

**Cumbria SEND
Handbook and
Criteria**

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Cumbria County Council - SEND Handbook

1. Introduction and Overview

1. Introduction

This section of the handbook is principally designed to provide guidance to schools and settings, parents, professionals and children and young people with Special Educational Needs and Disabilities (SEN/D) about how we intend to meet responsibilities for identifying and addressing SEN in Cumbria. It is a public document that can be accessed via the Local Offer at <http://search3.openobjects.com/kb5/cumbria/fsd/advice.page?id=mIP9J0iAfbY>

The guidance takes account of changes to funding brought about in conjunction with the changes implemented by the Children and Families Act 2014. This includes the change of costs incurred to support a child or young person's SEN now being provided by the school through Element 2 funding. This is in addition to Element 1, essentially the AWPU. Refer to Appendix 4 for information regarding funding allocation.

The funding reforms are related to the SEN Code of Practice (DfE, 2015) and should be interpreted in this context. This guidance helps interpret the local implementation processes around Early Help, the allocation of High Needs Funding and the production of Education Health and Care Plans (EHCPs). Information about Early Help processes, including those relating to children and young people with SEND, can also be found on Cumbria's Local Safeguarding Children's Board (LSCB) website at: <http://www.cumbrialscb.com/>

2. Principles

This document and the SEND criteria it contains have been produced to adhere to a set of guiding principles.

These include the following:

In line with the SEND Code of Practice (DfE, 2015) it is acknowledged that, "Every school is required to identify and address the SEN of the pupils that they support" and that this means that they will "use their best endeavours to make sure that a child or young person with SEN gets the support they need – this means doing everything they can to meet children and young people's SEN" (DfE, 2015, p. 92). This requires schools and settings to demonstrate the use of their own resources using the graduated response (outlined on page 7).

The Local Authority (LA) will use its best endeavours with available resources to support schools to access information, advice and guidance and where appropriate specialist staff relating to SEND. This includes guidance that can be found at:

<http://www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/default.asp>

It is expected that in complying with the above duty schools will only request additional resources when they have used their best endeavours and have demonstrated that they have used available resources which could include specialist support and information advice and guidance. *There should also be evidence that this has been acted on.* This should be done via the submission of Early Help forms and Provision Maps (see Appendices 1 and 2).

In line with the SEND Code of Practice, “Early years providers, schools and colleges should also take steps to ensure that young people and parents are actively supported in contributing to needs assessments, developing and reviewing Education, Health and Care Plans” (DfE, 2015, p.20).

Access to additional educational provision to meet the special educational needs of children and young people should not be dependent on a medical diagnosis nor should a diagnosis automatically entitle children and young people with SEND to additional educational provision.

The LA will **not** produce or maintain EHCPs when needs can be met without the provision of the additional High Needs Element 3 funding. If the child or young person’s disability or outcomes improve sufficiently during the time additional High Needs Element 3 funding has been allocated and they no longer pass the threshold for such funding, schools **must** notify the LA and the LA funding will end.

The SEND Criteria are intended to be fair and equitable to children and young people with a wide range of SEND. The LA will employ moderation processes and regular reviews of the SEND Handbook to check and maintain this level of fairness and equity.

The Criteria have been set out to provide guidance:

- as to when it might be appropriate for settings, schools or colleges to request a statutory assessment towards an EHCP and additional resourcing to meet unmet needs via High Needs Element 3
- as to what might be done to meet needs, including how to use existing and, if appropriate, additional Element 3 ‘top up’ funding. The details of the latter for an individual child or young person would be contained in the EHCP if it is agreed that one should be issued

A guiding principle is that we should avoid thinking about the resources that children and young people with SEND require to meet their needs **only** in terms of hours of adult support, e.g. hours of support from Teaching Assistants (TAs).

3. Criteria

Interpreting Criteria

Paragraph 9.16 of the SEND Code of Practice (DfE, 2015) states:

“Local authorities may develop criteria as guidelines to help them decide when it is necessary to carry out an EHC needs assessment (and following assessment, to decide whether it is necessary to issue an EHC plan). However, local authorities must be prepared to depart from those criteria where there is a compelling reason to do so in any particular case and demonstrate their willingness to do so where individual circumstances warrant such a departure.” (p.146)

The Code confirms that **Local authorities must not apply a ‘blanket’ policy** to particular groups of children or young people or certain types of need. Rather, consideration of a child or young person’s needs must be done individually and on their merits. *The banding presented is a guide, not definitive in terms of what is required to meet any particular child or young person’s needs.*

Structure

In the criteria for each specialism area (e.g. Autism, Cognition and Learning, etc.) there are usually four parts:

- Part 1: Introduction and Overview
- Part 2: Band Descriptors
- Part 3: Provision
- Part 4: Eligibility for Statutory Assessment

Part 2 Band Descriptors Structure

*In each specialism area descriptors are provided in up to 6 bands representing increasing levels of need. The terms chosen to represent different bands are presented below. Expected progress rates may be described in other, more particular ways depending on the specialism. However, **in general terms** the expected rates of progress at different band levels are also presented below:*

Band One (Mild SEND) Band Two (Moderate SEND-Early Help): at these two band levels, it is expected that schools and settings will meet needs from their delegated resources, albeit possibly with the advice of external specialists.

Band Three (Severe SEND- EHCP): this is the point at which it is expected that resources additional to those delegated to schools and settings will be required to meet needs, and a statutory assessment for an EHCP may be appropriate.

Band Four (More Severe SEND) Band Five (Profound SEND) Band Six (Exceptional SEND): see band descriptors for individual specialisms.

Part 3 Provision Structure

There is a common overall structure to the descriptions of responses required by settings in relation to the full range of SEN. *This structure indicates what should be provided to meet needs at different bands.* This includes options for recording human resources (e.g. hours of TA support) but it is also important to address other appropriate responses (e.g. particular intervention strategies or programmes). In addition, the structure indicates what is expected to be provided by the setting and what the LA can be expected to provide (once needs are at the higher band levels, 3-6).

Table 1: Structure

Band X – Provision		
Descriptor	Setting/Governing Body	Local Authority
Assessment and Planning		
Teaching and Learning Environment		
Human Resources and Staffing		
Curriculum and Teaching Methods		
Resources and Intervention Strategies		

It should be noted that all schools and settings are responsible for providing '**quality first teaching**' for all pupils, whether or not the pupils have SEN. For pupils with SEN it will be particularly important to ensure that this teaching is sufficiently personalised. The tables in Part 3 assume that such teaching will be continuing to be delivered by the school/setting at all of the bands, and therefore it is not repeatedly documented in the tables for each band. For detailed guidance about this teaching, please see the Department for Children, Schools & Families publication, 'Personalised Learning – a Practical Guide'.

Part 4 Eligibility for Statutory Assessment Structure (for Local Authority Specialist Staff use)

In some specialism areas, information from the detailed criteria has been extracted and set into a scoring system to aid the analysis of a child or young person's eligibility for an EHC assessment or plan *just in terms of that specialism*. In reality children and young people often have needs across specialism areas. This does not imply that scores or resources should simply be added across specialisms. These 'Eligibility Criteria' are simply for guidance and are for use **by LA specialist staff only**. The tables in Part 4 are included in this SEND handbook for information only, and in order to make sure that all the information used by local authority staff in making their decision is available to the public. Part 4 is not for use by schools and settings. (see Appendix 3)

Provision Maps

Paragraph 6.76 of The SEND Code of Practice states:

“Provision maps are an efficient way of showing all the provision that the school makes which is additional to and different from that which is offered through the school's curriculum. The use of provision maps can help SENCOs to maintain an overview of the programmes and interventions used with different groups of pupils and provide a basis for monitoring the levels of intervention” (p.105).

Much of what is presented here can be used by schools and settings to populate a provision map. ***This is important in helping the LA come to a conclusion about whether an EHC needs assessment is necessary*** as the SEND Code of Practice indicates in Paragraph 9.14 that the LA should pay particular attention to:

“evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person's SEN” (p.146)

Appendix 2 provides a sample Provision Map.

Process and Guidance used to decide whether to start a statutory assessment

It is expected that professionals in schools and settings will ensure that certain steps have been taken before they apply for a statutory assessment. When the Local Authority receives a request for statutory assessment, it will check to see if the following guidance have been met before commencing such an

assessment (also see Appendix 1).

Early Help Assessment: an Early Help Assessment has been initiated and been in place for a period of at least 6 months.

External Advice: there must be evidence that the school or setting have accessed external advice.

Use and Impact of advice: evidence is presented which demonstrates how the external advice has been used and the impact of this on the progress of the child or young person.

Progress: evidence is submitted which demonstrates that the child's progress has not accelerated following the implementation of the early help assessment and external advice.

Use of SEND budget: the school or setting has provided evidence of how the SEN budget has been allocated and how this would directly address the child or young person's SEND needs.

Amount spent on child or young person's needs: School has utilised the full allocation of the notional SEND budget to address the child's needs.

SEND criteria met: there is clear evidence which demonstrates that the child or young person meets the SEND criteria including evidence of the category and level of need. This should include comprehensive detail of approaches and strategies already applied to support individual need.

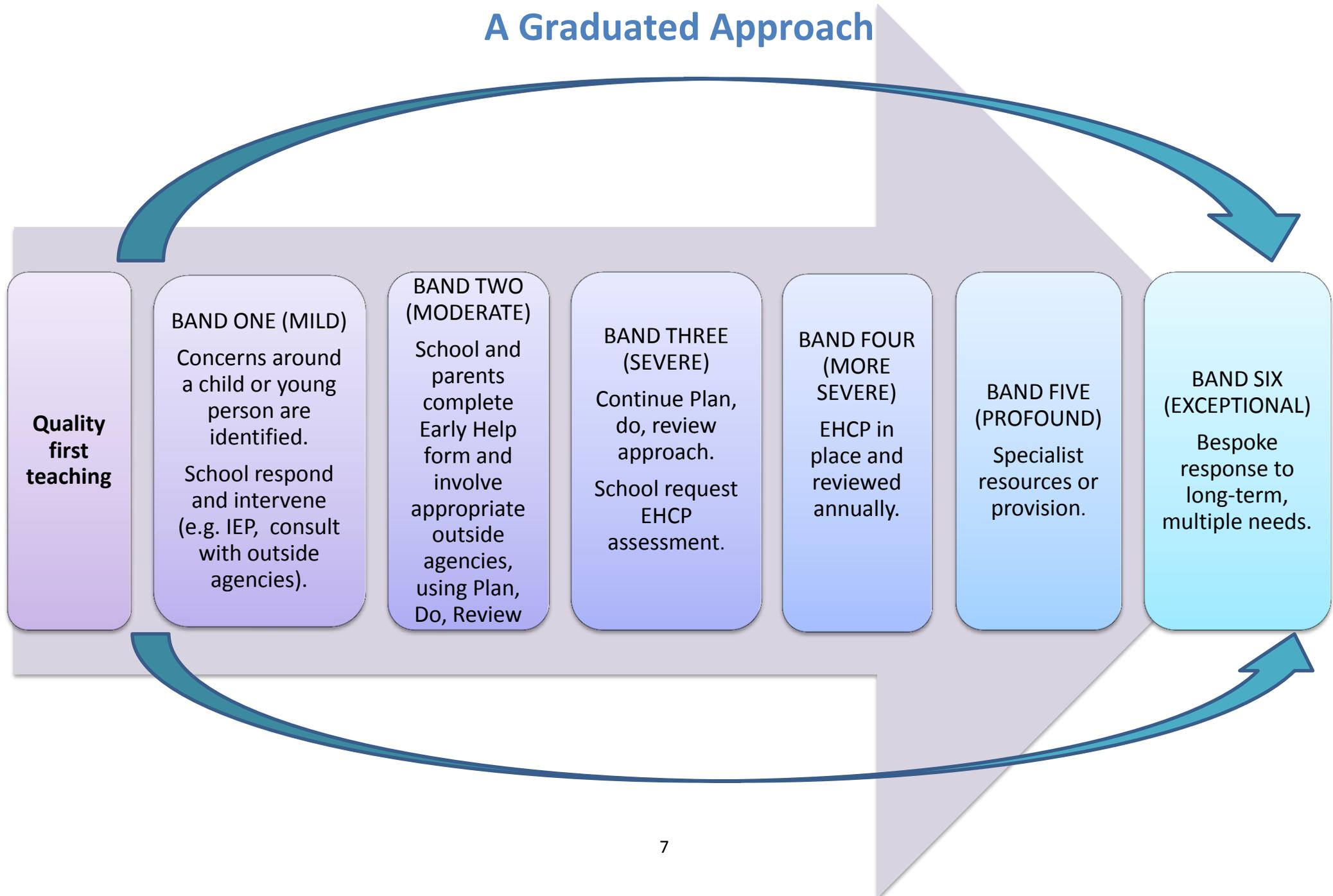
Attendance: the child or young person has an attendance of over 80%, as lower attendance will impact on learning outcomes OR evidence that the child or young person's SEND impacts on attendance.

Appendix 1 should be completed and used as a cover sheet and checklist for the information submitted.

Process and Guidance used in the making of an EHCP

The list above specifies the guidance which the Local Authority uses to support a statutory assessment for an EHCP. The procedures in the Code of Practice for Special Educational Needs (DfE, 2014) will be followed. (See the Graduated Approach chart below).

A Graduated Approach



2. Autism Spectrum Conditions(ASC)/Social Communication and Social Interaction Difficulties

Part 1 - Introduction and Overview

Introduction

Children and young people being considered for Education, Health and Care Plan (EHCP) assessment will present with autism and/or a range of communication and interaction differences which affect their access to learning and social inclusion. The range will vary in severity and intensity and may change over time. Children and young people may not match all the aspects in the overview below. Those who display social communication and social interaction differences but who are not diagnosed with an ASC may share some of the difficulties in rigidity/inflexibility of thought and sensory differences as seen in those with autism.

There may be other indicators of difficulties acknowledged by professionals working with the child or young person that show they have complex long term needs that affect everyday life and that they are making very limited or no progress despite an increased and specifically targeted level of support.

A diagnosis of ASC does not always imply special educational needs so complex and severe that the child or young person will require the Local Authority (LA) to make additional provision.

It is acknowledged that children and young people may experience multiple difficulties, e.g. hearing loss, learning difficulties and autism. **Where a child or young person is known or thought to have an additionally occurring condition, it is essential that there is further consultation of the Special Educational Needs and Disability (SEND) Handbook.**

Children and young people with autism/social communication and social interaction differences will be reflected in the areas identified below.

Overview

Language and Communication: Both verbal and non-verbal communication will be affected. There will be evidence of delayed or unusual early language development. Where speech exists and is clear, there may be problems, which are semantic (to do with meaning) or pragmatic (to do with the social use of language). Words may be developed and then lost or if words come they are often used out of context without any communicative intent. The child or young person may have superficially perfect spoken language, which often seems formal and pedantic and may lack expression. They may have an odd intonation, be repetitious or have echolalia. They may have a very limited understanding of others, may grasp individual words yet find it difficult to

understand the meaning of conversation or may understand only in a very literal way. Their understanding of spoken language may be reliant on context or visual clues. They may have impaired understanding and/or use of communicative gesture e.g. pointing, eye gaze, facial expression.

Social Understanding and Interaction: Development in this area will be delayed or impaired. The child or young person may show a delay or limited development of joint attention. This would include children or young people who seek to make social contact but who are noticeably unconventional or lack an intuitive response. The child or young person may not be able to make sense of people and may find them frighteningly unpredictable. They may want friends but may lack the strategies to develop and maintain relationships or may not show an obvious interest in developing relationships. They may lack empathy. They may only tolerate people in a limited way, may seem to relate better to objects, which are more predictable and may use people only as a means to an end. The child or young person may have difficulties recognising that they are part of group or wider social situation. They may be socially isolated within their peer group and may experience anxiety if people make social demands. They may show extremes of emotions.

Rigidity of Thought and Behaviour: A lack of flexibility in thought and behaviour will be present. The child or young person may be unable to make sense of the sequence of events particularly if routines change. They may resist new experiences, impose and engage in their own repetitive routines. They may develop intense interests and/or engage in ritualistic behaviours. Stereotypical body movements may be observed. There may be a lack of pretend and symbolic play or their play may be underdeveloped and repetitive.

Sensory Differences: The child or young person may have unusual sensory responses to the environment as a result of sensory processing differences and difficulties. This may relate to all or some of the senses, sound, sight, taste, touch and smell and may include synaesthesia. Two other less often considered areas may also be affected; Proprioception – the sense which enables us to feel where we are in space and know where our body starts and finishes, and Vestibular system – the sense used to maintain balance and to move in a coordinated manner. They may be more sensitive than other children (hypersensitive) and/or be less sensitive than other children (hyposensitive) which can fluctuate or change over time. Difficulties arising from sensory processing differences can lead to overwhelming anxiety.

Additional Differences

The child or young person may have difficulties in a number of other areas which include:

- Skills for learning (perception, attention, comprehension, generalisation, sequencing, memory, problem solving and motivation)
- Emotional development (understanding and regulation)
- Motor Skills (fine and gross)
- Independence Skills (self-help, self-advocacy and saying 'No')

Part 2 - Band Descriptors

<p>Band 1 (Mild SEND)</p>	<p>The child or young person may or may not have a diagnosis of an ASC made by one of the county's health professionals.</p> <p>The child or young person at Band 1 will have autism/communication and interaction needs identified in the overview that may affect their access to some aspects of the curriculum, including the social emotional curriculum. The child or young person may have some characteristics of autism or a diagnosis of an ASC but has academic and behavioural competencies that support their ability to cope with the expectations of the setting/school life with some non-specialised adaptations.</p> <ul style="list-style-type: none"> • The child or young person requires staff to have an awareness and understanding of autism specific approaches. <p>Progress will be across the expected range. The child or young person will have an unusual learning profile showing relative weaknesses in some areas and strengths in others.</p> <p>Parents, the child or young person and school all agree that there are no overriding concerns requiring any support measures additional to that provided by school.</p>
<p>Band 2 (Moderate SEND - Early Help)</p>	<p>The child or young person may or may not have a diagnosis of an ASC made by one of the county's health professionals.</p> <p>The child or young person at Band 2 will have autism/communication and interaction needs identified in the overview that affect access to several aspects of the curriculum, including the social emotional curriculum. The child or young person is likely to have an uneven learning profile. Their learning and progress over time continues to be hindered despite the implementation of advised pre-Early Help approaches available on Cumbria County Council (CCC) Local Offer SEND Teaching Support Team (SEND TST) website. https://www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/</p> <ul style="list-style-type: none"> • In addition to Band 1, the setting/school can seek guidance from the SEND TST; Specialist Advisory Teachers (SATs) for Early Years/Autism and/or EP through a request for support, using the SEND Early Help Assessment Form. This should include comprehensive detail of approaches and strategies already applied to support individual need.

