• Support from wider teams, such as the Education, Access, and Support Teams (if there are concerns around attendance) or Youth Workers to support the family around the student. This could also services such as the Child in Care Child and Adolescent Mental Health Services (CAMHS).</li> </ul>	<p>place, using the principles of 'Graded Exposure'.</p> <ul style="list-style-type: none"> <li>• Where environmental factors (e.g., housing, family, or other domestic circumstances) may be contributing towards the CYP's experience, a multi-agency approach may be appropriate (e.g., Education, Access and Support Teams, Children's Single Point of Access).</li> </ul>	

## Highly specialist

### What this might look like

If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress consideration may need to given to requesting an EHC needs assessment.

After a period of sustained reviews at specialist (using the Assess, Plan, Do, Review approach), some CYP may experience a very high level of need, that requires a higher level of specialist support or resourcing than is unreasonable for the school to provide over a sustained period. In these cases, evidence will be judged on the degree to which SEMH needs influence:

- Risk of harm (to self and/or others).
- Teacher attention and time.
- Access to the curriculum.

- The degree and complexity of these behaviours for any child or young person will need to be measured against:
- The inappropriateness of the behaviour (partly regarding the age of the CYP and to the context in which the behaviour occurs):
- Frequency/Intensity/Duration
- Persistence over time.

This can include support from Child and Adolescent Mental Health Services (CAMHS), an Education Health and Care (EHC) Plan or attendance of a specialist setting (e.g., a Special School or an Alternative Resource Provision).

Before applying for a EHC Needs Assessment, schools must have done all they can to identify the triggers for the child's behaviour and to plan for the safe inclusion of the child. This will have included the involvement of external professionals and implementation of their advice, in depth analysis of behaviour (using resources such as the TTS resources), and attempts to restructure resourcing to safely include the child.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• An Education, Health and Care Plan (EHCP) in place with SEMH needs highlighted as a priority area of need. Attendance of an Alternative Resource Provision (ARP) or Specialist Setting.</li> <li>• Involvement from highly specialist services such as CAMHS (including the Learning Disability Team in CAMHS). Other teams could include the Keyworking Teams (in Berkshire Healthcare) and they hold the dynamic support register, working with families and parents to reduce the risk of admission to a mental health hospital (NOTE: whilst the support at this level is highly specialist, these children may not require EHCPs).</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the Special Educational Needs (SEN) team to ensure that the EHC Plan is appropriate, meeting the needs of the child and being delivered effectively.</li> <li>• Regular reviews of progress and adaptations to specialist support within an ARP or Special School. Work closely with support agencies such as CAMHS.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews both statutory (e.g., Annual Reviews) and non-statutory.</li> </ul>

## Graduated Response for Physical & Sensory Needs

Some children and young people (CYP) 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. Some children & young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers. For more information, see [SEND code of practice](#) (2015), sections 6.34 and 6.35.

For clarity and ease of use physical and sensory needs in this document will be split into;

- Physical & Sensory
- Deaf
- Visual
- Multi-sensory

### Description of need – Physical & Sensory Needs

Many children and young people (CYP) with physical and/or sensory needs may not require Education Health and Care Plans or school-based SEN provision, but they will need reasonable adjustments by the school to ensure their access to education. The Equality Act 2010 states that public bodies must not discriminate and must make reasonable adjustments for disabled children and young people. The SEN Code of Practice 2014 recognises that there is a significant overlap between disabled children and young people and those with SEN. Children and young people may therefore be covered by both SEN and disability legislation.

For some students with physical disabilities, the only resource required will be minor to moderate adaptations to allow access. This should always be considered in the first instance, before resorting to other types of support. Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment; others may lead to more complex learning and social needs. For some students with the most complex physical needs the LA will consider a multi-disciplinary assessment to be necessary.

However, for many students with a lesser level of physical needs, intervention at a school level of response will be appropriate.

Occasionally unforeseen or unexpected situations arise. A CYP may have an accident, undergo emergency surgery or perhaps break a limb. If this occurs there is no pre-arranged programme in place and a plan should be put together and implemented to organise the CYP's return to school. The school may need to put adult support in place for a short period.

A CYP with physical disabilities may be able to walk but have significant balance and co-ordination difficulties, may use a walker or a get around with a wheelchair/power chair. A CYP's disability may only affect one part of their body or all of it. It may include difficulties with speech production, swallowing, intellectual processing but not intellect, and fine motor skills. Some children and young people with a physical disability have additional learning needs but this cannot be assumed. All CYP with physical disabilities are likely to need specialist advice/support which will almost always need to come from outside of the school setting, e.g. from a physiotherapist, another medical professional, or a technician in adaptive equipment, but they will not all need an EHC assessment. Health, including CYPIT, Education, Social Care and Commissioning will work together in organising equipment and adaptations.

**Specialist equipment or adaptations may be required, such as:**

- Adaptations for school buildings
- Specialist IT equipment and software
- Equipment such as changing benches, seating, adjustable tables etc.
- Therapies may include: SALT, OT, PT with or without an EHCP in place.

Children with sensory needs may appear to be over or under sensitive to senses such as noise/touch. They may try to avoid environments/situations that they find difficult to manage in. You may also see seeking sensory behaviours e.g. touching, screaming, pushing, climbing, throwing objects and these behaviours are unpredictable.

The CYP may engage regularly in spinning/rocking behaviours, and fidgeting. You may also see CYP chewing or mouthing on objects that is not age appropriate for their development or excessively smelling objects. Children and young people with sensory processing difficulties may find transitions difficult e.g. moving from inside to outside/going to another room. Many neurodivergent children may have sensory processing difficulties but not all children with sensory processing difficulties will be neurodivergent.

### What you may observe about the child

- Physical disability.
- May require adaptations to the environment and equipment for example adjustable tables/seating

- Children who may be over responsive or under responsive to sensory input

## Tools and resources to use

- CYPIT <https://cypf.berkshirehealthcare.nhs.uk/health-and-development/sensory-processing/>
- CYPF Occupation Therapy: Information Pack for Schools
- RISE Specialist OT
- Follow advice from medical professionals/therapist supporting the student.
- Sensory Circuits
- AET Environmental Checklist

## Universal

### What this might look like

- May require prompting from teacher/class support/another adult to stay on task.
- May require adjustments to access the physical environment.

Assess/Plan	Do	Review
<p><b>All pupils should receive:</b></p> <ul style="list-style-type: none"> <li>• Support to evaluate their own performance.</li> <li>• Regular and thorough assessment including self-assessment to set individual targets.</li> </ul> <p><b>Schools should guarantee:</b></p>	<ul style="list-style-type: none"> <li>• A range of teaching approaches are used to support learning including multi-sensory and connection to real life experiences.</li> <li>• Visual resources and prompts used consistently.</li> <li>• Adaptation to the school environment using the <b>5-point plan</b> to consider sensory processing differences.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews of each pupil’s progress in consultation with pupil’s parents/carers.</li> <li>• Holistic review of child/young person’s needs, focus on physical &amp; sensory needs as well as academic progress.</li> <li>• Class/subject teachers, SENCO and TA to participate on review and monitoring with</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• There are close home school links to allow schools to be well informed of any home circumstances that may impact on learning and wellbeing.</li> <li>• Staff regularly ask pupils and parents for feedback on their progress with learning.</li> <li>• Holistic view of child/young person's needs, physical &amp; sensory needs as well as academic progress.</li> <li>• Schools to have an accessibility plan which involves an internal assessment and review of all school environments to ensure they are wheelchair-friendly and accessible to young people with physical and/or medical needs</li> </ul>	<ul style="list-style-type: none"> <li>• Staff trained in understanding sensory differences.</li> <li>• Provide additional equipment if required.</li> <li>• Seek the views of young people and parent/carers regarding additional supports required to meet their individual needs.</li> <li>• Structured movements breaks.</li> <li>• Whole school awareness of a physical and/or medical impairment for a young person and for appropriate strategies to ensure the inclusion of young people with a physical and/or medical need</li> </ul>	<p>the child and family review what has been put in place and is successful.</p>

## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some CYPs' physical & sensory needs will not be met and therefore require more **targeted support**.