	<p>The child or young person will have an unusual attainment profile showing slower progress than that of their peers starting from the same baseline. Social development will be markedly different. The attainment gap will be notably widening. Following short term intervention it may be determined that the child or young person will require continued additional support and/or further specialised interventions that will support the development of academic and behavioural outcomes.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria (see Part 4), may indicate a request for statutory assessment to be appropriate and this may lead to the development of an EHCP.</p>
<p>Band 3 (Severe SEND- EHCP)</p>	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county’s health professional</p> <p>The child or young person at Band 3 will have autism/communication and interaction needs identified in the overview that will significantly affect access to most areas of the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of the child or young person’s special educational needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills. Difficulties will be particularly evident in new and unfamiliar contexts. The child or young person may be showing signs of some anxiety as a result of their autism/communication and interaction differences which will impact upon their emotional wellbeing.</p> <p>The child or young person may present as avoidant of everyday demands and/or refuse to engage with expected daily routines.</p> <p>The child or young person’s progress and learning will be severely hindered, failing to match or better their previous rate of progress. The attainment gap continues to widen.</p> <p>Assessment may be difficult to undertake.</p> <p>The child or young person may be at risk of school refusal.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria, (see Part 4) will indicate a request for statutory assessment is appropriate.</p>

	<p>Mainstream</p> <p>The child or young person will have an uneven learning profile. Their attainment levels may suggest they can access a differentiated and individualised mainstream curriculum. The child or young person will require a level of specifically targeted additional adult support than would be considered usual in a mainstream setting.</p> <p>Strategically Resourced Provision (SRP)</p> <p>It may be that specialist/individualised and/or a Strategically Resourced Provision will be considered.</p>
<p>Band 4 (More Severe SEND)</p>	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county's health professionals.</p> <p>The child or young person at Band 4 will have autism/communication and interaction needs identified in the overview that severely affect their access to all areas of the curriculum, including the social emotional curriculum. The pervasive and dimensional nature of the child or young person's special educational needs will have a detrimental effect on the acquisition, retention and generalisation of skills. They may present as avoidant of everyday demands and/or refuse to engage with expected daily routines. There will be a notable impact on their ability to access and engage with the learning environment. This will be increasingly affected at times of high anxiety in some known contexts and with familiar support/people.</p> <p>The child or young person will make significantly less than expected progress given their age and individual learning style. The attainment gap increasingly widening.</p> <p>Assessment may be difficult to undertake.</p> <p>The child or young person may be at risk of school refusal.</p> <p>A review of the child with the relevant LA professional, using the Eligibility Criteria, (see Part 4) will indicate a request for statutory assessment is appropriate.</p>

	<p>Mainstream</p> <p>The child or young person will have an uneven learning profile but their attainment levels suggest they can access a highly differentiated and individualised mainstream curriculum. The child or young person will require more specifically targeted additional adult support than would be considered usual in a mainstream setting. The child or young person may require an individualised timetable.</p> <p>Strategically Resourced Provision</p> <p>It may be that a specialist/individualised and or SRP will be considered.</p>
<p>Band 5 (Profound SEND)</p>	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county's health professionals.</p> <p>The child or young person at Band 5 will have autism/communication and interaction needs identified in the overview that profoundly affect their access to the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of the child or young person's special educational needs will severely reduce the acquisition, retention and generalisation of skills.</p> <p>They may present as avoidant of everyday demands and/or refuse to engage with expected daily routines. Access to learning is extremely restricted at times of high anxiety in known contexts and with familiar support/people.</p> <p>Despite high levels of support, the child or young person will make extremely limited or no progress given their age.</p> <p>Assessment will be difficult to undertake.</p> <p>The child or young person will often be disengaged from the learning environment and the child or young person may be at risk of school refusal.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria, (see Part 4) will indicate a request for statutory assessment is appropriate.</p>

	<p>Mainstream</p> <p>With support, the child or young person can access a highly individualised curriculum/bespoke provision. The child or young person will require significantly more specifically targeted additional adult support than would be considered usual in a mainstream setting.</p> <p>Strategically Resourced Provision</p> <p>A specialist/individualised and/or SRP may be considered.</p> <p>Special School</p> <p>The child or young person will have been identified as having a severe learning difficulty.</p>
<p>Band 6 (Exceptional SEND)</p>	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county's health professionals.</p> <p>The pervasive nature of the autism/communication and interaction needs will result in an uneven/complex profile. There may be occasion when an individual child or young person's presentation is considered to be 'Exceptional SEND' despite scoring below the threshold of 75 of the Eligibility Criteria (see Part 4). In these circumstances consideration will be given to Band Six - Exceptional SEND provided the evidence from all services involved support this recommendation.</p> <p>The child or young person at Band 6 will need a setting/school where personal, interpersonal and environmental challenges are minimised.</p> <p>The child or young person will have communication and interaction/autism needs identified in the overview that profoundly affect their access to the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of the child or young person's needs is likely to prohibit the acquisition, retention and generalisation of skills.</p> <p>The child or young person is likely to present as avoidant of everyday demands and/or refuse to engage with expected daily routines. High levels of anxiety will inhibit access to learning in known contexts and with familiar support/people.</p>

	<p>Assessment will be very difficult to undertake.</p> <p>The child or young person may be at risk of school refusal and/or permanent exclusion.</p> <p>Consideration of placement at a Special School/specialist setting is likely. This may include a residential provision.</p>
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Part 3 - Provision

Band 1 – Mild SEND

<p>Descriptor</p>	<p>The child or young person may or may not have a diagnosis of an autism spectrum condition made by one of the county's health professionals.</p> <p>The child or young person at Band 1 will have autism/communication and interaction needs identified in the overview that may affect their access to some aspects of the curriculum, including the social emotional curriculum. The child or young person may have some characteristics of autism or a diagnosis of an ASC but has academic and behavioural competencies that support their ability to cope with the expectations of the setting/school life with some non-specialised adaptations.</p> <ul style="list-style-type: none"> • The child or young person requires staff to have an awareness and understanding of autism specific approaches. <p>Progress will be across the expected range. The child or young person will have an unusual learning profile showing relative weaknesses in some areas and strengths in others.</p> <p>Parents, the child or young person and school all agree that there are no overriding concerns requiring any support measures additional to that provided by school.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • The setting/school must use their best endeavours to ensure they have high quality differentiated and personalised teaching in place to directly support the child or young person's access to the curriculum taking into account their needs at all times. (SEND Code of Practice 0-25 years 2015. Section 21 Children and Families Act 2014) • The setting/school may undertake the CCC Autism Awareness training. • The child or young person will be involved in setting and monitoring targets, where appropriate. • Strategies should be employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • The family must be involved regularly and support the achievement of targets at home. • A good communication system should be established with parents to ensure consistency and sharing of any potential triggers or anxiety. • Key information to be shared with all staff including non-teaching and Supply staff. • Identify child or young person's strengths as well as areas of additional need. • The SENCO should inform class teachers' planning in line with the needs of the child or young person and their working environment. • The setting/school implement recommended pre-Early Help strategies and approaches available on the CCC Local Offer SEND TST website. 	<ul style="list-style-type: none"> • The settings and schools to access pre-Early Help strategies and approaches available on the CCC Local Offer SEND TST website: www.cumbria.gov.uk/childrenservices/schoolsandlearning/ils/specialeducationalneeds/ • The settings/school can access consultation and advice from EP through the County Psychological Service (CPS). • The settings/schools can access a wide range of training provided by SEND TST Autism Team. This includes: <ul style="list-style-type: none"> ○ County Wide Level 1 and 2 Autism Awareness training. ○ Midday supervisor training, social stories, visual support and bespoke training as requested, linked to individual or school needs. • The settings/school can request involvement from Health and Social Care.

	<ul style="list-style-type: none"> • The setting/school must ensure that the child or young person is included in the activities of the setting/school alongside others who do not have autism or communication and interaction difficulties. • The setting/school must demonstrate effective mapping of provision for: <ul style="list-style-type: none"> ○ The setting/school resources ○ The staff ○ The child or young person. • The setting/school must ensure accurate data and tracking of the child or young person for future purposes. • The setting/school should routinely review and evaluate the breadth and impact of any adaptations and/or support. • The SENCO may be involved in more specific assessments and observations if there is no progress apparent after targeted teaching approach • Curriculum plans should include individual/group targets. • The Early Help process may be initiated with parental agreement on an ASSESS, PLAN, DO, REVIEW basis. • The setting/school make consistent use of whole-school approaches that support the child or young person as indicated by the Autism Education Trust (AET) standards. • The setting/school may consider undertaking a risk assessment for on/off site activities. 	
Teaching and Learning Environment	<ul style="list-style-type: none"> • The child or young person must be included in mainstream learning and activities with specific support for identified targets. • The child or young person should be offered opportunities for individual or small group work within the usual planning and management, particularly if sensory processing or associated anxiety difficulties are identified. 	

	<ul style="list-style-type: none"> The settings/schools are guided to access pre-Early Help strategies available on the CCC Local Offer SEND TST website. 	
Human Resources and Staffing	<ul style="list-style-type: none"> All staff should be guided to access autism information available on the CCC Local Offer SEND TST website. Availability of SEN Support should be determined. A flexible use of these resources should be established. Arrangements for support from colleagues within setting/school, including the SENCO, should be made. Schools are expected to make provision to address the needs of the child or young person in line with current local funding arrangements. Settings/school should be able to demonstrate the use of additional resources to support children and young people with SEND, e.g. via a Provision Map. 	<ul style="list-style-type: none"> The provision of specialist training to settings/schools is available from SEND TST Autism Team. Information is available on the CCC Local Offer SEND TST website. https://www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/
Curriculum and Teaching Methods	<ul style="list-style-type: none"> The settings/schools must use the Quality First Teaching approaches, as detailed in the SEND Code of Practice (2015). Assessment of the child or young person's learning and achievement must be made via the use of differentiated/ adapted work tasks and activities. In response to the child or young person's diverse learning needs, teachers must ensure they have full inclusion to the whole school curriculum. The child or young person must have equality of opportunity, be set suitable learning challenges and be supported to overcome potential barriers to learning. 	<ul style="list-style-type: none"> Autism resources and guidance are available on the CCC Local Offer SEND TST website.

Resources and Intervention Strategies	<ul style="list-style-type: none"> • The settings/schools are guided to access pre-Early Help strategies available on the CCC Local Offer SEND TST website. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	<ul style="list-style-type: none"> • Autism resources and guidance are available on the CCC Local Offer SEND TST website.
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Band 2 – Moderate SEND – Early Help

Descriptor	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county’s health professionals.</p> <p>The child or young person at Band 2 will have autism/communication and interaction needs identified in the overview that affect access to several aspects of the curriculum, including the social emotional curriculum. The child or young person is likely to have an uneven learning profile. Their learning and progress overtime continues to be hindered despite the implementation of the advised pre-Early Help approaches available on CCC Local Offer SEND TST website:</p> <p>https://www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/</p> <ul style="list-style-type: none"> • In addition to Band 1, the setting/school can seek guidance from the SEND TST; SAT for Early Years/Autism and/or EPs through a request for support, using the SEND Early Help Form. This should include comprehensive detail of approaches and strategies already applied to support individual need. <p>The child or young person will have an unusual attainment profile showing slower progress than that of their peers starting from the same baseline. Social development will be markedly different. The attainment gap will be notably widening.</p> <p>Following short term intervention it may be determined that the child or young person will require continued additional support and / or further specialised interventions that will support the development of academic and behavioural outcomes.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria, (see Part 4) may indicate a request for statutory assessment to be appropriate.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 1 plus;</p> <ul style="list-style-type: none"> • Strategies should be employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • The setting/school seek support from the SAT and/or EP. • The SENCO and external professionals should work together to undertake assessments prior to developing appropriate and targeted interventions. The need for more specialist assessment may be identified. • The SENCO should continue to inform teachers' planning and differentiation in line with the needs of the child or young person as guided by external specialists. • All planning and differentiation to be communicated with the support staff. • Opportunities should be created for staff to work with the SENCO and member of staff trained in autism. • The child or young person has a pupil profile/support plan or equivalent which identifies the learner's strengths and clearly established desired outcomes. • Careful consideration should be made for the successful management of transition time, homework and less structured times e.g. breaks/lunchtime. • The settings/schools should undertake the CCC Autism Awareness training. • A review of the above implementations will determine whether or not the setting/school should make a request for a statutory assessment of the child or young person's special educational needs. 	<p>As in Band 1 plus;</p> <ul style="list-style-type: none"> • Support available from the SAT includes: <ul style="list-style-type: none"> ○ Joint reviewing of evidence of the action already being taken by the setting/school to meet the perceived needs of the child or young person. ○ Guidance on interpreting the evidence of the child or young person's academic attainment and rate of progress. ○ Guidance on identifying needs for the development of pupil profile/support plan. ○ Guidance on the use of Risk Assessments to plan for positive behaviour management. ○ Advice on early support and appropriate strategies. ○ Consultations; around individual children and young people, with schools and parents. ○ Attendance at reviews or target setting meetings. ○ If advised, short term programme of support from the Specialist Higher Level Teaching Assistant (HLTA) to provide modelling of strategies and interactions, coaching of teaching assistants. ○ Advice on other agencies and support services. ○ Awareness training for staff on autism/communication/interaction related issues. ○ Staff training on the inclusion of this group of learners in mainstream classes. • Where there is a need for more specialist assessment, advice can be sought from external professionals e.g. Paediatrician, Speech and Language Therapist, Occupational Therapist, Physiotherapist, Health Visitor,

		<p>any other relevant professionals.</p> <ul style="list-style-type: none"> • Input from Social Care may be required in particular cases.
Teaching and Learning Environment	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • The child or young person will be class-based. • The child or young person may need adaptations to structure the working environment e.g. a quiet area/work station/'time out' space. • Where needs are identified, the child or young person should have opportunity for small group/individual work outside of the classroom. 	
Human Resources and Staffing	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • Additional SEN Support should continue to be implemented: <ul style="list-style-type: none"> i. to support of the child or young person. ii. to ensure recommended resources are developed and used. iii. to ensure interventions are effectively in place. • Trained support staff may provide sustained and targeted support in the classroom/setting. • The class teacher may need additional professional support from skilled colleagues, e.g. SENCO, to aid curriculum modifications. • The class teacher may need additional professional support from skilled colleagues to develop strategies to address social interaction, social communication and social understanding. 	<ul style="list-style-type: none"> • SEND TST Autism Team/CPS and other professionals may be involved in staff development and training. This may make it possible to provide effective intervention without the need for regular input from specialist services.

	<ul style="list-style-type: none"> Staff responsible/involved with the child or young person will need agreement to liaise with external professionals and attend meetings when required. 	
Curriculum and Teaching Methods	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> Teaching may be informed by guidance and advice from the SAT. 	<ul style="list-style-type: none"> Staff can access resources and guidance available on the CCC Local Offer SEND TST website.
Resources and Intervention Strategies	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> Appropriate teaching resources and specifically targeted interventions will be guided by consultation with the SAT. Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	

Band 3 – Severe SEND – EHCP

Descriptor	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county's health professionals</p> <p>The child or young person at Band 3 will have autism/communication and interaction needs identified in the overview that will significantly affect access to most areas of the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of the child or young person's special educational needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills. Difficulties will be particularly evident in new and unfamiliar contexts. The child or young person may be showing signs of some anxiety as a result of their autism/communication and interaction differences which will impact upon their emotional wellbeing.</p>
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	<p>The child or young person may present as avoidant of everyday demands and/or refuse to engage with expected daily routines.</p> <p>The child or young person's progress and learning will be severely hindered, failing to match or better their previous rate of progress. The attainment gap continues to widen.</p> <p>Assessment may be difficult to undertake.</p> <p>The child or young person may be at risk of school refusal.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria, (see Part 4) will have resulted in the development of an EHCP.</p> <p>Mainstream</p> <p>The child or young person will have an uneven learning profile. Their attainment levels may suggest they can access a differentiated and individualised mainstream curriculum. The child or young person will require a level of specifically targeted additional adult support than would be considered usual in a mainstream setting.</p> <p>Strategically Resourced Provision</p> <p>It may be that specialist/individualised and or a SRP will be considered.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • A review of the implementations in Band 1 and Band 2 clearly indicate the setting/school should make a request for a statutory assessment of the child or young person's special educational needs. • The setting/school must implement the support and strategies as stipulated in the EHCP. 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • SEND TST Autism Team/CPS provision might include: <ul style="list-style-type: none"> ○ Observations if appropriate. ○ Possible amendments to child or young person's plan. ○ Implement positive behaviour systems/anxiety

	<ul style="list-style-type: none"> • The setting/school will consider the need for Team around the Child (TAC) meetings to be established. • The setting/school to continue to secure evidence and impact evaluation of interventions in line with the ASSESS, PLAN, DO, REVIEW process. • The setting/school should ensure strategies be employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify the child or young person's strengths as well as areas of additional need. <p>Where a child or young person is placed in a SRP:</p> <ul style="list-style-type: none"> • Assessment and planning will be guided by the expertise within the specialist setting. 	<p>management plans.</p> <ul style="list-style-type: none"> ○ Support school to make further adaptations in relation to environmental factors ○ Targeted and time limited intervention if considered appropriate. ○ Specific training to key staff members in school so that they can deliver SEND TST recommendations (especially if the child or young person has positive relationship with a member of staff in school as this will be more beneficial for them). ○ Liaison with parents, SENCO and relevant school staff to identify next steps, support target setting and the development of an action plan to support the child or young person to make progress in school.
<p>Teaching and Learning Environment</p>	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • The child or young person will have continued inclusion within the mainstream school. However, there will be a need for an enhanced level of individual support, which may include less structured parts of the day, e.g. start and end of school day, break and lunchtime environment and trips out of school. • The child or young person will have access to additional and different arrangements on a small group or individual basis to support individual targets. • The child or young person should have equal access to extended school provision. <p>Where a child or young person is placed in a SRP:</p> <ul style="list-style-type: none"> • Provision will be guided by the expertise within the 	

	specialist setting.	
Human Resources and Staffing	<p>As Band 2 plus:</p> <ul style="list-style-type: none"> • The school and setting should seek advice/training and specialist information from the SEND TST Autism Team. • Staff working directly with the child or young persons must have knowledge and training in good practice when working with the child or young person with communication and interaction needs/Autism. • Support staff should be deployed as identified in the EHCP. • The settings/schools should consider using the AET staff competencies to support development of specialist skills. 	<p>As Band 2 plus:</p> <ul style="list-style-type: none"> • The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • LA to monitor the use of these funds. • The SEND TST Autism Team can offer: <ul style="list-style-type: none"> ○ Short term reviewed monitoring, advice and support at the setting/school. ○ Advice and support from the SEND TST HLTA to the Learning Support Assistant (LSA)/TA/keyworker in the setting/school. ○ Specialist interventions/programmes can be modelled by the SEND TST HLTA/ SAT.
Curriculum and Teaching Methods	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • Teaching approaches must take account of the child or young person's difficulties as identified within the overview and the Band descriptors and will be informed by guidance and advice from the SAT. 	

Resources and Intervention Strategies	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • Appropriate teaching resources and specifically targeted interventions will be indicated in the EHCP. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of these funds. • Reports as appropriate.
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Band 4 – More Severe SEND

Descriptor	<p>The child or young person may or may not have a diagnosis of an autism spectrum condition made by one of the county's health professionals.</p> <p>The child or young person at Band 4 will have autism/communication and interaction needs identified in the overview that severely affect their access to all areas of the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of their needs will have a detrimental effect on the acquisition, retention and generalisation of skills. They may present as avoidant of everyday demands and/or refuse to engage with expected daily routines. There will be a notable impact on their ability to access and engage with the learning environment. This will be increasingly affected at times of high anxiety in some known contexts and with familiar support/people.</p> <p>The child or young person will make significantly less than expected progress given their age and individual learning style. The attainment gap increasingly widening.</p> <p>Assessment may be difficult to undertake.</p> <p>The child or young person may be at risk of school refusal.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria, (see Part 4) will</p>
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	<p>indicate a request for statutory assessment is appropriate.</p> <p>Mainstream</p> <p>The child or young person will have an uneven learning profile but their attainment levels suggest they can access a highly differentiated and individualised mainstream curriculum. The child or young person will require more specifically targeted additional adult support than would be considered usual in a mainstream setting. The child or young person may require a modified curriculum.</p> <p>Strategically Resourced Provision</p> <p>It may be that a specialist/individualised and or SRP will be considered.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • The SENCO should support teachers with curriculum modification in line with the needs of the child or young person as guided by external specialists. 	<p>As in Band 3 :</p>

Teaching and Learning Environment	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • The child or young person may require a low arousal, quiet area or room separate to the class based learning environment at times of high levels of anxiety, with carefully planned opportunities to access small group/ whole class. • The child or young person will require flexibility in approaches including class, small group or 1:1 teaching provision. • Highly flexible approaches to learning will be required and these may need to be child led. 	
Human Resources and Staffing	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • The setting/school staff will have had enhanced training to secure awareness and understanding of the full range of behaviours displayed and respond with appropriate behaviour management strategies. • The nature and extent of additional help required will be determined by the child or young person's needs. (See Teaching and Learning Environment and Curriculum and Teaching Methods). It may include: <ul style="list-style-type: none"> ○ Time to develop and monitor planned interventions. ○ Deliver small group or individual intervention. ○ 1-1 or small group, in class support. 	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of this spending.
Curriculum and Teaching Methods	<p>As in Band 3</p> <ul style="list-style-type: none"> • The setting/school will make significant adaptations to curriculum, teaching and environment as advised. 	

Resources and Intervention Strategies	As in Band 3	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of this funding.
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Band 5 – Profound SEND

Descriptor	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county’s health professionals.</p> <p>The child or young person at Band 5 will have autism/communication and interaction needs identified in the overview that profoundly affect their access to the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of the child or young person’s needs will severely reduce the acquisition, retention and generalisation of skills.</p> <p>They may present as avoidant of everyday demands and/or refuse to engage with expected daily routines. Access to learning is extremely restricted at times of high anxiety in known contexts and with familiar support/people.</p> <p>Despite high levels of support, the child or young person will make extremely limited or no progress given their age.</p> <p>Assessment will be difficult to undertake.</p> <p>The child or young person will often be disengaged from the learning environment and the child or young person may be at risk of school refusal.</p> <p>A review of the child or young person with the relevant LA professional, using the Eligibility Criteria, (see Part 4) will indicate a request for statutory assessment is appropriate.</p>
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	<p>Mainstream</p> <p>With support, the child or young person can access a highly individualised curriculum/bespoke provision. The child or young person will require significantly more specifically targeted additional adult support than would be considered usual in a mainstream setting.</p> <p>Strategically Resourced Provision</p> <p>A specialist/individualised and/or SRP may be considered.</p> <p>Special School</p> <p>The child or young person will have been identified as having a severe learning difficulty.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • The ASSESS, PLAN, DO, REVIEW process may indicate that consideration of a more bespoke provision, SRP or Special School placement is appropriate. 	As in Band 4
Teaching and Learning Environment	<p>As in Band 4 plus:</p> <p>Mainstream</p> <ul style="list-style-type: none"> • Highly flexible approaches to ability groups in class, small group or 1:1. (May be daily) • Where possible graduated access to mainstream learning activities and leisure opportunities. <p>Where a child or young person is placed in a SRP:</p>	

	<ul style="list-style-type: none"> Provision will be guided by the expertise within the specialist setting. 	
Human Resources and Staffing	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> Support staff will be highly experienced and well trained. 	<ul style="list-style-type: none"> The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. The LA will monitor the use of this funding.
Curriculum and Teaching Methods	<p>As in Band 4:</p>	
Resources and Intervention Strategies	<p>As in Band 4:</p>	<ul style="list-style-type: none"> The LA will provide n agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. The LA will monitor the use of this funding.

Band 6 – Exceptional SEND

Descriptor	<p>The child or young person may or may not have a diagnosis of ASC made by one of the county’s HEALTH PROFESSIONALS.</p> <p>The pervasive nature of the autism/communication and interaction needs will result in an uneven/complex profile. There may be occasion when an individual child or young person’s presentation is considered to be ‘Exceptional SEND’ despite scoring below the threshold of 75 of the Eligibility Criteria (see Part 4). In these circumstances consideration will be given to Band Six - Exceptional SEND provided the evidence from all services involved support this recommendation.</p>
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	<p>The child or young person at Band 6 will need a setting/school where personal, interpersonal and environmental challenges are minimised.</p> <p>The child or young person will have communication and interaction/autism needs identified in the overview that profoundly affect their access to the curriculum, including the social emotional curriculum.</p> <p>The pervasive and dimensional nature of the child or young person's needs is likely to prohibit the acquisition, retention and generalisation of skills.</p> <p>The child or young person is likely to present as avoidant of everyday demands and/or refuse to engage with expected daily routines. High levels of anxiety will inhibit access to learning in known contexts and with familiar support/people.</p> <p>Assessment will be very difficult to undertake.</p> <p>The child or young person may be at risk of school refusal and/or permanent exclusion.</p> <p>Consideration of placement at a Special School/specialist setting is likely. This may include a residential provision.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> Assessment and planning will be developed and reviewed in accordance with established processes set by the specialist setting. 	<ul style="list-style-type: none"> The LA will liaise with all relevant parties involved to agree an appropriate placement and provision.
Teaching and Learning Environment	<ul style="list-style-type: none"> The teaching and learning environment will be developed and reviewed in accordance with established processes set by the specialist setting. 	
Human Resources and Staffing	<ul style="list-style-type: none"> Human resources will be guided by the needs of the child or young person and the expertise within the specialist setting. 	

Curriculum and Teaching Methods	<ul style="list-style-type: none">• Curriculum is likely to be individualised and person centred with a focus on social development and independence.	
Resources and Intervention Strategies	<ul style="list-style-type: none">• Resources will be guided by the teaching and learning expertise within the setting/school.	<ul style="list-style-type: none">• The LA will provide an agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person.• The LA will monitor the use of this funding.

For Use by Local Authority Specialist Staff Only

Part 4 - SEND Teaching Support Team - Autism Spectrum Condition/Communication and Interaction

2.1 Eligibility Criteria for Request for Statutory Assessment for an Education, Health and Care Plan

Name:	Date of Birth:
Setting/Educational Placement:	Date of Assessment :

Children and young people may present with a range of communication and interaction differences or have a diagnosis of autism which affects their access to learning and social inclusion. The following set of tables has been designed to support the assessment process for a request of an EHCP. Each table reflects an increasing scale of severity and as such assessors need to bear in mind, due to the complexity of the presentation, that some statements within a table will thread through the scales, e.g. having a literal understanding is likely to be present at all levels within the same table.

Cautionary Note: The use of this criteria may not be suitable for children aged 3 years and under due to their individual developmental profile. Reference to SOGS may be required in these instances.

1. **This assessment must be completed by the SAT for ASC/SAT for Early Years, from CCC SEND TST, involved with the child or young person.**
2. Select one section from each table that best fits the severity of the child or young person's presentation.
3. The selection must be evidence based. In the 'Comments Box, briefly describe what evidence there is to support the option selected. Additional or lengthy supporting evidence should be provided separately.

	Criterion 1. Language and Communication	Score
a	Expressive and receptive language development appears to be within the expected range but may have an unusual presentation such as tone or formality or there may be a delay in responding to verbal instruction. Use and understanding of expressive gesture, e.g. eye contact, facial expression and body posture, appear to be within expected range.	1
b	Level of receptive language may appear to be at an appropriate level but may be impaired by a literal understanding of words and terms. Child may respond better to small step instruction or may need name said first. Child has some use and understanding of expressive gesture, e.g. eye contact, facial expression and body posture but may not always demonstrate this consistently.	2
c	Superficially good expressive language but pragmatic skills are less well developed, e.g. may divert topic of conversation, may not take turns in conversation, may show restricted awareness of listener's needs. May use gesture but in a repetitive or stereotypical manner, rather than to convey meaning.	3
d	Understanding of words and phrases may largely rely on context and may be restricted by an inability to generalise. May struggle to use language effectively. May be able to imitate actions and/or vocalisations. May use words or phrases in idiosyncratic or inappropriate ways. May identify expressive gesture but attribute incorrect meaning. May point to indicate need but not to share interest.	5

e	Significant delay or deviation in expressive language. Receptive language is reliant upon visual clues to supplement understanding of spoken language. A significant proportion of expressive language may be difficult to understand, e.g. uses learned phrases out of context or echolalia. Severely restricted awareness of using language to express personal need or to empathise with others. May use gesture in a restricted way to communicate basic needs only.	6
f	It is difficult for adults to assess the degree of child's understanding (e.g. child may offer little or no response to verbal communication such as name being called). No imitation present. Child appears to understand simple phrases in context, because of learned responses (e.g. may recognise dinnertime because of the sensory clues, not the language). Child may, in some circumstance, have age appropriate speech but shows extreme resistance to engage in adult/peer led communication (e.g. child may be selective mute or persist with selecting the topic of conversation). Child rarely understands or uses gesture appropriately.	8
g	Child has no speech at all or makes noises without apparent meaning. May show extreme resistance to adult/peer directed communication. Child has no obvious understanding of the appropriate use of gesture/non-verbal expression in self or others.	12
Comments/evidence		Child or Young Person's Score

Criterion 2. Social Understanding and Interaction		Score
a	Demonstrates some understanding in social situations. Shows an interest in others but may remain on the periphery. Will join in if invited. May move away within a short space of time.	1
b	Social understanding appears to be delayed. Can spend time with peers but may prefer own company. May show some awareness of other's feelings.	2
c	Difficulties in less structured and more socially complex circumstances. Some resistance to joining in group work and play. May want friends but has difficulty making and maintaining friendships. Repetitive and limited play may be present. May show a preference to being with adults rather than peers.	3
d	Decreased interest in social interaction. Attempts at making friendships are odd and unsuccessful. May become obsessed with individuals, may prefer older or younger friendships. May laugh at inappropriate times or make inappropriate comments. May show an interest in the reaction/response without showing an awareness of other's feelings. May not know they are part of a group.	5
e	Significant difficulties with understanding social relationships. Limited initiations and reduced or abnormal responses to others. May greet strangers as friends. Limited empathy and understanding of needs of others. May be isolated.	6
f	Very limited initiations and responses to others. Lack of empathy. May respond only to direct social approaches. Social engagements are observably short lived.	8

g	Child shows no obvious interest in developing social relationships. Child may relate better to objects than people or will only use people to satisfy immediate basic needs. Extremely restricted genuine empathy. Joint attention not developed.	12
Comments/evidence		Child or Young Person's Score

Criterion 3. Rigidity of Thought and Behaviour		Score
a	Responds well to routine and structure. Copes with change when prepared. May have difficulty with joining in with imaginary games/activities with others.	1
b	Some difficulty coping with change. May resist rules or routines, with possible insistence on developing own. Play may be repetitive and limited.	2
c	Resistance to change interferes in one or two contexts e.g. sequencing or some aspects of memory. Child may have limited range of interests which may be obsessive and occasionally self-absorbing.	5
d	Compulsion to adhere to repetitive routines to such a degree that it severely restricts access to activities. May become preoccupied with unusual or all absorbing interests.	8
e	Extreme difficulty coping with change. Great distress changing focus. Inflexibility of behaviour causes significant interference with functioning and access in all spheres.	10
f	Resistance to change is such that it is extremely difficult to modify related behaviours or introduce new activities or experiences. Total preoccupation with own thoughts and/or interests.	12
Comments/evidence		Child or Young Person's Score

Criterion 4. Sensory Differences		Score
a	No observable or reported sensory differences	0
b	Some sensitivity to sensory experiences. No observable or prohibitive impact on every day activities.	2
c	Some sensitivity to sensory experiences resulting in occasional avoidance or distress.	5
d	Severe sensitivity to sensory experiences or engagement in sensory seeking activity that regularly prevents or distracts from focus on task. May find it difficult to cope with multi-sensory input.	8
e	Extreme reaction to sensory experiences or preoccupation with sensory seeking activity	10
Comments/evidence		Child or Young Person's Score

Criterion 5. Motor Development		Score
a	Motor control is within the expected range of the child or young person's developmental stage.	0
b	Some delay in acquiring gross and/or fine motor skills. May be slightly uncoordinated or toe walk.	3
c	Significant delay in acquiring skills linked to motor movement. May have difficulties with handwriting, dressing or using tools/equipment in a range of situations.	6
Comments/evidence		Child or Young Person's Score

Criterion 6. Emotional Regulation		Score
a	Emotional control is within the expected range of the child or young person's developmental stage.	0
b	Occasional immature or unusual behaviour outside the expected developmental range.	2
c	Experiences some episodes of anxiety or may display occasional extreme emotions out of proportion to the event.	3
d	Frequent episodes of anxiety; outbursts; refusals; avoidance; shut-downs; destructive acts or self-stimulating behaviour.	6
e	High and persistent levels of anxiety caused by everyday events resulting in more frequent emotional outbursts, withdrawal, avoidant behaviours or shut-down. May engage in self-injurious types of behaviours or violent attacks.	10
Comments/evidence		Child or Young Person's Score

Criterion 7. Independence and Self-Care		Score
a	Within the expected range of the child or young person's developmental stage.	0
b	Some delay with independence and self-care. Child may struggle to organise self with tasks or self-help that other children, within the same stage of development, are able to achieve independently.	2
c	More than one difficulty in learning which hinders the ability to develop self-help and independence, e.g. in the area of receptive language, attention/concentration, organisation, sequencing. May have some problems generalising learned skills.	3
d	Problems with processing information due to specific difficulties with perceptual awareness, generalising or accessing memory, which severely hinders the ability to develop self-help and independence. May show little self-directed motivation.	5
e	Significant difficulty learning self-help skills which other children easily assimilate and generalise. Likely to struggle to follow basic self-help routines without high levels of structure and specific teaching.	6
f	Attention is so restricted that it must be focused and sustained by others. May have average or above average general learning ability but extreme difficulty developing self-help and independence.	10

g	Functioning at development levels significantly below the expected stage in the most areas.	12
Comments/evidence		Child or Young Person's Score

Criterion 8. Impact on Access to Learning and the Curriculum (EYFS Areas of Development, English and Maths)		Score
a	Expected/better than expected progress.	0
b	Less than expected progress despite quality teaching, setting/school based intervention and the use of SEN delegated funding.	3
c	Significantly less than expected progress despite quality teaching, setting/school based intervention and the use of SEN delegated funding.	6
d	Extremely limited or no progress despite quality teaching, setting/school based intervention and the use of SEN delegated funding.	10
SOGS results/Progress Levels attached		Child or Young Person's Score

		Score
Criterion 1	Communication and Language	
Criterion 2	Social Understanding and Interaction	
Criterion 3	Rigidity of Thought and Behaviour	
Criterion 4	Sensory Differences	
Criterion 5	Motor Development	
Criterion 6	Emotional Regulation	
Criterion 7	Independence and Self-Care	
Criterion 8	Impact on Access to Learning and the Curriculum	
		Child or Young Person's Total Score

Completed by:

Specialist Advisory Teacher/ HLTA	Name	Signature	Date
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1. In Early Years Settings, where children meet the criteria for support but are not attending full time, funding will be provided on a pro-rata basis.
2. Exceptional SEND – There may be occasion when an individual child or young person’s presentation is considered to be ‘Exceptional SEND’ despite scoring below the threshold of 75 of the Eligibility Criteria. In these circumstances consideration will be given to Band Six - Exceptional SEND provided the evidence from all services involved support this recommendation.

Bands and Description/Scores

Band	Description/Score
Band 1 - (Mild SEND)	6 - 16
Band 2 - (Moderate SEND - Early Help)	17 - 27
Band 3 - (Severe SEND – EHCP)	28 - 43
Band 4 - (More Severe SEND)	44 - 60
Band 5 - (Profound SEND)	61 - 74
Band 6 - (Exceptional SEND)	(N.B. See point 2. above) 75 +

Identified Additional Condition/s

Identified Additional Condition/s	Yes	No	Comments
Cognition and Learning - as identified by CPS			
Physical/Medical			
Sensory – B/VI			
Sensory – D/HI			
SEMH			

3. Blind or Vision Impairment (B/VI)

Part 1 - Introduction and Overview

In Cumbria children and young people identified with Vision Impairment, can access a Teacher of Children and Young People with Vision Impairment (TVI) from birth. This occurs where there is clinical evidence of vision difficulties which cannot be corrected by glasses. This is so that the child or young person's development can be supported, even if they are babies. A Certificate of Vision Impairment may be provided by an eye specialist (a consultant ophthalmologist). The certificate is not necessary to access support from a teacher for children and young people with vision impairment. The expectation is that placement for all children and young people with a vision impairment (VI) will be in their local setting/school, including those sight impaired (partially sighted) or severely sight impaired (blind). The TVI is a member of the Special Educational Needs and Disability Teaching Support Team (SEND TST). A TVI is also referred to as a specialist advisory teacher (SAT) for vision impairment.

- Vision difficulties take many forms with widely differing implications for a child or young person's education.
- They range from relatively minor and remediable conditions to total blindness.
- A child or young person's functional use of vision may or may not improve through childhood.
- Where the use of vision may improve it is important that appropriate action and support is provided as soon as possible by the family, setting/schools and this service.
- Some children are born blind or vision impaired; others lose their sight as a result of accident or illness.
- In some cases vision impairment is one aspect of a complex combination of needs.
- The impact of vision impairment on access to early development and learning in school will relate to the degree of functional vision, communication and interaction, cognition and learning, social and emotional wellbeing and sensory strengths and needs.

When considering the impact of vision impairment this service makes an assessment of functional vision. *This assessment does not replace a clinical assessment; it provides information with regard to access to early development / education at a specific time in a child or young person's life.*

The child or young person's vision impairment may or may not indicate that a child requires statutory assessment leading to an Education, Health and Care Plan (EHCP). Support may be available even if the child or young person does not have an EHCP. This will depend on the child or young person's vision loss.