- Difficulties in accessing the curriculum without school-based support.
- Difficulties in accessing buildings, classrooms, equipment and activities.
- Ability to develop self-help skills

- Recent assessment/diagnosis for a physical or sensory need
- Differences in how student responds to the environment.
- Physical and/or emotional fatigue
- Challenges in developing daily living skills.
- Impact on other areas (e.g., cognition and learning)

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Review provision recorded for the child/young person, which may include advice and information from external services, e.g. RISE, OT, Physio, EP or external professionals.</li> <li>• Use of SMART targets in individualised learning plans.</li> <li>• Evidence based interventions, for example sensory circuits, recorded, tracked and impact reviewed within a provision map.</li> <li>• Clear pre and post assessments to evaluate progress and impact of interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff have received focused training to ensure understanding of physical and/or sensory needs.</li> <li>• Use Good Autism Practice Strategies, see AET Practical Support Pack.</li> <li>• Create a one-page profile/pupil passport with student to ensure consistency between staff.</li> <li>• The child or young person should be effectively supported in the classroom alongside peers for most of their time in the setting.</li> <li>• Functional and accessibility assessments conducted in association with medical advice and moving and handling advice/training to inform staff on young person’s needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing process of assessment and review in place.</li> <li>• Progress against individual outcome should be reviewed. If progress is not being made, review strategies and resource. If progress is being made, then new outcomes should be agreed.</li> <li>• Parent/carers and pupil views should always be sought as part of the review process.</li> <li>• Pupil to be supported to express their views</li> <li>• Steps taken to meet the needs of individual pupils should be kept and readily available when needed.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Parent/carer to be involved in the formulation, monitoring, and implementation of targets.</li> </ul>	<ul style="list-style-type: none"> <li>Learning materials and approaches adapted to ensure access.</li> <li>Adaptations to the school environment to enable their access and safety around school site.</li> <li>Access to the curriculum which has been adapted to meet physical and/or medical needs- this could be electronic, use of alternative augmented communication methods.</li> <li>Person-specific moving and handling plan/evacuation plan</li> <li>Relevant access arrangements in place to sit for examinations. In accordance to the relevant Examining Board, exams will need to be in the appropriate format, with additional time.</li> <li>School/college provides equipment and access to ICT as appropriate.</li> </ul>	

## Specialist

### What this might look like

Some pupils will not respond to targeted support delivered over a sustained period and therefore will require more specialised intervention and provision.

In addition to difficulties experienced at a targeted level, pupils may have difficulties with:

- A few difficulties are severe and longstanding and have not responded to focussed and well-founded interventions.
- The severity of their difficulties may have a considerable impact on their ability to access the curriculum and complete classroom tasks.
- 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 difficulty.
- Their sensory differences and physical needs may be leading to frustration or emotional dysregulation.
- Difficulties with sustaining engagement whilst undertaking learning activities.
- May display a limited repertoire of interests and play skills that affect the child’s friendships.
- Difficulties in accessing whole setting teaching and unstructured periods of time.
- A higher level of adult support/intervention to follow classroom routines and learning.

Assess/Plan	Do	Review
<p><b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Holistic assessment of how the areas of need impact on the individual child/young person’s ability to access the educational setting. This should include advice from outside agencies/therapists.</li> <li>• Ongoing communication with parents / carers to support the identification of child/young person’s strengths and challenges.</li> </ul>	<p><b>Strategies used outlined at a targeted level but will be highly individualised based on pupil needs.</b></p> <ul style="list-style-type: none"> <li>• Specialist assessment and advice from professionals, for example, OT and Physio.</li> <li>• A record will be kept of consultation with external professionals.</li> <li>• Resources, including staff and materials to deliver and implement professionals’ recommendations and programmes.</li> </ul>	<p><b>In addition to the targeted offer some pupils may require:</b></p> <ul style="list-style-type: none"> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Where appropriate reviews should involve input from external professionals.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• Use of SMART targets informed by an understanding of sensory differences and physical disabilities.</li> <li>• Provision mapping, involving child/young person, parent / carer, SENCo and class teacher.</li> </ul>	<ul style="list-style-type: none"> <li>• A highly modified learning environment that meets their individual needs</li> <li>• Access to the curriculum which has been significantly adapted to meet needs of the individual.</li> <li>• Full access to all school activities including day trips and residential. These activities may well require considerable forward planning and additional risk assessment.</li> <li>• Access to the environment which may include building adaptations to the site, i.e., accessible toilet, decluttering of walkway.</li> <li>• Access to staff that have received training on sensory differences and individual physical needs.</li> <li>• A requirement for frequent assessments and monitoring of needs which could include a multi-disciplinary approach.</li> </ul>	<ul style="list-style-type: none"> <li>• A record kept of consultation with external professionals, if they are involved with the student.</li> <li>• If targets are not met, then strategies/resources should be changed, or targets broken into small steps.</li> </ul>

## Highly specialist

### What this might look like

CYP with sensory and physical needs in the highly specialist will likely have moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum. This can include complex, long-term sensory and physical difficulties that cause substantial barriers to learning and social relationships. They also require a constant and ongoing high level of support.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• At the highly specialist level, CYP will require a graduated approach which involves:               <ul style="list-style-type: none"> <li>○ Very personalised interventions and support approaches</li> <li>○ Increased involvement of people with appropriate specialist expertise.</li> <li>○ Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul> </li> </ul>	<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• All staff working with the child/young person have read and understood EHC Plan.</li> <li>• Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes.</li> <li>• Strategies and approaches to support class differentiation are in place and based on specialists' advice.</li> <li>• High quality training is provided for all staff involved in delivering and monitoring targeted provision.</li> <li>• Continued and consistent implementation of targeted &amp; specialist strategies for repeated cycles of intervention.</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis and evidence must reflect the effectiveness of highly specialist support and expected outcomes.</li> <li>• SENDCO will oversee the CYPs support, including how this is being delivered.</li> <li>• Child is progressing towards outcomes in EHC Plan.</li> <li>• Annual review of progress &amp; outcomes of the EHCP</li> </ul>

## Description of need – Deafness & Hearing Loss

Please note, the term 'deaf' is used here to refer to all types of hearing loss from mild to profound. This includes deafness in one ear or temporary hearing loss such as glue ear.

Some children are born deaf or it is acquired later on, for example due to an illness. There are two types of deafness; conductive deafness and sensorineural deafness. Conductive deafness can be temporary or permanent. One of the most common causes of conductive deafness in young children is fluid buildup in the middle ear, known as glue ear. This prevents sound travelling through the middle ear from the outer ear to the inner ear. Sensorineural deafness is permanent and is caused by damage to the inner ear or auditory nerve. Some children and young people have a combination of both types of deafness.

Levels of hearing loss vary, and children and young people may have a mild, moderate, severe or profound deafness. Some children and young people experience fluctuating or progressive hearing loss. Some children and young people may have unilateral hearing loss (one ear), whilst others experience bilateral hearing loss (both ears). Children may use specialist equipment such as hearing aids, cochlear implants and assistive listening devices (ALDs).

### What you may observe about the child

- May not follow instructions or follows inconsistently
- May watch other children carefully in group settings
- Appear unable to hear name/ respond when called, especially when the speaker is not in front of them
- Constantly says “what?” or asks for speech to be repeated
- Watches lips/faces intently
- Makes little to no contribution to group activities / discussions
- Watches what others are doing before doing it themselves
- Complains about not being able to hear
- Tires very easily, especially from learning or activities involving listening
- May talk loudly, especially in noisy settings

- May seem startled when people come into their line of vision
- May appear inattentive or as if they are ‘daydreaming’
- May have delayed speech, language and communication skills and be behind in areas requiring listening skills, e.g. phonics
- Children with a mild loss may be able to respond appropriately to instructions and questions within a quiet environment or when working one-to-one, but struggle in group environments, at a distance, or with increased levels of background noise. Some hearing loss, including glue ear, can fluctuate meaning they may display some signs on some days but not others.