It is acknowledged that children and young people may experience multiple difficulties in addition to vision loss, e.g. hearing loss, learning difficulties and autism. The needs of more complex children and young people will be considered on an individual basis.

What to do if you suspect a Child or Young Person has a visual impairment

Most children and young people with partial or severe vision impairment will have been identified by medical professionals and should already be known to the SEND TST. The following are indicators that a child in the home, setting or classroom may have a vision problem:

- Holding items close to the face (toys/books)
- Showing disinterest in things close to them or in the distance
- Difficulties in noticing other people/things close by or in the distance
- Not responding to visual cues
- Lack of confidence in crowded/busy situations
- Difficulties reading text or finding details in pictures
- Bumping into objects/people
- Poor hand writing or not able to write on the line

If several of the above are identified the child or young person may have a visual impairment.

- Parents/carers can provide a setting or school with any available eye clinic reports.
- Parents/carers are advised to take the child to have an eye test and consult with the GP.
- If glasses are prescribed ensure that they are worn and are clean.
- Where a visual loss is confirmed by the medical profession, that is, the vision condition/ loss is not corrected by glasses, please make a request for an Early Help Assessment by a SEND Specialist Advisory Teacher (SAT), Teacher for Children and Young People with Vision Impairment, (TVI).

When a request for an Early Help Assessment is received by this service:

This service will complete a functional vision assessment. The views of the child or young person, parents and setting/school will be sought. Available medical information will be considered. The assessment will determine the level of required intervention to enable the child or young person to learn.

The Functional Vision Assessment may include assessments on:

- distance vision
- near vision
- contrast sensitivity
- peripheral vision
- facial recognition distances

- colour sensitivity
- visual perception

The impact of visual impairment on learning may be addressed through:

- advice and support
- training
- changes to the environment
- advice and support ref equipment e.g. magnifiers
- visual perception
- visual stimulation programmes
- touch typing
- access technology including software
- environmental and Habilitation assessments
- monitoring

The SEND TST will provide access to:

- A qualified Teacher of Children and Young People with Vision Impairment (TVI)
- Sensory Higher Level Teaching Assistant (HLTA), and/or Habilitation Specialist, as appropriate
- Pre-school, home based programmes and qualified Early Support personnel
- Advice and support to families, settings and schools with regard to access to teaching and learning
- Advice may be available to residential settings and at transition where appropriate

More information is available at www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/blindandvisionimpaired and in Parts 2, 3 and 4 of this document.

Part 2 - Band Descriptors			
Band 1 (Mild SEND)	Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 - 0.48) no other factors. Near vision: likely to have difficulty with print sizes smaller than N12 or equivalent sized details in pictures.		
Band 2 (Moderate SEND-Early Help)	Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 - 0.48) with additional visual factors. Less than 6/19 – 6/36 Snellen/Kay (LogMAR 0.5 – 0.78). Near vision: likely to have difficulty with print sizes smaller than N14 to N18 or equivalent sized details in pictures.		
Band 3 (Severe SEND- EHCP)	For distance vision children and young people score d in criteria 1.1.	or	For near vision children and young people score d in criteria 1.2, with or without distance vision score.
Band 4 (More Severe SEND)	For distance vision children and young people score e in criteria 1.1 (Generally less than 6/60 or less with Snellen/Kay, LogMAR 1.0).		
Band 5 (Profound SEND)	Very limited useful vision for educational purposes/braille user. For near vision, children and young people score e in criteria 1.2 (with or without a distance vision score).		
Band 6 (Exceptional SEND)	Child or young person may require residential placement as needs cannot be met within the LA. Child or young person who has profound and complex difficulties in addition to their vision loss and their needs cannot be met in mainstream LA provision.		

Part 3 – Provision		
Band 1 – Mild SEND		
Descriptor	<p>Distance Vision:</p> <ul style="list-style-type: none"> • Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 - 0.48), and no other factors. • This means that the child or young person needs to be about 2 metres away to see what fully sighted pupils can see from 6 metres. • Can probably see details on a whiteboard from the front of a classroom. Child or young person may be unlikely to see the detail on a white board from the back of the classroom. <p>Near vision:</p> <ul style="list-style-type: none"> • Likely to have difficulty with print sizes smaller than N12 or equivalent sized details in pictures. N12 is the equivalent of font size 12 in WORD Arial. <p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Normal curriculum plans which may include individual or group targets. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Part of setting/school/class assessments. 	<p>Assessment</p> <ul style="list-style-type: none"> • Complete functional vision assessment, including environmental considerations where required. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • Share results and advice with parents/carers and

	<ul style="list-style-type: none"> Identify child or young person's strengths as well as areas of additional need. 	setting/school and relevant health colleagues.
Teaching and Learning Environment	<ul style="list-style-type: none"> Fully included in mainstream class. Must have attention to seating, lighting, listening environment/acoustics and safety. 	
Human Resources and Staffing	<ul style="list-style-type: none"> Main provision by class/subject teacher. If glasses are prescribed staff must ensure glasses are clean and worn as advised. 	<ul style="list-style-type: none"> Initial contact with family/setting/school at point of referral/assessment.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> Quality First Teaching. Full inclusion within The Curriculum. 	
Resources and Intervention Strategies	<p>Resources/Provision</p> <ul style="list-style-type: none"> Generic support, advice and guidance available to setting/school via Cumbria County Council (CCC) Local Offer, for example need for ensuring glasses are worn and clean. Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	<ul style="list-style-type: none"> Web based advice via Cumbria County Council (CCC) Local Offer

Band 2 – Moderate SEND – Early Help		
Descriptor	<p>Distance Vision.</p> <ul style="list-style-type: none"> • Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 - 0.48) with additional visual factors such as a variable condition. • Less than 6/19 – 6/36 Snellen/Kay (LogMAR 0.5 – 0.78). This means that a child or young person needs to be about 1 metre away to see what those with vision within normal limits can see at 2/3 metres. <p>Near Vision</p> <ul style="list-style-type: none"> • Will need print sizes from N14 to N18 or equivalent sized details in pictures. N14 is the equivalent of font size 14 in WORD Arial. N18 is the equivalent of font size 18 in WORD Arial. <p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out. This may lead to a team around the child or young person/family meeting (TAC/F).</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have personal education plan, e.g. IEP. • Curriculum plans which will include individual or group targets. Plans must reflect levels of achievement and include individually focused personal plan. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Advice from external specialist e.g. Educational Psychologist (EP) or Specialist Advisory Teacher (SAT) is incorporated into target setting, planning and support. <p>Assessment</p>	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting when appropriate. <p>Assessment</p> <ul style="list-style-type: none"> • Complete functional vision assessment, including environmental considerations where required. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery • Identify child or young person's strengths as well as areas of additional need. • Share results and advice with parents/carers and

	<ul style="list-style-type: none"> • Part of setting/school/class assessments. May require modification to the presentation of assessments. • Evidence of regular review of individual targets. • Identify child or young person's strengths as well as areas of additional need. 	setting/school and relevant health colleagues.
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class with opportunities for 1:1 and small group work e.g. practice of social skills. • Must have attention to seating, lighting, listening environment/acoustics and safety. 	<ul style="list-style-type: none"> • To provide advice on grouping as appropriate.
Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher. • If glasses are prescribed staff must ensure glasses are clean and worn as advised. 	<ul style="list-style-type: none"> • Liaison with setting/school staff (including SENCO, Class Teacher, Key Worker, Teaching Assistant (TA)), parents/carers and Health as appropriate.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within The Curriculum. • Evidence of reasonable adjustments to meet needs of child or young person with VI, as per Equality Act, 2010. • ICT is used to increase access to the curriculum, where appropriate. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010, via discussion, written advice and/or INSET. This could include: <ul style="list-style-type: none"> ○ Use of adapted materials ○ Use of traditional magnifiers ○ Technology ○ Contrast sensitivity ○ Peripheral vision ○ Large print books ○ Seating position ○ Considerations of lighting needs ○ Individual copies of board work ○ Adaptations of teaching methods describing processes aloud and in detail, reading while writing on the board

		○ Physical independence
Resources and Intervention Strategies	Resources/Provision <ul style="list-style-type: none"> • Learning materials must be selected for their clarity. • Equipment including low vision aids, sloping boards or copy holder as appropriate. • Appropriate printed materials provided by setting/school. • Main provision by class/subject teacher. • Must have attention to appropriate use of glasses if worn. • Key information about the child or young person to be shared with key staff including supply staff. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	<ul style="list-style-type: none"> • Provide training on specialist equipment, via discussion, written advice and/or INSET. • Contact can be made with SEND TST if any concerns between visits.

Band 3 – Severe SEND EHCP

Band 3 – Severe SEND EHCP	
Descriptor	<p>Distance Vision</p> <ul style="list-style-type: none"> • Snellen/Kay 6/36 or less (LogMAR 0.8 or less). This means that the child or young person can see at 6 metres, what a fully sighted person could see from 36 metres. It represents a difficulty identifying any distance information, people or objects. • This child or young person would be unable to work from a white board in the classroom without human/technical support. <p>Near vision:</p> <ul style="list-style-type: none"> • Will need print sizes generally within the range of N 24 and the equivalent sized detail in pictures. This will require significant differentiation and modification. N24 is the equivalent of font size 24 in WORD Arial. <p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out. This may lead to a TAC/F.</p>

	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group targets and must reflect levels of achievement and include individually focused personal plan. • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Advice from external specialist e.g. EP, SAT or Habilitation Specialist is incorporated into target setting, planning and support. <p>Assessment</p> <ul style="list-style-type: none"> • Part of setting/school and class assessments. Will require modification to the presentation of assessments. • Evidence of regular review of individual targets. • Identify child or young person's strengths as well as areas of additional need. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from TVI. <p>Assessment</p> <ul style="list-style-type: none"> • Complete functional vision assessment, including environmental considerations where required. • Share results and advice with parents/carers and setting/school and relevant health colleagues. • Observation and assessment of the use of access strategies as recommended by the SEND TST. • Liaison with other professionals involved (e.g. Ophthalmic team, Low Vision Clinics, Habilitation Specialist, TAF) by the SEND TST. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class with opportunities for 1:1 and small group work e.g. practice of social skills. • Must have attention to seating, lighting, listening environment/acoustics and safety. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010 via discussion, written advice and/or INSET. This could include: <ul style="list-style-type: none"> ○ Use of adapted materials ○ Use of traditional magnifiers

		<ul style="list-style-type: none"> ○ Technology ○ Contrast sensitivity ○ Peripheral vision ○ Large print books ○ Seating position ○ Considerations of lighting needs ○ Individual copies of board work ○ Adaptations of teaching methods describing processes aloud and in detail, reading while writing on the board ○ Physical independence
Human Resources and Staffing	<ul style="list-style-type: none"> ● Must have main provision by class/subject teacher with advice from TVI. ● May have additional adults with appropriate training under the direction of the teacher and TVI to carry out specific tasks, for example: <ul style="list-style-type: none"> ○ Promote the use and care of glasses, if prescribed. ○ Promote and monitor use of Low Vision Aids and modified materials. ○ Reinforce lesson content. ○ Deliver modified curriculum tasks. ○ Support language development. ○ Key information about the child or young person to be shared with key staff including supply staff. 	<ul style="list-style-type: none"> ● Liaison with setting/school staff (which may include SENCO, Class Teacher, Key Worker, TA), parents/carers, Health and voluntary organisations. ● Monitoring visits to speak to child or young person/appropriate member of staff ● Assess, issue and monitor some Low Vision Aids for curriculum use – as appropriate e.g. bar/dome magnifier ● Advise the use of setting/school equipment for magnification e.g. tablet. ● Provide INSET- as required. ● TVI will provide written visit notes and/or report circulated to setting/school, family and hospital when appropriate.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> ● Quality First Teaching. ● Full inclusion within The Curriculum. ● Evidence of reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010. ● Use of auditory support and modified materials. ● Differentiation by presentation and/or outcome. ● Opportunities for explanation, clarification and 	<ul style="list-style-type: none"> ● Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010, via discussion, written advice and/or INSET. ● As appropriate TVI will provide advice on development and implementation of teaching programme to provide explicit teaching of language, social skills, visual

	<p>reinforcement of lesson content and language.</p> <ul style="list-style-type: none"> • Explicit teaching of language, social skills, visual perception and the core curriculum as necessary. 	<p>perception and the core curriculum as necessary.</p>
<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Provision of a quiet room/space may be required as the child develops effective listening skills. • Take responsibility for care, maintenance and appropriate use for any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds. • Provide training on the use, day to day management and checking procedures of the child or young person’s equipment, via discussion, written advice and/or INSET. • Advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of visual condition. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources.

Band 4 – More Severe SEND		
Descriptor	<p>Distance vision:</p> <ul style="list-style-type: none"> • Generally less than 6/60 or Snellen/Kay, LogMAR 1.0. This means that the child or young person may see at 6 metres, what a fully sighted person may see from 60 metres. It represents a difficulty identifying any distance information, people or objects. • This child or young person would be unable to work from a white board in the classroom without human/technical support. <p>Communication and interaction, social and emotional wellbeing will be additional factors which may have an impact on the child or young person's development.</p> <p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out. This may lead to a TAC/F.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group targets and must reflect levels of achievement and include individually focused personal plan. • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Advice from external specialist e.g. EP, SAT or Habilitation Specialist is incorporated into target setting, 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from TVI. <p>Assessment</p> <ul style="list-style-type: none"> • Complete functional vision assessment, including the increased degree of impact the vision loss has on communication and interaction, social and emotional well-being and environmental considerations, where required. • Observation and assessment of the use of access strategies as recommended by the SEND TST. • Liaison with other professionals involved (e.g. ophthalmic team, Low Vision Clinics, Habilitation Specialist, TAF) by

	<p>planning and support.</p> <p>Assessment</p> <ul style="list-style-type: none"> • Part of setting/school and class assessments. Will require modification to the presentation of assessments. • Evidence of regular review of individual targets. • Identify child or young person's strengths as well as areas of additional need. 	<p>the SEND TST.</p> <ul style="list-style-type: none"> • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • Share results and advice with parents/carers and setting/school and relevant health colleagues.
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class with opportunities for 1:1 and small group work and e.g. practice of social skills. • Must have attention to seating, lighting, listening environment/acoustics and safety. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010 via discussion, written advice and/or INSET. This could include: <ul style="list-style-type: none"> ○ Use of adapted materials ○ Use of traditional magnifiers ○ Technology ○ Contrast sensitivity ○ Peripheral vision ○ Large print books ○ Seating position ○ Considerations of lighting needs ○ Individual copies of board work ○ Adaptations of teaching methods describing processes aloud and in detail, reading while writing on the board ○ Physical independence
Human Resources and Staffing	<ul style="list-style-type: none"> • Must have main provision by class/subject teacher with advice from TVI. • May have additional adults with appropriate training under the direction of the teacher and TVI to carry out specific tasks, for example: 	<ul style="list-style-type: none"> • Liaison with setting/school staff (which may include SENCO, Class Teacher, Key Worker, TA), parents/carers, Health and voluntary organisations. • Monitoring visits to speak to child or young person/appropriate member of staff.

	<ul style="list-style-type: none"> ○ Promote the use and care of glasses, if prescribed. ○ Promote and monitor use of Low Vision Aids and modified materials. ○ Reinforce lesson content. ○ Deliver modified curriculum tasks. ○ Support language development. ○ Key information about the child or young person to be shared with key staff including supply staff. 	<ul style="list-style-type: none"> ● Assess, issue and monitor some Low Vision Aids for curriculum use – as appropriate e.g. bar/dome magnifier. ● Advise on the use of setting/school equipment for magnification e.g. tablet. ● Provide INSET- as required. ● TVI will provide written visit notes and/or report circulated to setting/school, family and hospital when appropriate.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> ● Quality First Teaching. ● Full inclusion within The Curriculum. ● Evidence of reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010. ● Use of auditory support and modified materials. ● Differentiation by presentation and/or outcome. ● Opportunities for explanation, clarification and reinforcement of lesson content and language. ● Explicit teaching of language, social skills, visual perception and the core curriculum as necessary. 	<ul style="list-style-type: none"> ● Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010, via discussion, written advice and/or INSET. ● As appropriate TVI will provide advice on development and implementation of teaching programme to provide explicit teaching of language, social skills, visual perception and the core curriculum as necessary.
Resources and Intervention Strategies	<p>Resources/Provision</p> <ul style="list-style-type: none"> ● Provide a quiet room/space may be required as the child develops effective listening skills. ● Take responsibility for care & maintenance and appropriate use for any additional equipment provided by the LA. ● Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. 	<ul style="list-style-type: none"> ● The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. ● The LA to monitor the use of these funds. ● Provide training on the use, day to day management and checking procedures of the child or young person's equipment, via discussion, written advice and/or INSET. ● Advice on teaching and access strategies, via discussion, written advice and/or INSET.

		<ul style="list-style-type: none"> • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of visual condition. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources.
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Band 5 – Profound SEND		
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Descriptor	<p>Very limited useful vision for educational purposes/braille user.</p> <ul style="list-style-type: none"> • Will be using text at or above N 36 and may have a deteriorating condition. N36 is equivalent to WORD Arial font size 36. • Materials will require significant differentiation and modification. Teaching may require specific approaches. • Some children and young people may begin to learn braille to access some text and use some print. • Some children and young people may learn by tactile (e.g. braille) and auditory methods. <p>Communication and interaction, social and emotional wellbeing will be additional factors which may have an impact on the child or young person’s development.</p> <p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out. This may lead to a TAC/F.</p>	
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	Setting/Governing Body	Local Authority
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Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from TVI. <p>Assessment</p>
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	<p>targets and must reflect levels of achievement and include individually focused personal plan.</p> <ul style="list-style-type: none"> • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Advice from external specialist e.g. EP, SAT or Habilitation Specialist is incorporated into target setting, planning and support. <p>Assessment</p> <ul style="list-style-type: none"> • Part of setting/school and class assessments. Will require modification to the presentation of assessments • Evidence of regular review of individual targets. • Identify child or young person’s strengths as well as areas of additional need. 	<ul style="list-style-type: none"> • Functional vision assessment, including the increased degree of impact the vision loss has on communication and interaction, social and emotional well-being and environmental considerations where required. • Observation and assessment of the use of access strategies as recommended by the SEND TST. • Liaison with other professionals involved (e.g. Ophthalmic team, Habilitation Specialist, TAF) by the SEND TST. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery • Identify child or young person’s strengths as well as areas of additional need. • Share results and advice with parents/carers and setting/school and relevant health colleagues
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • Fully included in mainstream class with opportunities for 1:1 and small group work and e.g. practice of social skills. • Must have attention to seating, lighting, listening environment/acoustics and safety. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010, via discussion, written advice and/or INSET. This could include: <ul style="list-style-type: none"> ○ Use of adapted materials ○ Magnifiers ○ Technology ○ Seating position ○ Braille, tactile and auditory materials ○ Adaptations of teaching methods describing processes aloud and in detail, reading while writing on the board ○ Physical independence

Human Resources and Staffing	<ul style="list-style-type: none"> • Must have main provision by class/subject teacher with advice from TVI. • May have additional adults with appropriate training under the direction of the teacher and TVI. For example: <ul style="list-style-type: none"> ○ Prepare, promote and monitor use of braille, tactile and auditory materials. ○ Facilitate inclusive and independent learning ○ Provide in-class support where necessary ○ reinforce lesson content ○ deliver modified curriculum tasks ○ support language development ○ follow up habilitation training ○ to ensure safety • Key information about the child or young person to be shared with key staff including supply staff. 	<ul style="list-style-type: none"> • Liaison with setting/school staff (which may include SENCO, Class Teacher, Key Worker, TA), parents/carers, Health and voluntary organisations. • Monitoring visits to speak to child or young person/appropriate member of staff. • Assess, issue and monitor some resources for curriculum use – as appropriate e.g. braille. • Advise on the use of setting/school equipment for a tactile learner. • Provide INSET as required. • TVI will provide written visit notes and/or report circulated to setting/school, family and hospital when appropriate.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within The Curriculum. • Evidence of reasonable adjustments to meet needs of an educationally blind child or young person, as per Equality Act 2010. • Use of auditory support and modified materials. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Explicit teaching of language, social skills, and the core curriculum as necessary. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of VI children and young people, as per Equality Act 2010, via discussion, written advice and/or INSET. • As appropriate TVI will provide advice on development and implementation of teaching programme to provide explicit teaching of language, social skills, visual perception and the core curriculum as necessary. • Braille and tactile skills teaching, as required. • Habilitation and independence skills training. • ICT and low vision aid skills training, as required. • Provision of social /emotional programmes, as required. • Promote access to local and national charities.

<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Provide a quiet room/space as required for the child or young person. • Take responsibility for care & maintenance and appropriate use for any additional equipment. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. • Day to day ICT for the child or young person and for staff to produce Braille and other tactile resources. • Braille and other tactile learning materials. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds. • Electronic braille/note taker and / or laptop with speech software, thermal diagrams equipment. • Miscellaneous equipment to support a non-sighted learner, as outlined in the report. • Provide training on the use, day to day management and checking procedures of the child or young person's equipment, via discussion, written advice and/or INSET. • Advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of visual condition. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources.
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Band 6 – Exceptional SEND		
Descriptor	<p>Child or young person may require residential placement as their needs will be complex. These needs cannot be met within the Local Authority.</p> <p>Child or young person who has profound and complex difficulties in addition to their vision loss and their needs cannot be met in mainstream LA provision.</p> <p>Where there is clinical evidence of vision difficulties an Early Help Assessment may be requested. Then a functional vision assessment by a TVI can be carried out. This may lead to a TAC/F. However it is likely that the TVI will already have involvement with the child/ young person.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Contribute to full assessment of need with multi agency involvement to consider appropriate placement. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. 	<ul style="list-style-type: none"> • EHCP. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • Initial visual assessment. Reports written by a TVI, and Habilitation Officer, as appropriate, will be shared with all involved. A vision assessment, which will include the increased degree of impact the vision loss has on communication and interaction, social and emotional well-being and environmental considerations will be provided.

Teaching and Learning Environment	<ul style="list-style-type: none"> • LA special school or • Residential placement 	
Human Resources and Staffing	<ul style="list-style-type: none"> • Setting/school must provide support for on-going visual assessments and interventions. 	<ul style="list-style-type: none"> • Specialist support from a qualified TVI for children or young people with additional and complex needs, who will provide: <ul style="list-style-type: none"> ○ advice and support to setting/school, and staff ○ training ○ visual assessment, as required • LA offer to monitor progress and appropriateness of placement and effective use of exceptionally funded resources.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Specialist school curriculum, with multi-sensory approach 	
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Access to multi-sensory equipment 	<ul style="list-style-type: none"> • If the child or young person is in a LA special school, information relating to resources and intervention strategies will be made available by the qualified TVI if appropriate. • Advice may be available to residential settings and at transition where appropriate.

For Use by Local Authority Specialist Staff Only

Part 4 - SEND Teaching Support Team – Blind or Vision Impairment

3.1 Eligibility Criteria for Statutory Assessment for an Education, Health and Care Plan

Name:	Date of Birth:	TVI:
Setting/Educational Placement:		Date:
<p>A certificate of visual impairment is not required to access support from the Local Authority. Children and young people can access a Teacher of Children and Young People with Vision Impairment from birth. This is so that the child's early development can be supported.</p>		
Certification: yes/no/don't know		Registration: yes/no/don't know

1. This assessment must be completed by the SAT for B/VI, from CCC SEND TST, involved with the child or young person.

Vision loss reference tables

The National Sensory Impairment Partnership classification has been referenced for vision loss. Acuity criteria are for guidance purposes only. The professional judgement of a teacher of children and young people with vision impairment should be applied as necessary to decide on the classification. For example, a child or young person may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition, e.g. an oculomotor disorder such as nystagmus, visual field reduction, and/or cerebral vision impairment. Professional judgement will be used and will note any additional factors such as distance, crowding or processing.

The National Sensory Impairment Partnership Distance Vision Criteria 2015

Mild vision loss	Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)
Moderate vision loss	Less than 6/19 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)
Severe vision loss	Less than 6/36 - 6/120 Snellen/Kay (LogMAR 0.8 – 1.3)
Profound vision loss	Less than 6/120 Snellen/Kay (LogMAR 1.32+)

The National Sensory Impairment Partnership Near Vision Criteria 2015

Mild vision loss	N14-18
Moderate vision loss	N18-24
Severe vision loss	N24-36
Profound vision loss	Educationally blind/Braille user/can access small quantities of print larger than N36

Cumbria Criterion 1.1: Degree of VI - distance (corrected vision with both eyes open – see Vision loss reference table above)	
A	<ul style="list-style-type: none"> Does not have a vision impairment.
B	<ul style="list-style-type: none"> Monocular. Mild (generally Within the range 6/12 - 6/18 Snellen/Kay (LogMAR 0.3 – 0.48)). Fluctuating vision impairment (with reasonable vision for a considerable amount of time). Functional mild loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
C	<ul style="list-style-type: none"> Moderate (generally Less than 6/19 - 6/36 Snellen/Kay (LogMAR 0.5 – 0.78)). Fluctuating vision impairment. Functional moderate loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
D	<ul style="list-style-type: none"> Severe (generally 6/36 or less Snellen/Kay (LogMAR 0.8). Fluctuating vision impairment. Functional severe loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
E	<ul style="list-style-type: none"> Profound vision impairment (generally Less than 6/60 Snellen/Kay (LogMAR 1.0). Functional profound loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
Comments	

Cumbria Criterion 1.2: Degree of VI - near (corrected vision with both eyes open - see Vision loss reference table above)	
A	<ul style="list-style-type: none"> Does not have a vision impairment.
B	<ul style="list-style-type: none"> Monocular. Mild (generally within the range of N14-18). Fluctuating vision impairment (with reasonable vision for a considerable amount of time). Functional mild loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
C	<ul style="list-style-type: none"> Moderate (generally within the range of N18-24). Fluctuating vision impairment. Functional moderate loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
D	<ul style="list-style-type: none"> Severe (generally within the range of N24). Fluctuating vision impairment. Functional severe loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus.
E	<ul style="list-style-type: none"> Profound vision impairment. Functional profound loss due to Cerebral Vision Impairment or other visual factors such as visual field loss or nystagmus. Requires N36 to read print and or cannot read N36 at 33 cms. Very limited useful vision for educational purposes/Braille user.
Comments	

Bands and Description/Scores

Band	Description/Score
Band 1 - (Mild SEND)	
Band 2 - (Moderate SEND-Early Help)	
Band 3 - (Severe SEND- EHCP)	
Band 4 - (More Severe SEND)	
Band 5 - (Profound SEND)	
Band 6 - (Exceptional SEND)	

Specialist Advisory Teacher	Name	Signature	Date
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4. Cognition and Learning

Part 1- Introduction & Overview

This section of the guidance should be used from Year 1 onwards, where the child or young person's main area of need is in the area of cognition and learning. It is acknowledged that children and young people with needs on the area of cognition & learning usually also experience some associated difficulties in other areas, and this is taken into account in the Bands and Provision described below. If the difficulties in the other areas are severe in nature, it may be necessary also to consult the guidelines for those areas.

Cognition refers to thinking and reasoning – the ability to use mental strategies to understand situations and to solve novel problems. Cognitive abilities/skills are often (but not always) described in terms of verbal, non-verbal and spatial abilities, and educational psychologists (EPs) are able to assess these abilities. The pattern of these abilities usually stays relatively constant over time, and assessing them helps to direct teaching staff towards strengths to build on and strategies which are likely to be helpful. Assessments may involve standardised tests, or may be more dynamic in nature. Where children or young people have high levels of cognitive difficulties, assessments are less likely to include standardised test scores.

Learning refers to the child or young person's acquisition and application of new knowledge and skills. People with cognitive difficulties usually have associated difficulties with the school curriculum: typically this affects literacy and numeracy, and often the whole school curriculum. However, many children and young people with cognitive difficulties learn very successfully in some areas, whilst needing support in others. Where the vast majority of the curriculum is affected, psychologists might refer to, 'general learning difficulties'. Where only parts of the curriculum are affected, they might use the term, 'specific learning difficulties'.

Children and young people who experience specific learning difficulties usually have these met at the mild/moderate levels, through intervention by school staff with advice from EPs. They usually learn basic literacy/numeracy skills more slowly than most people, and need specific teaching and practice of these skills for a lot longer. Because of this, they also need a strong focus on supporting their access to the whole curriculum, so that the level of their basic academic skills does not impede their participation or affect their confidence and wellbeing. They need sensitive and skilled support over a long period.

Children and young people who experience Severe Learning Difficulties (SLD) will have difficulty understanding, learning and remembering new skills. They will have difficulty with both the acquisition of skills and applying these skills to new situations. Attainments are likely to remain well below the age expected levels for much of their school life. Additional difficulties with social tasks such as communication, interaction and self-care may also be present.

Part 2 - Band Descriptors	
Band 1 (Mild SEND)	<ul style="list-style-type: none"> • Below the expected rate of attainment; up to 2 years behind national expectations. • Progress with acquisition of some or all skills is slower than average. • Difficulty with the acquisition or use of language, literacy, numeracy skills. • Difficulty with the pace of curriculum delivery; aspects of cognition and attainment below average. • Some problems with conceptual development. • A medical diagnosis may be in place. <p>The child or young person is experiencing mild difficulties with understanding, retaining and using concepts.</p>
Band 2 (Moderate SEND - Early Help)	<ul style="list-style-type: none"> • Attainment is more than two years behind national expectations despite targeted differentiation. • Progress with acquisition of some or all skills is slower than average. Makes progress when given appropriate support, but does not 'catch up' with peers. • General difficulties in the acquisition and use of language/literacy/numeracy skills. • Moderate difficulties with independent working and needs the support of an adult and a modified curriculum. • Cognitive assessment by an EP shows weaknesses/atypical learning strategies or abilities which are affecting child or young person's ability to learn and/or retain skills & information. Where standardised tests are used, the overall score will normally be at least 2 standard deviations below the mean/standardised score 70 or below. • A medical diagnosis may be in place. <p>Difficulties in learning persist and there is a continuing need for support to be tailored to the child or young person.</p>
Band 3 (Severe SEND- EHCP)	<ul style="list-style-type: none"> • Attainment is more than three years behind expected level despite differentiated learning opportunities and concentrated support. • Progress with acquisition of some or all skills is much slower than average: gap between /young person's skills and those generally expected at their age is increasing. • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills. • Needs persist and appear resistant to previous interventions. • Cognitive assessment by an EP shows weaknesses/atypical learning strategies or abilities which are affecting child

	<p>or young person's ability to learn and/or retain skills & information. Where standardised tests are used, the overall score will normally be at least 3 standard deviations below the mean/standardised score 55 or below.</p> <ul style="list-style-type: none"> • Some social and independence skills may be slow to develop: this might affect social relationships and require direct teaching/modified curriculum. • A medical diagnosis may be in place. <p>Difficulties in learning are more severe and give rise to an increased gap between the child or young person's skills and those of peers.</p>
<p>Band 4 (More Severe SEND)</p>	<ul style="list-style-type: none"> • Attainment is more than three years behind expected level despite differentiated learning opportunities and concentrated support. • Progress with acquisition of all skills is much slower than average. Progress can only be measured by using very fine -grained targets. • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, and out of school activities. • Needs persist and appear resistant to previous interventions. • High level of cognitive impairment that is a lifelong disability and significantly impacts on social development and independence. May need explicit teaching and support for self-help skills and practical tasks. • Cognitive assessment by an EP is unlikely to include standardised test results, at this level. Where standardised tests are used, the overall score will normally be at least 3 standard deviations below the mean/standardised score 55 or below. • Significant cognitive impairment severely restricts access to the curriculum and ability to work independently. Whole curriculum and its delivery are likely to need planning around individual needs, with regular advice from specialist staff to enable that. May require specialist provision. • May have difficulties in communication and interaction. • A medical diagnosis is likely to be in place. • May have sensory issues: seeking stimulation, or over-sensitivity. • Child or young person may need intensive staff support to keep them and other children and young people safe, e.g. to manage challenging behaviour or self-stimulation. <p>Difficulties in learning require support in all curriculum areas and other activities. Education, Health and Care Plan (EHCP) in place.</p>

<p>Band 5 (Profound SEND)</p>	<ul style="list-style-type: none"> • Profound learning difficulties with cognitive impairment profoundly restricting access to the curriculum and requiring specialist provision. • Profound learning difficulties with another significant barrier to learning e.g. Developmental Language Disorder (DLD)/Sensory/Physical/Autism Spectrum Condition (ASC). • Substantial and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, with the curriculum and out of school activities. The whole curriculum and its delivery is likely to need planning around individual needs, with ongoing input from specialist staff. • Complex and severe language and communication difficulties. • Profound and persistent difficulties that impact on all aspects of daily life; lifelong disability. • Cognitive assessment by an EP is unlikely to include standardised test results, at this level. • A medical diagnosis is likely to be in place. <p>Profound learning difficulties with additional needs, impacting all aspects of child or young person’s life and requiring lifelong support. EHCP in place.</p>
<p>Band 6 (Exceptional SEND)</p>	<ul style="list-style-type: none"> • Complex needs include medical difficulties which require intensive, continuous monitoring and treatment. • Finds transitions and changes in life outside school very difficult to cope with. Requires highly intensive support with this. • There is clear evidence that the child or young person’s needs cannot be met at Band Five, and there is a clear plan, with monitoring and review arrangements, for how the needs could be addressed with the use of additional resources. <p>Profound learning difficulties with additional needs, impacting all aspects of life and requiring lifelong support. In addition, circumstances give rise to the need, either temporary or permanent, for a higher level of support than Band Five.</p>

Part 3 - Provision		
Band 1 - Mild SEND		
Descriptor	<ul style="list-style-type: none"> • Below the expected rate of attainment; up to 2 years behind national expectations. • Progress with acquisition of some or all skills is slower than average. • Difficulty with the acquisition or use of language, literacy, numeracy skills. • Difficulty with the pace of curriculum delivery; aspects of cognition and attainment below average. • Some problems with conceptual development. • A medical diagnosis may be in place. <p>The child or young person is experiencing mild difficulties with understanding, retaining and using concepts.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Part of normal school and class assessments. • Normal curriculum plans include Quality First Teaching (QFT) strategies. • Parents and children involved in monitoring and supporting their targets. 	<ul style="list-style-type: none"> • Web based Cumbria County Council (CCC) Local Offer. • Ongoing consultation advice from EP.
Teaching and Learning Environment	<ul style="list-style-type: none"> • Mainstream class with flexible grouping arrangements. • Paired learning opportunities e.g. learning buddies. • Opportunities for small group work based on identified need e.g. listening/thinking. • Adjustments to classroom arrangements, e.g. seating arrangements, quiet work area in classroom/library. 	<ul style="list-style-type: none"> • Access to training opportunities e.g. Paired Reading, Precision Teaching, Maths Recovery, differentiation. (NB school will have to pay for any formal training.) • Consultation advice from EP.

Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SENCO. • Additional adults routinely used to support flexible groupings and differentiation. • Mainstream class with enhanced differentiation, regular targeted small group support. • Time limited programmes of small group work based on identified need. • Opportunities for 1:1 support focused on specific targets, with outcomes closely monitored. 	<ul style="list-style-type: none"> • Consultation advice from EP.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Differentiation by presentation, activity and/or outcome. • Simplify level/pace/amount of teacher talk. • Emphasis on identifying and teaching gaps in knowledge and skills. • Opportunities for skill reinforcement/revision/transfer and generalisation. • Formal teaching of vocabulary and concepts. 	
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with Special Educational Needs and Disability (SEND), e.g. via a Provision Map. • Full inclusion within the curriculum through use of differentiation and group support. • Activities planned through QFT with emphasis on concrete, experiential and visual supports. • Multi-sensory learning opportunities. • Strategies employed to encourage cognitive engagement, transferring and generalising learning e.g. Thinking Skills 	<ul style="list-style-type: none"> • Web based CCC Local Offer. • Web based teaching resources and suggestions on CCC website: www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/

	<p>and problem solving.</p> <ul style="list-style-type: none"> • Links established between new and prior learning with support from review and over learning techniques. 	
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Band 2 - Moderate SEND - Early Help		
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Descriptor	<ul style="list-style-type: none"> • Attainment is more than two years behind national expectations despite targeted differentiation. • Progress with acquisition of some or all skills is slower than average. Makes progress when given appropriate support, but does not 'catch up' with peers. • General difficulties in the acquisition and use of language/literacy/numeracy skills. • Moderate difficulties with independent working and needs the support of an adult and a modified curriculum. • Cognitive assessment by an EP shows weaknesses/atypical learning strategies or abilities which are affecting child or young person's ability to learn and/or retain skills & information. Where standardised tests are used, the overall score will normally be at least 2 standard deviations below the mean/standardised score 70 or below. • A medical diagnosis may be in place. <p>Difficulties in learning persist and there is a continuing need for support to be tailored to the child or young person.</p>	
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	Setting/Governing Body	Local Authority
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Assessment and Planning	<p>As in Band 1</p> <ul style="list-style-type: none"> • SENCO involved in more specific assessment and observations e.g. B Squared/Performance Indicators for Valued Assessment Target Setting (PIVATS), specific screening tools. • Curriculum plan reflects levels of achievement; progress is tracked via school tracking. 	<p>As in Band 1</p> <ul style="list-style-type: none"> • Consultation advice from EP. This could include detailed observation and/or individual assessment, as well as participation in monitoring and reviewing arrangements. • Advice from external specialist e.g. EP is incorporated into target setting, planning and support.
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	<ul style="list-style-type: none"> • There is evidence of systematic monitoring and recording of progress in terms of the effectiveness of interventions. 	
Teaching and Learning Environment	<p>As in Band 1</p> <ul style="list-style-type: none"> • Mainstream class with enhanced differentiation, regular targeted small group support. • Precision teaching. • Time limited programmes of small group work based on identified need. • Opportunities for 1:1 support focused on specific targets, with outcomes closely monitored. • Advice from Learning Support Department is reflected in targets. 	As in Band 1
Human Resources and Staffing	<p>As in Band 1</p> <ul style="list-style-type: none"> • Parents are fully informed of school provision for child or young person and involved in decisions about interventions to meet the child or young person`s needs. • Main provision by class/subject teacher with support from SENCO and advice from EP. • Additional adult, under the direction of teacher, provides sustained targeted support on an individual/group basis. • May include individual teaching on a time limited basis, entry and exit criteria clearly stated. 	As in Band 1

Curriculum and Teaching Methods	<p>As in Band 1</p> <ul style="list-style-type: none"> • Quality First teaching. • Use of direct instruction methods. • Programme includes differentiated and modified tasks within an inclusive curriculum. • Modify level/pace/amount of teacher talk to pupils' identified need. • Programmes to consist of small achievable steps. • Pre teach concepts and vocabulary. • Multi-sensory learning opportunities. • Emphasis on using and applying and generalisation of skills. • Individual targets within group programmes and/or 1:1 carefully monitored and reviewed. 	<p>As in Band 1</p>
Resources and Intervention Strategies	<p>As in Band 1</p> <ul style="list-style-type: none"> • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. • Adults use the developmental level of language appropriate to the child or young person in questioning and explanation. • Simple Thinking Skills activities Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising. • Use real objects where ever possible. • Individual reading, individual maths. • TEACCH method or similar may be used to meet individual needs including work system/busy box, visual timetable. 	<p>As in Band 1</p> <ul style="list-style-type: none"> • EPs may suggest particular resources or strategies to suit the child or young person's needs or may informally advise/train staff about these.