## Tools and resources to use

Headline approaches/teams who work in this area

Berkshire Sensory Consortium Service [Home | Berkshire Sensory Consortium Service](#)

National Deaf Children’s Society (NDCS) [National Deaf Children's Society | Supporting deaf children \(ndcs.org.uk\)](#)

In particular: [Resources for education professionals | Information for professionals \(ndcs.org.uk\)](#)

Chloe and Sophie’s Special Ears Fund (CSSEF) [HOME \(cssef.org.uk\)](#)

Berkshire Deaf Children’s Society [BDCS – Berkshire Deaf Children's Society \(berkshiredcs.org\)](#)

Royal National Institute for Deaf People (RNID) [RNID - National hearing loss charity](#)

Resources provided by relevant professionals

## Universal

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• Review the school environment to ensure it is deaf-friendly, for example using checklists from NDCS and, if relevant, requesting advice from Berkshire Sensory Consortium/Teacher of the Deaf (ToD).</li> <li>• Consider all environments the child/YP uses e.g. dinner hall, playground, sensory room, library etc.</li> <li>• Consider access to spoken language in large group situations or large reverberant rooms e.g. school hall, gyms, science labs</li> <li>• Use subtitles or written script when showing any video clips.</li> <li>• Consider and plan for how child will access the full curriculum, including lessons such as music, modern foreign languages, swimming/PE activities etc</li> <li>• Daily listening tests, if needed</li> <li>• Monitor language and communication skills, including interactions with peers.</li> <li>• Ensure all school staff working with the child are aware of CYP's hearing loss and have read and understood the content of any advice/reports received</li> </ul>	<ul style="list-style-type: none"> <li>• All staff interacting with the CYP trained in general deaf awareness strategies</li> <li>• Environment is deaf friendly: <ul style="list-style-type: none"> <li>○ Gain CYP's attention first before speaking</li> <li>○ Adults repeat contributions made by other children/YP in the class as this may be misheard</li> <li>○ Careful positioning in class; ensure speaker is close and in full view of the CYP to support lipreading &amp; reading non-verbal cues like body language</li> <li>○ Background noise levels reduced – see detailed advice:</li> <li>○ Adults speak clearly with typical intonation patterns, ensuring their mouth is not covered and they are facing the CYP at all times when speaking to them</li> </ul> </li> <li>• Teacher consistently uses any equipment provided to support listening i.e. assistive listening devices, following training, guidelines and best practice</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews of each pupil's progress in consultation with pupil's parents/carers.</li> <li>• Class/subject teachers, SENCO and TA to participate on review and monitoring.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• Consideration of access arrangements for assessments &amp; embedding into normal way of working</li> <li>• Appropriate risk assessment in place</li> </ul>	<ul style="list-style-type: none"> <li>• Regular listening breaks offered to reduce impact of listening fatigue</li> <li>• Support CYP to request repetition and to express their needs, this may need supporting with visuals and modelling</li> <li>• Additional time to complete tasks, as required</li> <li>• Multisensory approach to support learning, using visual aids and contextual cues, i.e. for phonics learning, children may need additional visual support such as visual phonics by hand, cued articulation</li> <li>• Adults may need to raise awareness of other CYP in the setting, to support the deaf CYP's inclusion, using age-appropriate resources e.g. videos, books, role-play, talks/assemblies</li> <li>• Access in the environment to resources representing the CYP i.e. dolls with hearing aids, books with deaf characters. Seek advice on where to access age-appropriate resources from Berkshire Sensory Consortium if unsure.</li> </ul> <p><b>Also refer to other relevant sections as appropriate i.e. communication and interaction.</b></p>	

## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some CYPs' cognition and learning needs will not be met and therefore require more **targeted support**.

School staff should consider whether the CYP should be identified as having special educational needs, if the provision is additional to, and different from what is provided at the universal level.

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some CYPs may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Read information provided by teacher of deaf children and ensure this is shared with all relevant school staff.</li> <li>• Work in collaboration with teacher of deaf children.</li> <li>• functional and accessibility assessments conducted in association with medical advice to inform staff on young person's needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff working with the child attend training to ensure understanding of deafness and its impact on language development and accessing learning. Staff attend training on how to use the CYP's specific hearing equipment.</li> <li>• Access to the curriculum which has been adapted to meet sensory needs</li> <li>• Adaptations for tests/examination, as usual way of working i.e. extra time, live speaker instead of recordings</li> <li>• Regular pre-teaching and/or post-teaching sessions to provide additional exposure to and learning of key curriculum concepts and vocabulary</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against individual outcome should be reviewed.</li> <li>• If progress is not being made, review strategies and resource.</li> <li>• If progress is being made, then new outcomes should be agreed.</li> <li>• Parent/carers and pupil views should always be sought as part of the review process.</li> </ul> <p>Steps taken to meet the needs of individual pupils should be kept and readily available when needed.</p> <p><b>If progress is made and outcomes achieved, then the child / young person can move back into</b></p>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Curriculum differentiated to allow CYP to access it independently and at a level of appropriate challenge</li> <li>Raise and discuss barriers to learning with parent/carer, child/young person, SENCO, class teacher or equivalent.</li> </ul>	<ul style="list-style-type: none"> <li>Adults support social interactions with peers at some times during the day, and support to reduce any misunderstandings that may occur due to mishearing, modelling appropriate interactions</li> <li>May need occasional additional adult check-ins or support during listening heavy subjects/lessons i.e. phonics, speaking &amp; listening topics, music, modern foreign languages etc.</li> <li>Individual or small group sessions to develop understanding of their hearing loss and develop a positive self-image/ deaf identity.</li> <li>Access to meet with other deaf CYP to support deaf-identity and wellbeing</li> </ul> <p>Follow any advice and guidance provided by relevant professionals involved, e.g. Teacher of the Deaf, Audiologist, Educational Psychologist, Speech and Language Therapist</p>	<p><b>Universal level support or continue to be supported at targeted level of SEND Support If outcomes are not reached and progress is not made, consider if support should be progressed to specialist level in discussion with SENDCO</b></p>

Assess/Plan	Do	Review
	<p>Total communication environment, as needed e.g. use of signing/ gesture/ visuals, alongside spoken language – all modalities of communication valued</p> <p>Daily monitoring of any hearing equipment used by the CYP (until they are able to successfully monitor it independently)</p> <p>Support for social interaction and inclusion</p> <p>Support/training for learning British Sign Language /Sign Supported English, where appropriate for the child. This may include vocabulary development</p>	

## Specialist

### What this might look like

Some pupils will not respond to targeted support delivered over a sustained period and therefore will require more specialised intervention and provision.

Assess/Plan	Do	Review
<b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b>	<b>Strategies used outlined at a targeted level but will be highly individualised based on pupil needs</b>	<b>In addition to the targeted offer some pupils may require:</b>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Assess and plan in collaboration with professionals involved, e.g. ToD, Specialist SaLT</li> <li>A requirement for frequent assessments and monitoring of needs which could include a multi-disciplinary approach.</li> <li>Plan with parents the communication systems used to deliver teaching/ learning.</li> <li>Acoustic evaluation of the setting</li> </ul>	<ul style="list-style-type: none"> <li>Specialist assessment and advice from professionals, for example, ToDs, RISE, EPS, Specialist SALT, OT, Physio</li> <li>A record will be kept of consultation with external professionals, such as Teachers of the Deaf, Audiologists or Implant Centers, Educational Psychologists, CAMHS Speech &amp; Language Therapist, Occupational Therapist</li> <li>Resources, including staff and materials to deliver and implement professionals' recommendations and programmes.</li> <li>A highly modified learning environment that meets their individual needs</li> <li>Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person's needs throughout the day</li> <li>access to the curriculum which has been significantly adapted to meet their sensory needs</li> <li>access to a quiet area for specialist teaching and for the young person to take listening/ rest breaks.</li> </ul>	<ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> <li>A record kept of consultation with external professionals, if they are involved with the student.</li> </ul> <p><b><u>If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress consideration may need to given to requesting an EHC needs assessment.</u></b></p>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>Additional time to carry out tasks with adult support, on a frequent basis.</li> </ul> <p>Access at all times to appropriate communication system, as identified by the child/YP and their family, by adequately trained and qualified staff. Such communication systems may include spoken language, Sign-Supported English, British Sign Language (BSL), Makaton,</p> <p>Children/YP are likely to need a total communication environment that accepts and values all forms of communication.</p>	

## Highly specialist

### What this might look like

These pupils' learning difficulties range from moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum.

**These pupils will have an EHC plan.**

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>At the highly specialist level, pupils will require a graduated approach which involves:</li> </ul>	<p><b>As at prior phase/phases but also to include the following possible provision:</b></p>	<ul style="list-style-type: none"> <li>Analysis and evidence must reflect the effectiveness of highly specialist support and expected outcomes.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• Very personalised interventions and support approaches</li> <li>• Increased involvement of people with appropriate specialist expertise.</li> <li>• Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul>	<ul style="list-style-type: none"> <li>• Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>• Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>• Curriculum delivery needs to be highly personalised.</li> </ul> <p>Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</p> <ul style="list-style-type: none"> <li>• All staff working with the child/young person have read and understood EHC Plan</li> <li>• Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes</li> <li>• Strategies and approaches to support class differentiation are in place and based on specialists' advice.</li> <li>• Continued and consistent implementation of targeted &amp; specialist strategies for repeated cycles of intervention</li> </ul>	<ul style="list-style-type: none"> <li>• SENDCO will oversee the CYPs support, including how this is being delivered.</li> <li>• Child is progressing towards outcomes in EHC Plan</li> <li>• Annual review of progress &amp; outcomes of the EHCP</li> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> </ul> <p>Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</p>

Assess/Plan	Do	Review

## Description of need – Visual Impairments

Some children are born with a visual impairment; others may acquire an impairment later in life through either an injury, disease or genetic condition. A visual impairment, which is a special educational need, is a difficulty that cannot be corrected with spectacles or contact lenses, whilst children with mild, reduced vision, that can be corrected with spectacles would, not be classified as such. The severity of the visual impairment can vary across children and young people who have the same condition. A visual impairment may be caused by a problem in the eye itself (e.g. cornea, retina), the optic nerve, visual cortex or the muscles surrounding the eye. Some children and young people may have an eye condition that effects one eye (unilateral) but for others it may be both eyes (bilateral). Levels of visual impairment vary, and children and young people may have a mild condition, be partial sighted or registered blind. Prescription spectacles or contact lenses may help to improve a child or young person’s vision but may not fully correct it. Specialist equipment can be prescribed such as corrected eye wear (including patches), assistive devices etc. A child may not easily tolerate the use of any of these.

## What you may observe about the child

- Looks closely at books and objects or sitting at the front for story time/television/group time
- Falling over objects/walking into objects/furniture walking and lacks confidence when moving around a room due to unusual flooring textures
- Unable to focus on objects and unable to track moving objects.
- Regular rubbing or poking of eyes
- Poor hand eye coordination
- Unusual visual movements e.g. random eye movements
- Lots of turning and tilting head position
- Reports feeling tired after tasks that require looking at things closely

- Communication difficulties, not realising someone interacting or recognising facial expressions
- Speech difficulties, not playing and interacting with toys, therefore not learning what objects are named
- Socialising difficulties, not interacting and playing with others being able to follow cues and non-verbal gestures of a game

## Tools and resources to use

Support pack from Berkshire Sensory Consortium - <http://btckstorage.blob.core.windows.net/site14723/VI%20Parent%20Information%20Pack%202016-17.pdf>

National Institute for the Blind - <http://www.nib.org.uk/>

Berkshire Vision <https://berkshirevision.org.uk>

AET Environmental checklist

Follow all medical advice provided from the NHS and any relevant personnel involved

## Universal

### What this might look like

- CYP may wear glasses or contact lenses.
- May have limited vision in one eye or both eyes.

Assess/Plan	Do	Review
<p><b>All CYP should receive:</b></p> <ul style="list-style-type: none"> <li>• Support to evaluate their own performance.</li> <li>• Regular and thorough assessment including self-assessment to set individual targets.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff interacting with the CYP trained or have a understanding of visual impairment and strategies to support</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews of each CYP’s progress in consultation with their parents/carers.</li> <li>• Whole school system cycle of reviewing attainment and progress.</li> </ul>

<p><b>Schools should guarantee:</b></p> <ul style="list-style-type: none"> <li>• Review the school environment to ensuring it is visual friendly.</li> <li>• Plan to teach all children about reasonable adjustments.</li> <li>• Whole school policy on supporting children with visual impairments.</li> <li>• Health &amp; Safety risk assessment in place</li> </ul>	<ul style="list-style-type: none"> <li>• Multisensory approach to support learning.</li> <li>• Ensure the room stays well organised and resources placed appropriately.</li> <li>• Consider the lighting is appropriate for the child.</li> <li>• Give the child time to explore objects</li> <li>• Use contrasting materials for mark making e.g. white on black, colour on foil.</li> <li>• Ensure activities are presented to the child on eye level and if they have a stronger eye, present to this eye.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Holistic review of child/young person's needs, focus on social and emotional needs as well as academic progress.</li> </ul>
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## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some CYPs' cognition and learning needs will not be met and therefore require more **targeted support**.

- Difficulty accessing the curriculum.
- Challenges in developing self-help skills.
- Diagnosed eye condition.

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some CYPs may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Working in partnership with CYPs and parent/carers.</li> <li>• Clear individualised plan with SMART targets.</li> <li>• Seek advice from external professionals.</li> <li>• Work in collaboration with teacher of VI children.</li> <li>• Curriculum differentiated to allow CYP to access it independently and at a level of appropriate challenge.</li> <li>• Raise and discuss barriers to learning with parent/carers, child/young person, SENCO, class teacher.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular involvement from a Teacher of the Visually Impaired to provide advice on strategies and support via Berkshire Sensory Consortium Service</li> <li>• Specialist equipment to be used to aid independence and self-care.</li> <li>• Access to specialist ICT equipment and programmes.</li> <li>• Adaptions to the environment to meet the individual pupils needs.</li> <li>• Avoid rearranging the room where necessary.</li> <li>• Warn children of any possible sudden movements in front of them.</li> <li>• Adapted curriculum to meet the pupils needs for example enlarged resource materials.</li> <li>• Extra time to complete tasks.</li> <li>• Ensure that all adults provide auditory reinforcement and commentary where appropriate.</li> <li>• Explain visual concepts that may be missed due to sight loss</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against individual outcome should be reviewed.</li> <li>• If progress is not being made, review strategies and resource.</li> <li>• If progress is being made, then new outcomes should be agreed.</li> <li>• Parent/carers and pupil views should always be sought as part of the review process.</li> </ul> <p>Steps taken to meet the needs of individual pupils should be kept and readily available when needed.</p> <p><b>If progress is made and outcomes achieved, then the child / young person can move back into Universal level support or continue to be supported at targeted level of SEND Support If outcomes are not reached and progress is not made, consider if support should be progressed to specialist level in discussion with SENDCO</b></p>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>Relevant access arrangements in place to sit for examinations. In accordance to the relevant Examining Board, exams will need to be in the appropriate format, with additional time.</li> </ul>	

## Specialist

### What this might look like

Some pupils will not respond to targeted support delivered over a sustained period and therefore will require more specialised intervention and provision.

In addition to difficulties experienced at a targeted level, pupils may have difficulties with;

- CYP will have severe/profound sight loss
- Disturbed field of vision
- Diagnosed eye condition.

Assess/Plan	Do	Review
<b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b>	<p><b>Strategies used outlined at a targeted level but will be highly individualised based on pupil needs</b></p> <p>A highly modified environment to meet the CYPs needs.</p>	<p><b>In addition to the targeted offer some pupils may require:</b></p> <ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Assess and plan in collaboration with professionals involved.</li> <li>A requirement for frequent assessments and monitoring of needs which could include a multi-disciplinary approach.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>A high level of adult support to aid mobility/self-care and to support learning throughout the day.</li> <li>Access to a curriculum that has been adapted to meet visual needs.</li> <li>Specialist assessment and advice from professionals.</li> <li>A record will be kept of consultation with external professionals.</li> <li>Resources, including staff and materials to deliver and implement professionals' recommendations and programmes.</li> <li>A highly modified learning environment that meets their individual needs</li> <li>Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person's needs throughout the day</li> <li>Access to the curriculum which has been significantly adapted to meet their needs</li> <li>Additional time to carry out tasks with adult support, on a frequent basis.</li> </ul>	<ul style="list-style-type: none"> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> <li>A record kept of consultation with external professionals, if they are involved with the student.</li> </ul> <p><b><u>If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress consideration may need to given to requesting an EHC needs assessment.</u></b></p>

## Highly specialist

### What this might look like

CYP's visual impairments range from moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum.