	<ul style="list-style-type: none"> • QFT is supplemented by appropriate small group work with close monitoring in place. • Individualised programmes are incorporated into provision. Clear entry and exit criteria. • The child or young person experiences success through carefully planned interventions and expectations. 	
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Band 3 - Severe SEND- EHCP		
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<p>Descriptor</p>	<ul style="list-style-type: none"> • Attainment is more than three years behind expected level despite differentiated learning opportunities and concentrated support. • Progress with acquisition of some or all skills is much slower than average: gap between/young person’s skills and those generally expected at their age is increasing. • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills. • Needs persist and appear resistant to previous interventions. • Cognitive assessment by an EP shows weaknesses/atypical learning strategies or abilities which are affecting child or young person’s ability to learn and/or retain skills & information. Where standardised tests are used, the overall score will normally be at least 3 standard deviations below the mean/standardised score 55 or below. • Some social and independence skills may be slow to develop: this might affect social relationships and require direct teaching/modified curriculum. • A medical diagnosis may be in place. <p>Difficulties in learning are more severe and give rise to an increased gap between the child or young person’s skills and those of peers.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 2</p> <ul style="list-style-type: none"> • SENCO will follow advice from assessment by EP and the involvement of education and non-education professionals as appropriate. • Reviews will take note of evidence based need to move towards an EHCP. • Curriculum plans and progress will be closely monitored by school tracking system. • Targets will be individualised, short term and specific (SMART or SCRUFFY). • Continued regular engagement of parents/carers. 	<p>As in Band 2</p> <ul style="list-style-type: none"> • Consultation advice from EP. This could include detailed observation and/or individual assessment, as well as participation in monitoring and reviewing arrangements. • Following implementation of an EHCP, Specialist Advisory Teacher (SAT) from the SEND Teaching Support Team (SEND TST) will become involved and offer support and advice. • Local Authority (LA), SEND team will monitor progress through the statutory review will advise school about managing the SEND process so as to meet the child or young person's needs.
Teaching and Learning Environment	<p>As in Band 2</p> <ul style="list-style-type: none"> • Mainstream class, predominantly working on differentiated curriculum tasks. • Frequent opportunities for small group work based on identified need. • Daily opportunities for 1:1 support focused on specific targets. • Grouping needs to be flexible and include positive peer models with input from class teacher as well as additional adults. • There may be a higher level of need for a quieter environment or a change of environment to be made available, and for the child or young person to be supported to access this appropriately. 	<p>As in Band 2</p>

Human Resources and Staffing	<p>As in Band 2</p> <ul style="list-style-type: none"> • Main provision by class/subject teacher with support from SENCO and advice from EP and non-education professionals as appropriate. • A consistent structured environment may include withdrawal, carefully monitored and planned by class teacher for a specific target. • Additional adult, under the direction of the teacher provides sustained targeted support on an individual/group basis. Clear monitoring of effectiveness of interventions. • Additional adult to be trained to deliver interventions and support. 	<p>As in Band 2</p> <ul style="list-style-type: none"> • LA will provide agreed level of top-up funding, as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • LA to monitor the use of these funds. • Visits, telephone and email support will be provided by the LA SEND TST: this will involve participation in monitoring and reviewing, but also responding to needs as they arise.
Curriculum and Teaching Methods	<p>As in Band 2</p> <ul style="list-style-type: none"> • Quality First teaching plus tasks and presentation increasingly individualised and differentiated in an inclusive curriculum. • Structured teaching such as TEACCH. • Visual cues to support auditory information at all stages of delivery. • Individualised level/pace/amount of teacher talk. Ensure transfer and generalisation of skills has occurred before teaching anything new. • Small steps and targets within group programmes and/or 1:1 • Extra opportunities to practise generalise and adapt new skills so that they can be retained and applied. • Alternative ways of recording as appropriate. 	<p>As in Band 2</p>

<p>Resources and Intervention Strategies</p>	<p>As in Band 2</p> <ul style="list-style-type: none"> Personalised forms of highly structured interventions. 	<p>As in Band 2</p> <ul style="list-style-type: none"> SEND TST/EP may suggest particular resources or strategies to suit the child or young person’s needs. SEND TST/ EP may advise/train staff about resources or strategies.
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Band 4 - More Severe SEND

<p>Descriptor</p>	<ul style="list-style-type: none"> Attainment is more than three years behind expected level despite differentiated learning opportunities and concentrated support. Progress with acquisition of all skills is much slower than average. Progress can only be measured by using very fine-grained targets. Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, and out of school activities. Needs persist and appear resistant to previous interventions. High level of cognitive impairment that is a lifelong disability and significantly impacts on social development and independence. May need explicit teaching and support for self-help skills and practical tasks. Cognitive assessment by an EP is unlikely to include standardised test results, at this level. Where standardised tests are used, the overall score will normally be at least 3 standard deviations below the mean/standardised score 55 or below. Significant cognitive impairment severely restricts access to the curriculum and ability to work independently. Whole curriculum and its delivery are likely to need planning around individual needs, with regular advice from specialist staff to enable that. May require specialist provision. May have difficulties in communication and interaction. A medical diagnosis is likely to be in place. May have sensory issues: seeking stimulation, or over-sensitivity. Child or young person may need intensive staff support to keep them and other children and young people safe, e.g. to manage challenging behaviour or self-stimulation. <p>Difficulties in learning require support in all curriculum areas and other activities. EHCP in place.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 3</p> <ul style="list-style-type: none"> • SENCO takes advice from assessment by EP and the involvement of education and non-education professionals as appropriate. • Curriculum plans and progress are closely monitored by school tracking systems. • Targets are individualised, short term and specific use B squared /PIVATs to set targets. • Continued regular engagement of parents. 	<p>As in Band 3</p> <ul style="list-style-type: none"> • Following implementation of an EHCP, SAT will become involved offering support and advice and contribute to reviews.
Teaching and Learning Environment	<p>As in Band 3</p> <ul style="list-style-type: none"> • Mainstream class, predominantly working on differentiated curriculum tasks. • Frequent opportunities for small group work based on identified need. Daily opportunities for 1:1 support focused on specific targets. 	<p>As in Band 3</p>
Human Resources and Staffing	<p>As in Band 3</p> <ul style="list-style-type: none"> • Main provision by class/subject teacher with support from SENCO and follows from specialist teacher and non-education professionals as appropriate. • A consistent structured environment may include withdrawal, carefully monitored, and planned by class teacher for a specific target. • Additional adult, under the direction of the teacher provides sustained targeted support on an 	<p>As in Band 3</p> <ul style="list-style-type: none"> • Where specialist provision is required, LA staff will engage with assessing the suitability of available settings, and with monitoring progress once the child or young person is placed in a setting.

	<p>individual/group basis.</p> <ul style="list-style-type: none"> • Clear monitoring of effectiveness of interventions. Additional adult to be trained to deliver interventions and support. 	
<p>Curriculum and Teaching Methods</p>	<p>As in Band 3</p> <ul style="list-style-type: none"> • Quality First Teaching plus tasks and presentation increasingly individualised and differentiated in an inclusive curriculum • Visual cues to support auditory information at all stages of delivery. • Individualised level/pace/amount of teacher talk. Ensure transfer and generalisation of skills has occurred before teaching anything new. • Small steps targets within group programmes and/or 1:1 e.g. Picture Exchange Communication system (PECs). • Tasks and presentation are personalised to the child or young person’s needs and monitored regularly to ensure remain appropriate. • Developing functional literacy and numeracy skills. 	<p>As in Band 3</p>
<p>Resources and Intervention Strategies</p>	<p>As in Band 3</p> <ul style="list-style-type: none"> • Developing independent learning skills. • ICT. Supportive and assistive use of technology to support learning. 	<p>As in Band 3</p>

Band 5 - Profound SEND		
Descriptor	<ul style="list-style-type: none"> • Profound learning difficulties with cognitive impairment profoundly restricting access to the curriculum and requiring specialist provision. • Profound learning difficulties with another significant barrier to learning e.g. DLD/Sensory/Physical/ASC. • Substantial and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, with the curriculum and out of school activities. The whole curriculum and its delivery is likely to need planning around individual needs, with ongoing input from specialist staff. • Complex and severe language and communication difficulties. • Profound and persistent difficulties that impact on all aspects of daily life; lifelong disability. • Cognitive assessment by an EP is unlikely to include standardised test results, at this level. • A medical diagnosis is likely to be in place. <p>Profound learning difficulties with additional needs, impacting all aspects of child or young person’s life and requiring lifelong support.</p> <p>EHCP in place.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 4</p> <ul style="list-style-type: none"> • SENCO takes advice from assessment by EP and the involvement of education and non-education professionals as appropriate. • Curriculum plans and progress are closely and regularly monitored. • Targets are individualised, short term and specific use B squared/PIVATs to set targets. • Continued regular engagement of parents. 	<p>As in Band 4</p>

	<ul style="list-style-type: none"> • Rely on education and outside professionals for assessment and advice. 	
<p>Teaching and Learning Environment</p>	<p>As in Band 4</p> <ul style="list-style-type: none"> • Mainstream class, predominantly working on modified curriculum tasks. • Frequent opportunities for small fluid group work based on identified need. • Daily opportunities for 1:1 support focused on specific targets. 	<p>As in Band 4</p>
<p>Human Resources and Staffing</p>	<p>As in Band 4</p> <ul style="list-style-type: none"> • Main provision by class/subject teacher with support from SENCO and advice from specialist teacher and non-education professionals as appropriate. • A consistent structured environment may include withdrawal, carefully monitored, and planned by class teacher for a specific target. • Additional adult, under the direction of the teacher provides sustained targeted support on an individual/group basis. • Clear monitoring of effectiveness of interventions. Additional adult to be trained to deliver interventions and support. 	<p>As in Band 4</p>

<p>Curriculum and Teaching Methods</p>	<p>As in Band 4</p> <ul style="list-style-type: none"> • Modified class curriculum. • Quality First Teaching plus tasks and presentation increasingly individualised and modified in an inclusive curriculum. • Visual cues to support auditory information at all stages of delivery. • Individualised level/pace/amount of teacher talk. Ensure transfer and generalisation of skills has occurred before teaching anything new. • Small steps targets within group programmes and/or 1:1 developing functional skills. • Tasks and presentation are personalised to the child or young person's needs and monitored regularly to ensure remain appropriate. • Emphasis on literacy, numeracy PSHCE and ICT (computeracy). • Tasks and presentation are personalised to the child or young person's needs and as R4 (1) monitored regularly to ensure remain appropriate. 	<p>As in Band 4</p>
<p>Resources and Intervention Strategies</p>	<p>As in Band 4</p> <ul style="list-style-type: none"> • Extreme modification of curriculum and group activities carefully monitored to ensure the pupil is not isolated or excluded. • Pupil still included in activities wherever appropriate combined with a bespoke highly individualised strategy for teaching. • Plus emphasis on using real objects and experiences for all activities, and visual support throughout Specialist ICT hard and software. 	<p>As in Band 4</p>

	<ul style="list-style-type: none"> • Augmentative and Alternative Communication (AAC) systems to support communication environment. Specialist equipment to promote self-help, physical access and mobility. • Appropriate indoor and outdoor provision in a safe and secure setting. • Specialist hygiene facilities if necessary. • Access to specialist educational and non-educational services. 	
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Band 6 - Exceptional SEND		
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Descriptor	<ul style="list-style-type: none"> • Complex needs include medical difficulties which require intensive, continuous monitoring and treatment. • Finds transitions and changes in life outside school very difficult to cope with. Requires highly intensive support with this. • There is clear evidence that the child or young person’s needs cannot be met at Band Five, and there is a clear plan, with monitoring and review arrangements, for how the needs could be addressed with the use of additional resources. <p>Profound learning difficulties with additional needs, impacting all aspects of life and requiring lifelong support. In addition, circumstances give rise to the need, either temporary or permanent, for a higher level of support than Band Five.</p>	
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	Setting/Governing Body	Local Authority
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Assessment and Planning	<p>As in Band 5</p> <ul style="list-style-type: none"> • Where child or young person is in an independently run setting, the setting will provide regular, detailed feedback to the LA about their progress and plans for their next steps. 	<p>As in Band 5</p>
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Teaching and Learning Environment	As in Band 5	As in Band 5
Human Resources and Staffing	As in Band 5	As in Band 5 <ul style="list-style-type: none"> • Even more intensive support required.
Curriculum and Teaching Methods	As in Band 5	As in Band 5 <ul style="list-style-type: none"> • Even more specific and intensive support required.
Resources and Intervention Strategies	As in Band 5	As in Band 5 <ul style="list-style-type: none"> • Even more specific and individualised strategies required.

5. Deafness and Hearing Impairment (D/HI)

Part 1 - Introduction and Overview

Information about hearing loss/deafness

There are two types of hearing loss. These are described as **conductive** and **sensori-neural**. A child can have a **mixed hearing loss** which means they have both a conductive and sensori-neural loss.

A **conductive** hearing loss

- Usually temporary and can come and go
- Extremely common in young children
- Can have a significant effect on concentration, attention and language development and behaviour
- Sometimes the child is prescribed hearing aids to use on a temporary basis.

A **sensori-neural** loss

- Permanent
- Much less common (0.1% of children are born with a permanent loss)
- Can be described as “mild”, “moderate”, “severe” or “profound” in its severity
- Likely to necessitate the use of hearing aids or a cochlear implant
- Likely to have a significant effect on development, without appropriate intervention and support.

What to do if you suspect a child has a hearing loss.

If staff in your school or setting are concerned that a child may have a hearing loss, consider the following questions:

- Does the child have frequent colds or ear infections?
- Does the child regularly breathe through his/her mouth?
- Does the child miss spoken information?

- Does the child frequently say “What? or Pardon?”
- Does the child have poor attention and appear to “switch off”?
- Does the child need to watch to keep up?
- Does the parent/carer have any concerns about their child’s hearing?
- Is the child’s speech difficult to understand?

If you have answered yes to a number of these questions it may be that the child has a hearing difficulty. In conjunction with parents/carers you can:

- Request the child’s hearing is tested by the school screening Audiometrician
- Suggest the parent/carer contacts their GP or health visitor
- Begin an Early Help Assessment. NB: Request for support from the Special Education Needs and Disability Teaching Support Team (SEND TST) for D/HI would require medical evidence of hearing loss.

An Education, Health and Care Plan (EHCP) will generally be required when the child experiences severe to profound difficulties in accessing the curriculum (Band 3 or above).

The child or young person may have delayed language (below the level of the average hearing child 42 - 48 months) as a result of their hearing loss – see band 3A, 4A or 5A. Or, a child or young person of any age whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum – See Band 3B, 4B or 5B.

Where there is an unusual pattern of hearing loss, or a child is very young, consideration will be given on an individual basis.

It is acknowledged that children and young people may experience multiple difficulties e.g. hearing loss, learning difficulties and autism. The needs of more complex children or young people will be considered on an individual basis.

Part 2 – Band Descriptors		
Band 1 (Mild SEND)	<p>Child or young person has been identified with a temporary hearing loss due to glue ear. They may have been prescribed hearing aids or have grommets.</p> <p>There are concerns that the hearing loss is having an impact on language development, behaviour, listening and/or attention.</p> <p>At this band level, it is expected that schools and settings will meet needs from their delegated resources albeit with the advice from external specialists.</p>	
Band 2 (Moderate SEND-Early Help)	<p>Child or young person has been identified with a temporary or permanent hearing loss. Child or young person may have been prescribed hearing aids or have grommets. Child or young person may have been allocated hearing equipment which requires regular monitoring of functional use and maintenance. Child or young person is not making appropriate progress as a direct result of their hearing loss and/or support strategies are not appearing to be effective. Child or young person may be showing some signs of anxiety as a result of their hearing loss, which affects their emotional well-being. This may be despite making academic progress.</p> <p>At this band level, it is expected that schools and settings will meet needs from their delegated resources albeit with the advice from external specialists.</p>	
Band 3 (Severe SEND- EHCP)	<p>Band 3A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p>	<p>Band 3B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning</p>

	<p>Nursery or Reception child who has language assessed as between 12 - 24 months below chronological age.</p> <p>This is the point at which it is expected that resources additional to those delegated to schools and settings will be required to meet needs and a statutory assessment for an education health and care plan will be appropriate.</p>	<p>and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 16 - 22 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 16 -19 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater with a score of 16 -19 score on EHCP eligibility criteria. <p>This is the point at which it is expected that resources additional to those delegated to schools and settings will be required to meet needs and a statutory assessment for an education health and care plan will be appropriate.</p>
<p>Band 4 (More Severe SEND)</p>	<p>Band 4A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Nursery or Reception pupil who has language assessed as more than 24 months below chronological age.</p>	<p>Band 4B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 23 - 24 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 20 - 23 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater 20 - 23 on EHCP eligibility criteria.