#### These pupils will have an EHC plan

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>At the highly specialist level, pupils will require a graduated approach which involves:</li> <li>Very personalised interventions and support approaches</li> <li>Increased involvement of people with appropriate specialist expertise.</li> <li>Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul>	<ul style="list-style-type: none"> <li>Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>Technology used to address pupil needs i.e. augmentative devices.</li> <li>Curriculum delivery needs to be highly personalised.</li> </ul> <p>Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</p>	<ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> </ul> <p>Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</p>

### Description of need – Multi-sensory Impairments

Children and young people can be born with or acquire a multi-sensory impairment (MSI). A MSI is a combination of vision and hearing difficulties and can be referred to as Deafblindness or dual sensory loss. A MSI child or young person may not be completely deaf or blind but reduction in both senses will cause significant difficulties in everyday life including their ability to access the curriculum, the social context and environment of the school. Problems can occur even if vision loss and hearing loss are mild, either unilaterally or bilaterally, due to the senses working together and one would compensate the

other. They may have a range of other disabilities that affect their ability to process information and communicate. Need and provision will be unique and specific to every child. If vision is corrected by spectacles and hearing loss is temporary, then it should not be assumed that the young person has SEND.

### What you may observe about the child

- Similar to those with a visual or hearing impairment
- Ignoring instructions and having difficulty understanding and responding to verbal and visual cues with support.
- Difficulties maintaining attention without adult support.
- Being easily frustrated following difficulties with communicating and interacting.
- Difficulties following a conversation, particularly if several people are speaking
- Leaning in very close to look at facial expressions and hear what is being discussed
- They may have other complex physical, sensory and medical needs
- Unbalanced gait

### Tools and resources to use

Please refer to Visual Impairment and Hearing Impairment tools and resources.

Refer to Berkshire Sensory Consortium Multi-Sensory Information Pack - [MSI Parent Pack | Berkshire Sensory Consortium Service](#)

Refer to SENSE Charity for support and advice - <https://www.sense.org.uk/>

Deafblind UK [Schools | Deafblind UK](#)

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<p>Refer to both Hearing and Visual Impairment strategies/interventions</p> <p>The school environment must be safe and secure to promote learning and independence. School to consider the needs of children with a multi-sensory need in their accessibility planning with internal assessment and review of all school environments to ensure they are acoustically and low vision friendly.</p> <p>Procedures are in place to seek information about a young person's multi-sensory needs/concerns to identify learning needs.</p> <p>Procedures are in place for staff to be able to seek the views of the parents/carers about their child's multi-sensory needs.</p> <p>Whole school policies for supporting CYPs with multi-sensory needs are in place.</p>	<p>Bespoke training for staff to gain a greater understanding of MSI.</p> <p>Keep the classrooms in the same layout</p> <p>Keep the same daily routine</p> <p>Staff in schools should follow medical advice on the maintenance and wearing of spectacles/hearing equipment.</p> <p>Spectacles should be clean and hearing aids working correctly.</p> <p>Curriculum intervention that takes account of individual needs.</p> <p>Personalised IEP/learning goals.</p>	<p>Regular reviews of each CYP's progress in consultation with the student's parents/carers.</p> <p>The CYP's views should always be sought.</p> <p>Holistic review of CYP's needs, focus on MSI needs as well as academic progress.</p> <p>Class/subject teachers, SENCO and TA to participate on review and monitoring with the child and family review what has been put in place and is successful.</p> <p>Are any changes required?</p>

Assess/Plan	Do	Review
<p>Whole school awareness of the implications of a vision/ hearing loss for a young person and for appropriate strategies to ensure the inclusion of MSI young people</p> <p>Risk assessments in place for educational activities on or off site to include the needs of individual young people within the group</p> <p>Processes must be in place for transition and information sharing when young people are moving between staff in different classrooms, classes, new schools or alternative provision.</p> <p>Access to an appropriate learning environment.</p>		

## Targeted

### What this might look like

CYP whose MSI cannot be met by universal approaches over an extended period of time. For example, cerebral visual impairment and hearing loss.

Assess/Plan	Do	Review
<p>Increased interventions and support from specialist HI/VI/MSI professionals.</p> <p>Detailed intervention and support approaches and where appropriate specialist expertise.</p> <p>Continuous cycles of assessment, planning, intervention and review that ensures interventions are matching the students' needs.</p> <p>If a student requires additional provision to those in a mainstream class, school staff should identify if this student has any special educational needs.</p>	<p>Regular involvement from a Teacher of Multi-sensory impairments to provide advice on strategies and support via Berkshire Sensory Consortium Service.</p> <p>Deliver advice and strategies recommended from a Teacher of Multi-sensory impairments.</p> <p>Bespoke training enabling staff to meet the individual needs of CYPs.</p> <p>Peer training.</p> <p>Relevant access arrangements in place to sit for examinations. In accordance to the relevant Examining Board, exams will need to be in the appropriate format, with additional time.</p>	<p>Regular reviews of each student's progress in consultation with CYP's parents/carers.</p> <p>CYP's views should always be sought.</p> <p>Holistic review of CYPs person's needs, focus on MSI needs as well as academic progress.</p> <p>Class/subject teachers, SENCO and external professionals to participate in the review of universal services with the student and family. Review what targeted services have been put in place, what has been successful, what is no longer required or identify the need for more support.</p>

## Specialist

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<p><b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Additional specialist assessment to contribute to specific and focused SEN support plan or EHCP.</li> <li>• Careful consideration of learning environment to meet the needs of pupils.</li> <li>• Referrals to external agencies such as OT, EP, Berkshire Sensory Consortium.</li> </ul> <p>Consideration of implementation of individual pupil outcomes can be incorporated into everyday learning environment and referred to.</p> <p>Additional specialist assessment from a Teacher of MSI to provide advice on strategies and support via Berkshire Sensory Consortium Service.</p>	<p>Access to the curriculum that has already been adapted to meet their MSI needs.</p> <p>Regular involvement from a Teacher of Multi-sensory impairments to provide advice on strategies and support. This may be provided by Berkshire Sensory Consortium.</p> <p>Any additional support as described in the visual and hearing impairment sections of this document.</p>	<p>If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress consideration may need to given to requesting an EHC needs assessment.</p> <p>Students' views should always be sought.</p> <p>Holistic review of CYPs needs, focus on MSI needs as well as academic progress.</p> <p>Class/subject teachers, SENCO and external professionals to participate in the review of targeted services with the student and family. Review what specialist services have been put in place, what has been successful, what is no longer required or identify the need for more support.</p>

## Highly specialist

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>At the highly specialist level, CYPs will require a graduated approach which involves:</li> <li>Very personalised interventions and support approaches</li> <li>Increased involvement of people with appropriate specialist expertise.</li> <li>Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul>	<ul style="list-style-type: none"> <li>Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>Technology used to address pupil needs.</li> <li>Curriculum delivery needs to be highly personalised.</li> </ul> <p>Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</p>	<ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> </ul> <p>Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</p>

## Appendix 1: Graduated Response for Deafness and Hearing Loss

### Description of need

Please note, the term 'deaf' is used here to refer to all types of hearing loss from mild to profound. This includes deafness in one ear or temporary hearing loss such as glue ear.

Some children are born deaf or it is acquired later on, for example due to an illness. There are two types of deafness; conductive deafness and sensorineural deafness. Conductive deafness can be temporary or permanent. One of the most common causes of conductive deafness in young children is fluid buildup in the middle ear, known as glue ear. This prevents sound travelling through the middle ear from the outer ear to the inner ear. Sensorineural deafness is permanent and is caused by damage to the inner ear or auditory nerve. Some children and young people have a combination of both types of deafness.

Levels of hearing loss vary, and children and young people may have a mild, moderate, severe or profound deafness. Some children and young people experience fluctuating or progressive hearing loss. Some children and young people may have unilateral hearing loss (one ear), whilst others experience bilateral hearing loss (both ears). Children may use specialist equipment such as hearing aids, cochlear implants and assistive listening devices (ALDs).

### What you may observe about the child

- May not follow instructions or follows inconsistently
- May watch other children carefully in group settings
- Appear unable to hear name/ respond when called, especially when the speaker is not in front of them
- Constantly says "what?" or asks for speech to be repeated
- Watches lips/faces intently
- Makes little to no contribution to group activities / discussions
- Watches what others are doing before doing it themselves
- Complains about not being able to hear
- Tires very easily, especially from learning or activities involving listening
- May talk loudly, especially in noisy settings
- May seem startled when people come into their line of vision
- May appear inattentive or as if they are 'daydreaming'
- May have delayed speech, language and communication skills and be behind in areas requiring listening skills, e.g. phonics

- Children with a mild loss may be able to respond appropriately to instructions and questions within a quiet environment or when working one-to-one, but struggle in group environments, at a distance, or with increased levels of background noise. Some hearing loss, including glue ear, can fluctuate meaning they may display some signs on some days but not others.

## Tools and resources to use

Headline approaches/teams who work in this area

Berkshire Sensory Consortium Service [Home](#) | [Berkshire Sensory Consortium Service](#)

National Deaf Children's Society (NDCS) [National Deaf Children's Society](#) | [Supporting deaf children \(ndcs.org.uk\)](#)

In particular: [Resources for education professionals](#) | [Information for professionals \(ndcs.org.uk\)](#)

Chloe and Sophie's Special Ears Fund (CSSEF) [HOME \(cssef.org.uk\)](#)

Berkshire Deaf Children's Society [BDCS – Berkshire Deaf Children's Society \(berkshiredcs.org\)](#)

Royal National Institute for Deaf People (RNID) [RNID - National hearing loss charity](#)

Resources provided by relevant professionals

## Universal

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Review the school environment to ensure it is deaf-friendly, for example using checklists from NDCS and, if relevant, requesting advice from Berkshire Sensory Consortium/Teacher of the Deaf (ToD).</li> <li>Consider all environments the child/YP uses e.g. dinner hall, playground, sensory room, library etc.</li> <li>Consider access to spoken language in large group situations or large reverberant rooms e.g. school hall, gyms, science labs</li> <li>Use subtitles or written script when showing any video clips.</li> <li>Consider and plan for how child will access the full curriculum, including lessons such as music, modern foreign languages, swimming/PE activities etc</li> <li>Daily listening tests, if needed</li> <li>Monitor language and communication skills, including interactions with peers.</li> <li>Ensure all school staff working with the child are aware of CYP's hearing loss and have read and understood the content of any advice/reports received</li> <li>Consideration of access arrangements for assessments &amp; embedding into normal way of working</li> <li>Appropriate risk assessment in place</li> </ul>	<ul style="list-style-type: none"> <li>All staff interacting with the CYP trained in general deaf awareness strategies</li> <li>Environment is deaf friendly: <ul style="list-style-type: none"> <li>Gain CYP's attention first before speaking</li> <li>Adults repeat contributions made by other children/YP in the class as this may be misheard</li> <li>Careful positioning in class; ensure speaker is close and in full view of the CYP to support lipreading &amp; reading non-verbal cues like body language</li> <li>Background noise levels reduced – see detailed advice:</li> <li>Adults speak clearly with typical intonation patterns, ensuring their mouth is not covered and they are facing the CYP at all times when speaking to them</li> </ul> </li> <li>Teacher consistently uses any equipment provided to support listening i.e. assistive listening devices, following training, guidelines and best practice</li> <li>Regular listening breaks offered to reduce impact of listening fatigue</li> <li>Support CYP to request repetition and to express their needs, this may need supporting with visuals and modelling</li> </ul>	<ul style="list-style-type: none"> <li>Regular reviews of each pupil's progress in consultation with pupil's parents/carers.</li> <li>Class/subject teachers, SENCO and TA to participate on review and monitoring.</li> </ul>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>• Additional time to complete tasks, as required</li> <li>• Multisensory approach to support learning, using visual aids and contextual cues, i.e. for phonics learning, children may need additional visual support such as visual phonics by hand, cued articulation</li> <li>• Adults may need to raise awareness of other CYP in the setting, to support the deaf CYP's inclusion, using age-appropriate resources e.g. videos, books, role-play, talks/assemblies</li> <li>• Access in the environment to resources representing the CYP i.e. dolls with hearing aids, books with deaf characters. Seek advice on where to access age-appropriate resources from Berkshire Sensory Consortium if unsure.</li> </ul> <p><b>Also refer to other relevant sections as appropriate i.e. communication and interaction.</b></p>	

## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some CYPs' cognition and learning needs will not be met and therefore require more **targeted support**.

School staff should consider whether the CYP should be identified as having special educational needs, if the provision is additional to, and different from what is provided at the universal level.

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some CYPs may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Read information provided by teacher of deaf children and ensure this is shared with all relevant school staff.</li> <li>• Work in collaboration with teacher of deaf children.</li> <li>• Functional and accessibility assessments conducted in association with medical advice to inform staff on young person's needs.</li> <li>• Curriculum differentiated to allow CYP to access it independently and at a level of appropriate challenge</li> <li>• Raise and discuss barriers to learning with parent/carer, child/young person, SENCO, class teacher or equivalent.</li> </ul>	<ul style="list-style-type: none"> <li>• Staff working with the child attend training to ensure understanding of deafness and its impact on language development and accessing learning. Staff attend training on how to use the CYP's specific hearing equipment.</li> <li>• Access to the curriculum which has been adapted to meet sensory needs.</li> <li>• Adaptations for tests/examination, as usual way of working i.e. extra time, live speaker instead of recordings.</li> <li>• Regular pre-teaching and/or post-teaching sessions to provide additional exposure to and learning of key curriculum concepts and vocabulary.</li> <li>• Adults support social interactions with peers at some times during the day, and support to reduce any misunderstandings that may occur</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against individual outcome should be reviewed.</li> <li>• If progress is not being made, review strategies and resource.</li> <li>• If progress is being made, then new outcomes should be agreed.</li> <li>• Parent/carers and pupil views should always be sought as part of the review process.</li> </ul> <p>Steps taken to meet the needs of individual pupils should be kept and readily available when needed.</p>

Assess/Plan	Do	Review
	<p>due to mishearing, modelling appropriate interactions.</p> <ul style="list-style-type: none"> <li>• May need occasional additional adult check-ins or support during listening heavy subjects/lessons i.e. phonics, speaking &amp; listening topics, music, modern foreign languages etc.</li> <li>• Individual or small group sessions to develop understanding of their hearing loss and develop a positive self-image/ deaf identity.</li> <li>• Access to meet with other deaf CYP to support deaf-identity and wellbeing</li> <li>• Follow any advice and guidance provided by relevant professionals involved, e.g. Teacher of the Deaf, Audiologist, Educational Psychologist, Speech and Language Therapist.</li> <li>• Total communication environment, as needed e.g. use of signing/ gesture/ visuals, alongside spoken language – all modalities of communication valued.</li> <li>• Daily monitoring of any hearing equipment used by the CYP (until they are able to successfully monitor it independently).</li> <li>• Support for social interaction and inclusion.</li> <li>• Support/training for learning British Sign Language /Sign Supported</li> </ul>	

Assess/Plan	Do	Review
	English, where appropriate for the child. This may include vocabulary development.	

## Specialist

### What this might look like

Some pupils will not respond to targeted support delivered over a sustained period and therefore will require more specialised intervention and provision.

Assess/Plan	Do	Review
<p><b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>Assess and plan in collaboration with professionals involved, e.g. ToD, Specialist SaLT</li> <li>A requirement for frequent assessments and monitoring of needs which could include a multi-disciplinary approach.</li> <li>Plan with parents the communication systems used to deliver teaching/ learning.</li> <li>Acoustic evaluation of the setting</li> </ul>	<p><b>Strategies used outlined at a targeted level but will be highly individualised based on pupil needs</b></p> <ul style="list-style-type: none"> <li>Specialist assessment and advice from professionals, for example, ToDs, RISE, EPS, Specialist SALT, OT, Physio.</li> <li>A record will be kept of consultation with external professionals, such as Teachers of the Deaf, Audiologists or Implant Centers, Educational Psychologists, CAMHS Speech &amp; Language Therapist, Occupational Therapist.</li> </ul>	<p><b>In addition to the targeted offer some pupils may require:</b></p> <ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> <li>A record kept of consultation with external professionals, if they are involved with the student.</li> </ul>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>• Resources, including staff and materials to deliver and implement professionals' recommendations and programmes.</li> <li>• A highly modified learning environment that meets their individual needs</li> <li>• Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person's needs throughout the day</li> <li>• access to the curriculum which has been significantly adapted to meet their sensory needs</li> <li>• access to a quiet area for specialist teaching and for the young person to take listening/ rest breaks.</li> <li>• Additional time to carry out tasks with adult support, on a frequent basis.</li> <li>• Access at all times to appropriate communication system, as identified by the CYP and their family, by adequately trained and qualified staff. Such communication systems may include spoken language, Sign-Supported English, British Sign Language (BSL), Makaton.</li> <li>• CYP are likely to need a total communication environment that accepts and values all forms of communication.</li> </ul>	