<p>Band 5 (Profound SEND)</p>	<p>Band 5A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Children in Year 1 or above with language levels below those of an average 42 - 48 month child.</p>	<p>Band 5B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 25 and above on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 24 and above on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater with a score of 24 and above on EHCP eligibility criteria.
<p>Band 6 (Exceptional SEND)</p>	<ul style="list-style-type: none"> • Child or young person may be a British Sign Language (BSL) first language user, who is not accessing English via speaking and listening. They may need Sign Supported English throughout the day. • Child or young person may require residential placement as their needs cannot be met within the Local Authority (LA). • Child or young person who has profound and complex difficulties in addition to their hearing loss. Their needs cannot be met in mainstream LA provision. 	

Part 3 - Provision		
Band 1 – Mild SEND		
Descriptor	<p>Child or young person identified with a temporary hearing loss due to glue ear. They may have been prescribed with hearing aids or have grommets.</p> <p>There are concerns that the hearing loss is having an impact on language development, behaviour, listening and/or attention.</p> <p>Consideration may be given to requesting an Early Help Assessment.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Normal curriculum plans which may include individual or group targets. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Child or young person is part of school and class assessments. • Identify child or young person's strengths as well as areas of additional need. 	
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class. • Must have attention to seating, lighting and listening environment/acoustics. 	

Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher. • Must have attention to correct hearing aid use. 	
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within the curriculum. 	
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Generic support, advice and guidance available to school via Cumbria County Council (CCC) Local Offer, for example need for daily checking of hearing aids. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • Joint written advice by hospital Audiology Department and SEND TST via the Paediatric Hearing Aid Clinic (PHAC). • Web based advice via CCC Local Offer. • Contact can be made with SEND TST if any concerns in the future.

Band 2 – Moderate SEND – Early Help

Descriptor	<p>Child or young person identified with a temporary or permanent hearing loss. Child or young person may have been prescribed with hearing aids or have grommets. Child or young person may have been allocated equipment which requires regular monitoring of functional use and maintenance. Child or young person is not making appropriate progress as a direct result of their hearing loss, or support strategies are not appearing to be effective. Child or young person may be showing some signs of anxiety as a result of their hearing loss, which affects their emotional well-being. This may be despite making academic progress.</p> <p>Early Help process started. Team around the child or young person/family may be in place.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person's needs will be identified and they will have an individual plan e.g. IEP. • Curriculum plans will include individual or group targets and must reflect levels of achievement. • Strategies employed to ensure the voice of the child or young person is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Child or young person is part of school and class assessments. • Identify child or young person's strengths as well as areas of additional need. • Advice from external specialist e.g. Educational Psychologist (EP) or Specialist Advisory Teacher (SAT) is incorporated in to target setting, planning and support. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting. • Strategies employed to ensure child or young person's voice is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> • Advice provided as part of Early Help process. • Possible use of speech audiometry and other specialist tools to assess access to spoken language, and if a radio aid system is required. • Regular electroacoustic assessment of hearing aids by Teacher of the Deaf (ToD) or sensory Higher Level Teaching Assistant (HLTA). • Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class with opportunities for 1:1, small group work and interventions e.g. specific vocabulary work, pre and post teaching. • Must have attention to seating, lighting and listening environment/acoustics. 	
Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher. • Must have attention to correct hearing aid use. • Key information about the child or young person to be 	<ul style="list-style-type: none"> • Liaison with school staff including SENCO, Class Teacher, Key Worker, Teaching Assistant (TA). • Liaison with Health.

	shared with key staff including supply staff.	<ul style="list-style-type: none"> • Liaison with parents/carers.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within the curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support e.g. visual timetable, visual dictionary, glossary, subtitles. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010, via discussion, written advice and/or INSET.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • If child or young person is eligible, provide and maintain radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide training on the use, day to day management and checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET. • Advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits FAO parents/carers and setting/school. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources e.g. local offer, early support materials, information leaflets on deafness, link to organisation such as National Deaf Children's Society (NDCS).

Band 3 – Severe SEND EHCP		
Descriptor	<p>Band 3A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Nursery or Reception pupil who has language assessed as between 12 - 24 months below chronological age.</p> <p>Band 3B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 16 -22 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 16-19 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater 16-19 score on EHCP eligibility criteria. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person's needs will be identified and they will have an individual plan, e.g. IEP. • Curriculum plans will include individual or group targets and must reflect levels of achievement. • Provide opportunities for parents/carers to meet with key staff and for them to play an active role in planning the 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from ToD. • Strategies employed to ensure child or young person's voice is taken in to account in planning and delivery. <p>Assessment</p>

	<p>outcomes and a solution focused plan. E.g. IEP.</p> <ul style="list-style-type: none"> Strategies employed to ensure child or young person's voice is taken in to account in planning and delivery. <p>Assessment</p> <ul style="list-style-type: none"> Child or young person is part of school and class assessments. Regular review of individual targets. Child or young person may require modification to the presentation of assessments. Identify child or young person's strengths as well as areas of additional need. Advice from external specialist e.g. EP or SAT is incorporated in to target setting, planning and support. 	<ul style="list-style-type: none"> Possible use of speech audiometry and other specialist tools to assess access to spoken language and whether a radio aid system is required. A battery of specialist assessments e.g. speech discrimination, LIFE UK, acoustic toolkit assessment, Reynell, British Picture Vocabulary Scale (BPVS), Assessment of Comprehension and Expression (ACE), Edinburgh Reading Test (ERT), South Tyneside Assessment of Syntactic Structures and South Tyneside Assessment of Phonology (STASS STAP), which will monitor progress and inform future targets and outcomes. Regular electroacoustic assessment of hearing aids by ToD or sensory HLTA. Conduct observations aimed at supporting effective use of specialist advice and equipment. Provide written feedback on observations. Liaison with other professionals involved (e.g. audiology/ Ear Nose and Throat (ENT), Speech and Language Therapist (SALT). Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> Fully included in mainstream class. Opportunities for 1:1, small group work and interventions e.g. specific vocabulary work, pre and post teaching. Must have attention to seating, lighting and listening environment/acoustics. 	<ul style="list-style-type: none"> Advice from a ToD on curriculum and teaching methods.
Human Resources and Staffing	<ul style="list-style-type: none"> Main provision by class/subject teacher with advice from ToD. Access to trained adult who will reinforce lesson content, 	<ul style="list-style-type: none"> Liaison with school staff including SENCO, Class Teacher, Key Worker, TA. Liaison with Health.

	<p>deliver modified curriculum tasks, support language development.</p> <ul style="list-style-type: none"> • Staff will have appropriate communication skills. • Must have attention to correct hearing aid use, including ensuring aids are worn, are working and checked daily as recommended by the SAT. • Key information about the child or young person to be shared with key staff including supply staff. • Key staff working with child or young person to attend training provided by SAT. 	<ul style="list-style-type: none"> • Liaison with parents/carers. • Half-termly electro-acoustic hearing aid checks. • Monitoring visits to speak to child or young person/SENCO. • Assess, issue and monitor radio aid – as appropriate. • Provide INSET- as required. • ToD will provide written visit notes and or report circulated to school/setting family and hospital.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within the curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support e.g. visual timetable, visual dictionary, glossary, subtitles. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Specific interventions e.g. for speaking, listening and teaching of phonics. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI children and young people, as per Equality Act, 2010, via discussion, written advice and/or INSET. • As appropriate ToD will provide advice on development and implementation of individual teaching programme to develop language and communication, listening, literacy, numeracy.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Take responsibility for care & maintenance and appropriate use of any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings including any additional 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds. • If eligible provide and maintain radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide training on the use, day to day management and

	<p>funding from the LA to support children and young people with SEND e.g. via a provision map.</p>	<p>checking procedures of the child or young person’s audiological equipment, via discussion, written advice and/or INSET.</p> <ul style="list-style-type: none"> • Advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on suitable resources e.g. local offer, early support materials, information leaflets on deafness, link to organisation such as NDCS.
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Band 4 – More Severe SEND

<p>Descriptor</p>	<p>Band 4A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Nursery or Reception pupil who has language assessed as more than 24 months below chronological age.</p> <p>Band 4B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p>
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	<ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 23 - 24 on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 20 - 23 on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater 20 - 23 on EHCP eligibility criteria. 	
	<p>Setting/Governing Body</p>	<p>Local Authority</p>
<p>Assessment and Planning</p>	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group targets and must reflect levels of achievement and include individually focused plan. • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • Advice from external specialist e.g. EP or SAT is incorporated in to target setting, planning and support. <p>Assessment</p> <ul style="list-style-type: none"> • Part of school and class assessments. • Evidence of regular review of individual targets. • May require modification to the presentation of assessments. • Identify child or young person’s strengths as well as areas of additional need. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from ToD. • Strategies employed to ensure voice of the child or young person is taken in to account in planning and delivery. • May advise and work alongside staff to produce an individual language plan with suggested outcomes and resources. <p>Assessment</p> <ul style="list-style-type: none"> • Possible use of speech audiometry and other specialist tools to assess access to spoken language and whether a radio ad system is required. • A battery of specialist assessments including e.g. speech discrimination, LIFE UK, acoustic toolkits assessment, Reynell, BPVS, ACE, ERT, STASS STAP, which will monitor progress and future targets and outcomes. • Regular electroacoustic assessment of hearing aids by ToD or sensory HLTA. • Provide feedback on observation aimed at assessing effective use of specialist advice and equipment by ToD or sensory HLTA. • Liaison with other professionals involved (e.g. audiology/ ENT, SALT) by ToD or sensory HLTA.

		<ul style="list-style-type: none"> Identify child or young person's strengths as well as areas of additional need.
Teaching and Learning Environment	<ul style="list-style-type: none"> Fully included in mainstream class. Frequent opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching (<i>reference here to provision of evidence, over and above, additional and different – standard across all specialisms</i>). Must have attention to seating, lighting and listening environment/acoustics. 	<ul style="list-style-type: none"> Advice from a ToD on curriculum and teaching methods.
Human Resources and Staffing	<ul style="list-style-type: none"> Must have main provision by class/subject teacher with advice from ToD. Must have additional adults with appropriate training under the direction of the teacher and ToD to: <ul style="list-style-type: none"> reinforce lesson content deliver modified curriculum tasks support language development deliver and review language plan adapt and create tailor made resources Should have specialist support staff with appropriate communication skills. Must have attention to correct hearing aid use, including ensuring aids are worn, are working and checked daily as recommended by the SAT. Encourage increasing independence in management of equipment and self-advocacy as a deaf child or young person. Key information about the child or young person to be shared with key staff including supply staff. Key staff working with child or young person to attend 	<ul style="list-style-type: none"> Liaison with school staff including SENCO, Class Teacher, Key Worker, TA. Liaison with Health. Liaison with parents/carers. Half-termly electro-acoustic hearing aid checks. More frequent monitoring visits to speak to child or young person/SENCO. Possible input of ToD or sensory HLTA to model and or deliver individual packages of support e.g. Personal Understanding of Deafness (PUD). Assess, issue and monitor radio aid – as appropriate. Provide INSET- as required. ToD will provide written visit notes and or report circulated to school/setting family and hospital.

	training provided by SAT.	
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within The Curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Specific interventions e.g. for speaking, listening and teaching of phonics. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI children or young people, as per Equality Act, 2010, via discussion, written advice and/or INSET. • As appropriate ToD will provide advice e.g. on development and implementation of teaching programme to provide enriched language input, develop listening and communication skills, literacy. • ToD provide advice and suggested resources around social emotional development.
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Take responsibility for care & maintenance and appropriate use for any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings including any additional funding from the LA to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds. • If eligible provide radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide additional training on the use, day to day management and checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET. • Additional advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Information (<i>see wording in Quality Standards, e.g. NDCS</i>).

		<ul style="list-style-type: none"> • Contact can be made with SEND TST if any concerns between visits. • Sign post and offer advice on additional suitable resources.
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Band 5 – Profound SEND	
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Descriptor	<p>Band 5A</p> <p>Deaf and Hearing Impaired children with a hearing aid or cochlear implant, whose language is less developed than the average hearing child of 42 - 48 months, will have their provision based on the extent to which their language development is delayed as a result of their deafness.</p> <p>Children in Year 1 or above with language levels below those of an average 42-48 month child.</p> <p>BAND 5B</p> <p>Deaf and Hearing Impaired children [of any age] whose language has developed beyond the level of the average hearing child of 42 - 48 months will have their provision based on the extent of their deafness, any additional factors and the impact this has on language and communication development and on access to learning and the curriculum.</p> <ul style="list-style-type: none"> • For average hearing loss 56 – 80 dBHL with a score of 25 and above on EHCP eligibility criteria. • For average hearing loss 81 – 95 dBHL with a score of 24 and above on EHCP eligibility criteria. • For average hearing loss 96 dBHL or greater with a score of 24 and above on EHCP eligibility criteria.
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Planning</p> <ul style="list-style-type: none"> • Child or young person will be identified and will have an individual plan, e.g. IEP. • Curriculum plans which will include individual or group targets and must reflect levels of achievement and include individually focused plan. • Provide opportunities for parents/carers to meet with key staff and play an active role in planning and outcomes of meeting to include solution focused plan. E.g. IEP. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery • Advice from external specialist e.g. EP or SAT is incorporated in to target setting, planning and support. <p>Assessment</p> <ul style="list-style-type: none"> • Part of school and class assessments. • Evidence of regular review of individual targets. • May require modification to the presentation of assessments. • Identify child or young person's strengths as well as areas of additional need. 	<p>Planning</p> <ul style="list-style-type: none"> • Advice on target setting from ToD. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Will advise and work alongside staff to produce an individual language plan with suggested outcomes and resources. <p>Assessment</p> <ul style="list-style-type: none"> • Possible use of speech audiometry and other specialist tools to assess access to spoken language and whether a radio aid system is required. • A battery of specialist assessments including e.g. speech discrimination, LIFE UK, acoustic toolkits assessment, Reynell, BPVS, ACE, ERT, STASS STAP, which will monitor progress and future targets and outcomes. • Regular electroacoustic assessment of hearing aids by ToD or sensory HLTA. • Provide feedback on observation aimed at assessing effective use of specialist advice and equipment by ToD (e.g. audiology/ ENT, SALT) by ToD or sensory HLTA. • Identify child or young person's strengths as well as areas of additional need. • Language plan will be assessed and impact/outcomes monitored by ToD. • Assessment regarding appropriateness of sign support.

Teaching and Learning Environment	<ul style="list-style-type: none"> • Fully included in mainstream class. • Frequent opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching (<i>reference here to provision of evidence, over and above, additional and different – standard across all specialisms</i>). • Must have attention to seating, lighting and listening environment/acoustics. 	<ul style="list-style-type: none"> • Advice from a ToD on curriculum and teaching methods.
Human Resources and Staffing	<ul style="list-style-type: none"> • Must have main provision by class/subject teacher with advice from ToD. • Must have additional adults with appropriate training under the direction of the teacher and ToD to: <ul style="list-style-type: none"> ○ reinforce lesson content ○ deliver modified curriculum tasks ○ support language development ○ deliver and review language plan ○ adapt and create tailor made resources • Should have specialist support staff with appropriate communication skills e.g. sign language skills. • Must have attention to correct hearing aid use, including ensuring aids are worn, are working and checked daily as recommended by the SAT. • Encourage increasing independence in management of equipment and self-advocacy as a deaf child or young person. • Key information about child or young person to be shared with key staff including supply staff. • Key staff working with child or young person to attend training provided by SAT. 	<ul style="list-style-type: none"> • Liaison with school staff including SENCO, Class Teacher, Key Worker, TA. • Liaison with Health. • Liaison with parents/carers. • Half-termly electro-acoustic hearing aid checks. • More frequent monitoring visits to speak to child or young person/SENCO. • Possible input of ToD or sensory HLTA to model and or deliver individual packages of support e.g. Personal understanding of deafness (PUD). • Assess, issue and monitor radio aid – as appropriate • Provide INSET- as required. • ToD will provide written visit notes and or report circulated to school/setting family and hospital. • If appropriate specialist support staff with appropriate sign language skills /communication and or training.

<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Quality First Teaching. • Full inclusion within The Curriculum. • Evidence of reasonable adjustments to meet needs of D/HI child or young person, as per Equality Act, 2010. • Use of visual support. • Differentiation by presentation and/or outcome. • Opportunities for explanation, clarification and reinforcement of lesson content and language. • Specific interventions e.g. for speaking, listening and teaching of phonics. 	<ul style="list-style-type: none"> • Advice on reasonable adjustments to meet needs of D/HI children and young people, as per Equality Act, 2010, via discussion, written advice and/or INSET. • As appropriate ToD will provide advice e.g. on development and implementation of teaching programme to provide enriched language input, develop listening and communication skills, literacy. • ToD provide advice an suggested resources around social emotional development.
<p>Resources and Intervention Strategies</p>	<ul style="list-style-type: none"> • Provide a quiet room/space for the routine checking of amplification equipment and for the necessary withdrawal of the child or young person to work in favourable acoustic conditions. • Take responsibility for care & maintenance and appropriate use for any additional equipment provided by the LA. • Demonstrate the use of resources that are delegated to schools and settings including any additional funding from the LA to support children and young people with SEND e.g. via a provision map. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in EHCP, in addition to delegated resources. All of this will be spend on meeting the needs of the child or young person. • LA to monitor the use of these funds. • If eligible provide radio aid equipment for use in school. • Provide stetaclip and puffer if needed. • Provide additional training on the use, day to day management and checking procedures of the child or young person's audiological equipment, via discussion, written advice and/or INSET. • Additional advice on teaching and access strategies, via discussion, written advice and/or INSET. • Written feedback following visits to parents/carers and setting. • If appropriate, support regarding personal understanding of deafness and audiological independence. • Information. <i>(see wording in Quality Standards, e.g. NDCS).</i> • Contact can be made with SEND TST if any concerns

		<p>between visits.</p> <ul style="list-style-type: none"> • Sign post and offer advice on additional suitable resources. • BSL sign resources may be provided.
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Band 6 – Exceptional SEND

Descriptor	<ul style="list-style-type: none"> • Child or young person may be a BSL first language user, who is not accessing English via speaking and listening. They may need Sign Supported English throughout the day. • Child or young person may require residential placement as needs cannot be met within the LA. • Child or young person who has profound and complex difficulties in addition to their hearing loss and their needs cannot be met in mainstream LA provision. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Contribute to full assessment of need with multi agency involvement to consider appropriate placement. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need. • Advice from a specialist e.g. EP or SAT is incorporated in to target setting, planning and support. 	<ul style="list-style-type: none"> • LA will conduct a full assessment of need with multi agency involvement to consider appropriate placement. • Strategies employed to ensure voice of child or young person is taken in to account in planning and delivery. • Identify child or young person's strengths as well as areas of additional need.