## Highly specialist

### What this might look like

These pupils' learning difficulties range from moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum and are likely to require an EHCP.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• At the highly specialist level, pupils will require a graduated approach which involves:               <ul style="list-style-type: none"> <li>✓ Very personalised interventions and support approaches</li> <li>✓ Increased involvement of people with appropriate specialist expertise.</li> <li>✓ Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul> </li> </ul>	<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>• Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>• Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>• Curriculum delivery needs to be highly personalised.</li> <li>• Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</li> <li>• All staff working with the child/young person have read and understood EHC Plan</li> <li>• Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes</li> <li>• Strategies and approaches to support class differentiation are in place and based on specialists' advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis and evidence must reflect the effectiveness of highly specialist support and expected outcomes.</li> <li>• SENDCO will oversee the CYP'S support, including how this is being delivered.</li> <li>• Child is progressing towards outcomes in EHC Plan</li> <li>• Annual review of progress &amp; outcomes of the EHCP</li> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> <li>• Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</li> </ul>

	<ul style="list-style-type: none"><li>• Continued and consistent implementation of targeted &amp; specialist strategies for repeated cycles of intervention</li></ul>	
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## Appendix 2: Graduated Response for Visual Impairments

### Description of need

Some children are born with a visual impairment; others may acquire an impairment later in life through either an injury, disease or genetic condition. A visual impairment, which is a special educational need, is a difficulty that cannot be corrected with spectacles or contact lenses, while children with mild, reduced vision, that can be corrected with spectacles would, not be classified as such.

The severity of the visual impairment can vary across children and young people who have the same condition.

A visual impairment may be caused by a problem in the eye itself (e.g. cornea, retina), the optic nerve, visual cortex or the muscles surrounding the eye. Some children and young people may have an eye condition that effects one eye (unilateral) but for others it may be both eyes (bilateral).

Levels of visual impairment vary, and children and young people may have a mild condition, be partial sighted or registered blind. Prescription spectacles or contact lenses may help to improve a child or young person's vision but may not fully correct it. Specialist equipment can be prescribed such as corrected eye wear (including patches), assistive devices etc. A child may not easily tolerate the use of any of these.

### What you may observe about the child

- Looks closely at books and objects or sitting at the front for story time/television/group time
- Falling over objects/walking into objects/furniture walking and lacks confidence when moving around a room due to unusual flooring textures
- Unable to focus on objects and unable to track moving objects.
- Regular rubbing or poking of eyes
- Poor hand eye coordination
- Unusual visual movements e.g. random eye movements
- Lots of turning and tilting head position
- Reports feeling tired after tasks that require looking at things closely

- Communication difficulties, not realising someone interacting or recognising facial expressions
- Speech difficulties, not playing and interacting with toys, therefore not learning what objects are named
- Socialising difficulties, not interacting and playing with others being able to follow cues and non-verbal gestures of a game

## Tools and resources to use

Support pack from Berkshire Sensory Consortium - <http://btckstorage.blob.core.windows.net/site14723/VI%20Parent%20Information%20Pack%202016-17.pdf>

National Institute for the Blind - <http://www.rnib.org.uk/>

Berkshire Vision <https://berkshirevision.org.uk>

AET Environmental checklist

Follow all medical advice provided from the NHS and any relevant personnel involved

## Universal

### What this might look like

- CYP may wear glasses or contact lenses.
- May have limited vision in one eye or both eyes.

Assess/Plan	Do	Review
<p><b>All CYP should receive:</b></p> <ul style="list-style-type: none"> <li>• Support to evaluate their own performance.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff interacting with the CYP trained or have a understanding of visual impairment and strategies to support</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews of each CYP’s progress in consultation with their parents/carers.</li> <li>• Whole school system cycle of reviewing attainment and progress.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Regular and thorough assessment including self-assessment to set individual targets.</li> </ul> <p><b>Schools should guarantee:</b></p> <ul style="list-style-type: none"> <li>Review the school environment to ensuring it is visual friendly.</li> <li>Plan to teach all children about reasonable adjustments.</li> <li>Whole school policy on supporting children with visual impairments.</li> <li>Health &amp; Safety risk assessment in place</li> </ul>	<ul style="list-style-type: none"> <li>Multisensory approach to support learning.</li> <li>Ensure the room stays well organised and resources placed appropriately.</li> <li>Consider the lighting is appropriate for the child.</li> <li>Give the child time to explore objects</li> <li>Use contrasting materials for mark making e.g. white on black, colour on foil.</li> <li>Ensure activities are presented to the child on eye level and if they have a stronger eye, present to this eye.</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Holistic review of child/young person's needs, focus on social and emotional needs as well as academic progress.</li> </ul>

## Targeted

### What this might look like

Despite receiving universal provision over a sustained period, some CYPs' cognition and learning needs will not be met and therefore require more **targeted support**.

- Difficulty accessing the curriculum.
- Challenges in developing self-help skills.
- Diagnosed eye condition.

Assess/Plan	Do	Review
<p><b>In addition to the universal offer, some CYPs may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Working in partnership with CYP'S and parent/carers.</li> <li>• Clear individualised plan with SMART targets.</li> <li>• Seek advice from external professionals.</li> <li>• Work in collaboration with teacher of VI children.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular involvement from a Teacher of the Visually Impaired to provide advice on strategies and support via Berkshire Sensory Consortium Service</li> <li>• Specialist equipment to be used to aid independence and self-care.</li> <li>• Access to specialist ICT equipment and programmes.</li> <li>• Adaptions to the environment to meet the individual pupils needs.</li> <li>• Avoid rearranging the room where necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress against individual outcome should be reviewed.</li> <li>• If progress is not being made, review strategies and resource.</li> <li>• If progress is being made, then new outcomes should be agreed.</li> <li>• Parent/carers and pupil views should always be sought as part of the review process.</li> <li>• Steps taken to meet the needs of individual pupils should be kept and readily available when needed.</li> </ul>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>Curriculum differentiated to allow CYP to access it independently and at a level of appropriate challenge.</li> <li>Raise and discuss barriers to learning with parent/carer, child/young person, SENCO, class teacher.</li> </ul>	<ul style="list-style-type: none"> <li>Warn children of any possible sudden movements in front of them.</li> <li>Adapted curriculum to meet the pupils needs for example enlarged resource materials.</li> <li>Extra time to complete tasks.</li> <li>Ensure that all adults provide auditory reinforcement and commentary where appropriate.</li> <li>Explain visual concepts that may be missed due to sight loss.</li> <li>Relevant access arrangements in place to sit for examinations. In accordance to the relevant Examining Board, exams will need to be in the appropriate format, with additional time.</li> </ul>	

## Specialist

### What this might look like

Some pupils will not respond to targeted support delivered over a sustained period and therefore will require more specialised intervention and provision. In addition to difficulties experienced at a targeted level, pupils may have difficulties with;

- CYP will have server/profound sight loss
- Disturbed field of vision
- Diagnosed eye condition

Assess/Plan	Do	Review
<p><b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Assess and plan in collaboration with professionals involved.</li> <li>• A requirement for frequent assessments and monitoring of needs which could include a multi-disciplinary approach.</li> </ul>	<p><b>Strategies used outlined at a targeted level but will be highly individualised based on pupil needs</b></p> <ul style="list-style-type: none"> <li>• A highly modified environment to meet the CYP'S needs.</li> <li>• A high level of adult support to aid mobility/self-care and to support learning throughout the day.</li> <li>• Access to a curriculum that has been adapted to meet visual needs.</li> <li>• Specialist assessment and advice from professionals.</li> <li>• A record will be kept of consultation with external professionals.</li> </ul>	<p><b>In addition to the targeted offer some pupils may require:</b></p> <ul style="list-style-type: none"> <li>• Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>• Parent/carers involved with outcomes and targets in relation to their child.</li> <li>• A record kept of consultation with external professionals, if they are involved with the student.</li> </ul>

Assess/Plan	Do	Review
	<ul style="list-style-type: none"> <li>• Resources, including staff and materials to deliver and implement professionals' recommendations and programmes.</li> <li>• A highly modified learning environment that meets their individual needs</li> <li>• Structured and personalised teaching environments that offer consistent approaches and individual programmes that help to manage the child/young person's needs throughout the day</li> <li>• Access to the curriculum which has been significantly adapted to meet their needs</li> <li>• Additional time to carry out tasks with adult support, on a frequent basis.</li> </ul>	

## Highly specialist

### What this might look like

CYP's visual impairments range from moderate to severe, complex, and profound and their needs will impact on all areas of the curriculum.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>At the highly specialist level, pupils will require a graduated approach which involves:</li> <li>Very personalised interventions and support approaches</li> <li>Increased involvement of people with appropriate specialist expertise.</li> <li>Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul>	<ul style="list-style-type: none"> <li>Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>Technology used to address pupil needs i.e. augmentative devices.</li> <li>Curriculum delivery needs to be highly personalised.</li> <li>Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</li> </ul>	<ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> <li>Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</li> </ul>

## Appendix 3: Multi-sensory impairments

### Description of need

Children and young people can be born with or acquire a multi-sensory impairment (MSI). A MSI is a combination of vision and hearing difficulties and can be referred to as deaf/blindness or dual sensory loss. A MSI child or young person may not be completely deaf or blind but reduction in both senses will cause significant difficulties in everyday life including their ability to access the curriculum, the social context and environment of the school. Problems can occur even if vision loss and hearing loss are mild, either unilaterally or bilaterally, due to the senses working together and one would compensate the other. They may have a range of other disabilities that affect their ability to process information and communicate. Need and provision will be unique and specific to every child. If vision is corrected by spectacles and hearing loss is temporary, then it should not be assumed that the young person has SEND.

### What you may observe about the child

- Similar to those with a visual or hearing impairment
- Ignoring instructions and having difficulty understanding and responding to verbal and visual cues with support.
- Difficulties maintaining attention without adult support.
- Being easily frustrated following difficulties with communicating and interacting.
- Difficulties following a conversation, particularly if several people are speaking
- Leaning in very close to look at facial expressions and hear what is being discussed
- They may have other complex physical, sensory and medical needs
- Unbalanced gait

### Tools and resources to use

Please refer to Visual Impairment and Hearing Impairment tools and resources.

Refer to Berkshire Sensory Consortium Multi-Sensory Information Pack - [MSI Parent Pack | Berkshire Sensory Consortium Service](#)

Refer to SENSE Charity for support and advice - <https://www.sense.org.uk/>

Deafblind UK [Schools](#) | [Deafblind UK](#)

## What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<p>Refer to both Hearing and Visual Impairment strategies/interventions</p> <p>The school environment must be safe and secure to promote learning and independence. School to consider the needs of children with a multi-sensory need in their accessibility planning with internal assessment and review of all school environments to ensure they are acoustically and low vision friendly.</p> <p>Procedures are in place to seek information about a young person's multi-sensory needs/concerns to identify learning needs.</p> <p>Procedures are in place for staff to be able to seek the views of the parents/carers about their child's multi-sensory needs.</p>	<p>Bespoke training for staff to gain a greater understanding of MSI.</p> <p>Keep the classrooms in the same layout</p> <p>Keep the same daily routine</p> <p>Staff in schools should follow medical advice on the maintenance and wearing of spectacles/hearing equipment.</p> <p>Spectacles should be clean and hearing aids working correctly.</p> <p>Curriculum intervention that takes account of individual needs.</p>	<p>Regular reviews of each CYP's progress in consultation with the student's parents/carers.</p> <p>The CYP's views should always be sought.</p> <p>Holistic review of CYP's needs, focus on MSI needs as well as academic progress.</p> <p>Class/subject teachers, SENCO and TA to participate on review and monitoring with the child and family review what has been put in place and is successful.</p> <p>Are any changes required?</p>

Assess/Plan	Do	Review
<p>Whole school policies for supporting CYP'S with multi-sensory needs are in place.</p> <p>Whole school awareness of the implications of a vision/ hearing loss for a young person and for appropriate strategies to ensure the inclusion of MSI young people</p> <p>Risk assessments in place for educational activities on or off site to include the needs of individual young people within the group</p> <p>Processes must be in place for transition and information sharing when young people are moving between staff in different classrooms, classes, new schools or alternative provision.</p> <p>Access to an appropriate learning environment.</p>	<p>Personalised IEP/learning goals.</p>	

Assess/Plan	Do	Review

## Targeted

### What this might look like

Students whose MSI cannot be met by universal approaches over an extended period of time. For example, cerebral visual impairment and hearing loss.

Assess/Plan	Do	Review
<p>Increased interventions and support from specialist HI/VI/MSI professionals.</p> <p>Detailed intervention and support approaches and where appropriate specialist expertise.</p> <p>Continuous cycles of assessment, planning, intervention and review that ensures interventions are matching the students' needs.</p> <p>If a student requires additional provision to those in a mainstream class, school staff should identify if this student has any special educational needs.</p>	<p>Regular involvement from a Teacher of Multi-sensory impairments to provide advice on strategies and support via Berkshire Sensory Consortium Service.</p> <p>Deliver advice and strategies recommended from a Teacher of Multi-sensory impairments.</p> <p>Bespoke training enabling staff to meet the individual needs of CYP'S.</p> <p>Peer training.</p>	<p>Regular reviews of each student's progress in consultation with CYP'S parents/carers.</p> <p>CYP'S views should always be sought.</p> <p>Holistic review of CYP'S person's needs, focus on MSI needs as well as academic progress.</p> <p>Class/subject teachers, SENCO and external professionals to participate in the review of universal services with the student and family. Review what targeted services have been put in place, what has been successful, what is no</p>

Assess/Plan	Do	Review
	Relevant access arrangements in place to sit for examinations. In accordance to the relevant Examining Board, exams will need to be in the appropriate format, with additional time.	longer required or identify the need for more support.

## Specialist

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<p><b>In addition to the targeted offer, some pupils may need additional assessment and planning approaches:</b></p> <ul style="list-style-type: none"> <li>• Additional specialist assessment to contribute to specific and focused SEN support plan or EHCP.</li> <li>• Careful consideration of learning environment to meet the needs of pupils.</li> <li>• Referrals to external agencies such as OT, EP, Berkshire Sensory Consortium.</li> </ul>	<p>Access to the curriculum that has already been adapted to meet their MSI needs.</p> <p>Regular involvement from a Teacher of Multi-sensory impairments to provide advice on strategies and support. This may be provided by Berkshire Sensory Consortium.</p> <p>Any additional support as described in the visual and hearing impairment sections of this document.</p>	<p>If a pupil, despite sustained cycles of assess, plan, do and review, does not make progress consideration may need to given to requesting an EHC needs assessment.</p> <p>Students' views should always be sought.</p> <p>Holistic review of CYP'S needs, focus on MSI needs as well as academic progress.</p>

Assess/Plan	Do	Review
<p>Consideration of implementation of individual pupil outcomes can be incorporated into everyday learning environment and referred to.</p> <p>Additional specialist assessment from a Teacher of MSI to provide advice on strategies and support via Berkshire Sensory Consortium Service.</p>		<p>Class/subject teachers, SENCO and external professionals to participate in the review of targeted services with the student and family. Review what specialist services have been put in place, what has been successful, what is no longer required or identify the need for more support.</p>

## Highly specialist

### What this might look like

How this could be observed in the classroom.

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>At the highly specialist level, CYP'S will require a graduated approach which involves:</li> <li>Very personalised interventions and support approaches</li> <li>Increased involvement of people with appropriate specialist expertise.</li> </ul>	<ul style="list-style-type: none"> <li>Class teacher remains accountable for the progress of pupil predominately working on modified curriculum.</li> <li>Life skills and day to day living skills need to be integrated into the curriculum.</li> <li>Technology used to address pupil needs.</li> </ul>	<ul style="list-style-type: none"> <li>Regular liaison between external professionals and school staff in relation to specific programs and targets.</li> <li>Parent/carers involved with outcomes and targets in relation to their child.</li> </ul> <p>Schools to ensure annual reviews are undertaken in appropriate timescales and parents, pupils and external professionals invited.</p>

Assess/Plan	Do	Review
<ul style="list-style-type: none"> <li>• Successive cycles of planning, intervention and reviews which ensure intervention match need.</li> </ul>	<ul style="list-style-type: none"> <li>• Curriculum delivery needs to be highly personalised.</li> </ul> <p>Appropriate modification of the delivery of the curriculum in consultation with educational and non-educational professionals.</p>	