<p>Teaching and Learning Environment</p>	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Fully included in mainstream class. • Frequent opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching (<i>Reference here to provision of evidence, over and above, additional and different – standard across all specialisms</i>). • Must have attention to seating, lighting and listening environment/acoustics (as appropriate). <p>LA Special school</p> <ul style="list-style-type: none"> • Fully included in all activities. • Opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching. • Must have attention to seating, lighting and listening environment/acoustics (as appropriate). <p>Residential placement</p> <ul style="list-style-type: none"> • Fully included in all activities. • Opportunities for 1:1 and small group work and interventions e.g. specific vocabulary work, pre and post teaching. • Must have attention to seating, lighting and listening environment/acoustics (as appropriate). 	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Advice from a ToD on curriculum and teaching methods. <p>LA Special school</p> <ul style="list-style-type: none"> • Advice from a ToD on curriculum and teaching methods as appropriate to complex need. <p>Residential placement</p> <ul style="list-style-type: none"> • Responsibility of specialist placement.
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<p>Human Resources and Staffing</p>	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Take responsibility for employing staff with appropriate level of signing skills and or communication support worker. <p>LA Special school</p> <ul style="list-style-type: none"> • As per special school. <p>Residential placement</p> <ul style="list-style-type: none"> • As per residential schools. 	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Will provide top up funding for setting to employ staff as identified in provision with the EHCP. <p>LA Special school</p> <ul style="list-style-type: none"> • Support use of any specialist audiological equipment. <p>Residential placement</p> <ul style="list-style-type: none"> • LA to monitor progress and appropriateness of placement and effective use of exceptionally funded resources e.g. via annual review.
<p>Curriculum and Teaching Methods</p>	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <p>LA Special school</p> <ul style="list-style-type: none"> • As per special school. <p>Residential placement</p> <ul style="list-style-type: none"> • As per residential school. 	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <p>LA Special school</p> <p>Residential placement</p>

<p>Resources and Intervention Strategies</p>	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Children and young people for whom it has been agreed to use BSL support- mainstream in LA, would need a Communication Support Worker. • Demonstrate the use of resources that are delegated to schools and settings including any additional funding from the LA to support children and young people with SEND e.g. via a provision map. <p>LA Special school</p> <p>Residential placement</p>	<p>BSL/Sign Supported English dependent user in LA mainstream setting</p> <ul style="list-style-type: none"> • Children and young people for whom it has been agreed to use BSL support – all ages and all school phases – an individualised package of support will be required. • LA will provide top up funding as identified in Table/Section 2.
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For Use by Local Authority Specialist Staff Only

Part 4 - SEND Teaching Support Team - Deafness and Hearing Impairment
5.1 Eligibility Criteria for Request of Assessment for an Education, Health and Care Plan

Name:	Date of Birth:	ToD:
Setting/Educational Placement:		Date:

1. This assessment **must** be completed by the SAT for D/Hi, from CCC SEND TST, involved with the child or young person.

Hearing loss reference table

The British Society of Audiology descriptors have been adopted to describe hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear.

Mild hearing loss	Unaided threshold 20 - 40 dBHL
Moderate hearing loss	Unaided threshold 41 - 70 dBHL
Severe hearing loss	Unaided threshold 71 - 95 dBHL
Profound hearing loss	Unaided threshold excess of 95 dBHL

NB In the following tables the 'Comments' box allows the entry of any information which may have guided the option selection.

Criterion 1: Degree of Hearing Loss (using British Society of Audiology Descriptions)		Score
a	Does not meet the minimum unaided threshold for classification of hearing loss. (Do not continue with the completion of the form)	0
b	Unilateral loss.	3
c	Mild loss or Moderate loss up to 55dB.	6
d	Average hearing loss 56 – 80 dBHL(includes top end of moderate loss and lower end of severe loss).	8
e	Average hearing loss 81 – 95 dBHL (includes top end of severe loss).	10
f	Average hearing loss 96 dBHL or greater (profound loss).	12
Comments		Child or Young Person Score

Criterion 2: Additional factors relating to D/HI		Score
a	No relevant additional factors.	0
b	Late diagnosis of presumed congenital, permanent hearing loss which continues to impact on language development.	2
	- Length of time from presumed onset to diagnosis is between 6 months and 2 years	5
	- Length of time from presumed onset to diagnosis is over 2 years.	5
c	Continuing assessment of D/HI required e.g. fluctuating condition deteriorating/degenerative/progressive loss.	5
d	Recently acquired permanent D/HI (within the last 6 months).	5
Comments		Child or Young Person Score

Criterion 3.1: Impact of the CYP's D/Hi on language and communication development		Score
a	Expected/better than expected progress in language without the need for further management strategies or SEND TST monitoring.	0
b	Expected progress given appropriate management strategies and SEND TST monitoring and advice.	4
c	Language and communication require targeted support from SEND TST.	8
Comments		Child or Young Person Score

Criterion 3.2: Impact of the child or young person's HI on access to learning and the curriculum (particularly English, mathematics and science)		Score
a	Expected/better than expected progress.	0
b	Less than expected progress.	4
c	Significantly less than expected progress.	6
Comments		Child or Young Person Score

Bands and Description/Scores

Band	Description/Score
Band 1 - (Mild SEND)	
Band 2 - (Moderate SEND-Early Help)	
Band 3 - (Severe SEND- EHCP)	
Band 4 - (More Severe SEND)	
Band 5 - (Profound SEND)	
Band 6 - (Exceptional SEND)	

Specialist Advisory Teacher	Name	Signature	Date
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6. Developmental Language Disorder (DLD)

Part 1 – Introduction and Overview

Introduction

Developmental Language Disorder or DLD (previously known as Specific Language Impairment or SLI) is a persistent type of speech, language and communication need that cannot be explained by an obvious cause. Children will take a longer period of time to develop speech and/or language skills and may not follow a typical pattern of development.

In this guidance the term DLD is used to refer to children and young people with a language and communication need that:

- falls behind that of other children of the same age
- upon cognitive assessment, the verbal ability is significantly lower than non-verbal abilities.
- interferes with everyday life and school achievement
- is not due to hearing impairment, physical abnormality, acquired brain damage, or lack of language experience.
- is not due to emotional, social or behavioural difficulties.
- is not a part of Autistic Spectrum Condition (ASC)
- is not a result of English as an additional language

All children and young people with DLD will have their needs met within mainstream school in accordance with Cumbria's policy on inclusion.

Key points when considering identification and referral:

- The main issue in determining support for children and young people with DLD is how those difficulties impact upon their access to the full curriculum and their ability to take part in classroom activities and participate in school life.
- Children or young people with DLD may already have been identified before entering school.
- Children's Services and NHS Cumbria Partnership Foundation Trust (CPFT) work together to offer appropriate skilled advice for children and young people with DLD.

This advice is dependent upon the age of the child or young person:

Early Years

- Speech (pronunciation) and Language (understanding and saying words and sentences) difficulties should be referred to the NHS Speech and Language Therapy Service using the Children's Physical Health Team Request for Assessment Form

Key Stage 1 onwards

- Language difficulties (understanding and saying words and sentences) should be referred to SEND TST (Complete the SEND Early Help Assessment Form) asking for the involvement of a Specialist Advisory Teacher: DLD (SAT: DLD). This can be obtained from the CCC Website and/or see Local Offer (INPUT LINK from CCC).
- Speech difficulties (pronunciation) should continue to be referred to CPFT as above (refer to the Speech and Language Therapy Service of NHS).

Overview

A child or young person about whom there may be concerns regarding their language and communication might have problems in or any combination of the following areas:

Receptive Language: understanding and making sense of what people say

This could include:

- Presenting with appropriate attention and listening.
- Auditory memory skills.
- Understanding the meaning of words and concepts.
- Understanding the rules and meaning of grammar and sentence structure.
- Following instructions and explanations.
- Understanding higher level language, for example, abstract vocabulary (where words are needed to describe meaning, for example, “trust” or “difference” as in maths), metaphor, and idiom.

Expressive Language: using words to convey meaning by speaking

This could include:

- Using vocabulary.
- Formulating sentences using appropriate grammar - i.e. pronouns, tenses and conjunctions.
- Using correct word order.
- Formulating spoken narrative - telling stories, recalling events.

Communication or Language Use: the way in which children and young people use language to interact

This could include:

- Use of voice: intonation, volume, rate, pitch, expression.
- Use of non-verbal communication skills: facial expression, gesture, body language.
- Pragmatic language skills: topic initiation and maintenance, conversational rules and turn talking.

N.B. This category would only be considered to be a specific area of need if observed in conjunction with other specific speech/language difficulties.

CCC Website will provide useful information/

www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/speechandlanguagedifficulties/default.asp

Cumbria Partnership NHS Trust (Speech and Language Therapy) will provide further information.

www.cumbriapartnership.nhs.uk/our-services/children-families/our-children-and-families-services/physical-health-team/childrens-speech-and-language-therapy

Part 2 - Band Descriptors	
<p>Band 1 (Mild SEND)</p>	<p>Setting/School is becoming concerned about a child or young person’s language and communication development.</p> <p>DLD may be an emerging but not yet clearly identified as the primary area of need; the child or young person has some difficulty with speaking or communication.</p> <p>The child or young person will present with some/all of the difficulties below and school will be collecting information and using their own expertise to deliver to the individual needs. These will affect curriculum access and social development.</p> <p>Difficulties include:</p> <ul style="list-style-type: none"> • Phonological awareness difficulties (such as awareness of the sounds in spoken words such as rhyme, alliteration, and syllabification) which impact on progress reading and spelling. • Speech (production of sounds) is understood by others but has some immaturities, which may impact on social interaction and the acquisition of literacy. • Difficulties with listening and attention that affect task engagement and independent learning. • Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the child or young person needs some support with listening and responding. • Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position). • Limited vocabulary, both expressive and receptive. • May rely heavily on non-verbal communication to complete tasks (adults gestures, copying peers) and this may mask comprehension weaknesses. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of DLD: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.
<p>Band 2 (Moderate SEND – Early Help)</p>	<p>DLD is identified as the primary area of need; the child or young person has some difficulty with language or communication. The child or young person will present with some/all of the difficulties identified in Band 1 above with school becoming increasingly concerned that these will moderately affect curriculum access and social development and refer to outside agencies for further advice.</p>

	<p>The child or young person will continue to demonstrate moderate and consistent language difficulties and is not making expected progress despite a number of interventions and Quality First Teaching.</p> <p>These language difficulties are becoming increasingly evident in comparison to other areas of development. Advice is sought and acted on from Specialist Advisory Teacher (SAT) or Speech and Language Therapist (SLT) through Early Help Request. This should include comprehensive detail of approaches and strategies already applied to support individual need.</p> <p>Following a review of short term intervention, it may be determined that the child or young person will require additional support and/or further specialised interventions and this review may indicate a request for statutory assessment.</p>
<p>Band 3 (Severe SEND - EHCP)</p>	<p>DLD will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals. There is little consistent progress despite focused intervention.</p> <ul style="list-style-type: none"> • Persistent delay against age-related language <u>norms</u> – refer to Universally Speaking. • Persistent difficulties that do not follow a typical developmental pattern • Severe impact on Curriculum Access. <p>The child or young person will demonstrate severe and continued difficulties despite the advice and monitoring of Speech and Language Therapist (SLT) or Specialist Advisory Teacher (SAT).</p> <p>Language demonstrates severe weakness compared to General Cognitive Skills.</p> <p>Language performance is at the 2nd Centile according to SLT/SAT Standardised Language Assessment.</p>
<p>Band 4 (More Severe SEND)</p>	<p>DLD is the primary area of need with the nature of the difficulty identified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>The child or young person will present with some/all of the difficulties as described at Band 3 and these will more severely affect curriculum access and social development. Assessment from SLT/SAT would indicate that the child or young person would benefit from continued advice from SLT/SAT and Additional Teaching support.</p>

	<ul style="list-style-type: none"> • Some or all aspects of language acquisition are significantly below age expected levels • More Severe impact on Curriculum Access. <p>The child or young person will present with more severe and continued difficulties, despite focused intervention developed and monitored by a SLT/SAT.</p> <p>Language demonstrates more severe weakness compared to General Cognitive Skills.</p> <p>Language Performance is at the 1st Centile according to SLT/SAT Standardised Language Assessment.</p>
<p>Band 5 (Profound SEND)</p>	<p>DLD is identified as the primary area of need with the nature of the difficulty established and clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>The child or young person will present with a greater level of the difficulties as described at Band 4 and these will <i>profoundly</i> affect curriculum access and social development. Assessment from SLT/SAT would indicate that the child or young person would benefit from continued advice from SLT/SAT and Additional Teaching support.</p> <ul style="list-style-type: none"> • Some or all aspects of language acquisition are significantly below age expected levels • Profoundly impact on Curriculum Access. <p>The child or young person will present with profound and continued difficulties, despite focused intervention developed and monitored by a SLT/SAT.</p> <p>Language demonstrates profound weakness compared to General Cognitive Skills.</p> <p>Language Performance is below the 1st Centile according to SLT/SAT Standardised Language Assessment.</p>

Part 3 – Provision

The suggested provision and resources set out in the different bands below is intended to support effective teaching and learning.

1. Identify the relevant descriptors for the child or young person with whom you are working.
2. Consider whether the descriptor describes the situation and how the child or young person is affected within the setting/school:
3. If this descriptor accurately describes the child or young person use the advice given in the relevant Band.

Band 1 – Mild SEND

Descriptor

Setting/School is becoming concerned about a child or young person’s language and communication development.

DLD may be an emerging but not yet clearly identified as the primary area of need; the child or young person has some difficulty with speaking or communication.

The child or young person will present with some/all of the difficulties below and school will be collecting information and using their own expertise to deliver to the individual needs. These will affect curriculum access and social development.

Difficulties include:

- Phonological awareness difficulties (such as awareness of the sounds in spoken words such as rhyme, alliteration, and syllabification) which impact on progress reading and spelling.
- Difficulties with listening and attention that affect task engagement and independent learning.
- Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the child or young person needs some support with listening and responding.
- Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position).
- Limited vocabulary, both expressive and receptive.
- May rely heavily on non-verbal communication to complete tasks (adults gestures, copying peers) and this may mask comprehension weaknesses.

	<ul style="list-style-type: none"> • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of DLD: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. 	
	<p>Setting/Governing Body</p>	<p>Local Authority</p>
<p>Assessment and Planning</p>	<ul style="list-style-type: none"> • The setting/school must use their best endeavours to ensure they have high quality differentiated and personalised teaching in place to directly support the child or young person’s access to the curriculum taking into account their needs at all times. (SEND Code of Practice 0-25 years, Section 21 Children and Families Act 2014) • https://www.thecommunicationtrust.org.uk/resources/resources-for-practitioners/universally-speaking.aspx • Consider the child or young person’s profile of receptive and expressive language by comparing them to developmental norms. • Use this guidance to plan and deliver appropriate intervention. • Review progress after a term in order to inform future steps. • Ensure the child or young person is part of standard school and class assessments. • Senco and class teacher could be involved in more specific assessments and observations to clarify DLD as the primary area of need, and the nature of the difficulty. • Refer to Audiology – with parental permission. • Strategies employed to ensure child or young person’s voice is taken into account in planning and delivery. • Identify child or young person’s strengths as well as areas of additional need. 	<ul style="list-style-type: none"> • The settings and schools can access pre-Early Help strategies and approaches on the CCC Local Offer SEND. www.cumbria.gov.uk/childrenservices/schoolsandlearning/ils/specialeducationalneeds/speechandlanguage difficulties/default.asp • The settings/schools can access a wide range of training provided by SEND TST DLD Team.

	<ul style="list-style-type: none"> • ASSESS, PLAN, DO REVIEW process. 	
Teaching and Learning Environment	<ul style="list-style-type: none"> • Mainstream classroom with attention paid to position in the classroom and acoustics. • Flexible pupil groupings; positive peer language models. • Groupings reflect ability with modifications made to ensure curriculum access. 	<ul style="list-style-type: none"> • QFT strategies and advice sheets on DFE website. • The provision of specialist training to settings/schools is available from SEND TST DLD Team. • Information is available on the CCC Local Offer SEND TST website: www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/speechandlanguagedifficulties/default.asp
Human Resources and Staffing	<ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SENCO. • Additional adults routinely used to support flexible groupings and differentiation under the guidance of the teacher. • Adults actively support child or young person by modifying teacher talk and scaffolding/modelling responses. • Adults provide support to listen and respond to longer sequences of information in whole class situation. • Adults provide encouragement and support to collaborate with peers in curriculum activities. 	

<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Literacy tasks may require some modification. • Instructions supported by visual and written cues. • Reduction/modification of complex language when giving instructions/information to support attention and understanding. • Flexibility in expectations to follow instructions/record work. • Opportunities for developing the understanding and use of language across the curriculum. • Opportunities for time-limited small group work based on identified need. • Planning show opportunities for language based activities. • Family supports targets at home. • Child or young person involved in setting and monitoring their own targets. 	<ul style="list-style-type: none"> • QFT strategies and advice sheets on DFE website. • The provision of specialist training to settings/schools is available from SEND TST DLD Team. • Information is available on the CCC Local Offer SEND TST website. <p>www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/speechandlanguage difficulties/default.asp</p>
<p>Resources and Intervention Strategies</p>	<p>Resources:</p> <ul style="list-style-type: none"> • Refer to The Communication Trust “What Works” for children and young people with DLD. <p>Possible Interventions/Training:</p> <ul style="list-style-type: none"> ○ Elklan ○ Black Sheep Press Resources ○ Talk across the Curriculum ○ Talking Point ○ Talking Partners@primary ○ Talking Partners@secondary ○ Nurturing Talk ○ Talk Boost (Communication Trust) ○ Talking Mats ○ Colourful Semantics 	<ul style="list-style-type: none"> • QFT strategies and advice sheets on DFE website. • The provision of specialist training to settings/schools is available from SEND TST DLD Team. • Information is available on the CCC Local Offer SEND TST website. <p>www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/speechandlanguage difficulties/default.asp</p>

	<ul style="list-style-type: none"> ○ Colourful Stories ○ Chatterbox ○ ICT support: Clicker 6, voice recorder, talk to text, communication apps ● Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND e.g. via a Provision Map. 	
Progress	<ul style="list-style-type: none"> ● Review progress after a term in order to inform future steps. ● Good progress – continue strategies at Band 1. ● Limited progress – school may need to move to Band 2 - Early Help (EH) Referral – which may involve outside agencies and specific advice and support. 	

<p>Band 2 – Moderate SEND – Early Help</p>	
Descriptor	<p>DLD is identified as the primary area of need; the child or young person has some difficulty with language or communication.</p> <p>The child or young person will present with some/all of the difficulties identified in Band 1 above with school becoming increasingly concerned that these will moderately affect curriculum access and social development and refer to outside agencies for further advice.</p> <p>The child or young person will continue to demonstrate moderate and consistent language difficulties and is not making expected progress despite a number of interventions and Quality First Teaching.</p> <p>These language difficulties are becoming increasingly evident in comparison to other areas of development. Advice is sought and acted on from Specialist Advisory Teacher, (SAT) or Speech and Language Therapist, (SLT) through Early Help Request. This should include comprehensive detail of approaches and strategies already applied to support individual need.</p>

	<p>Following a review of short term intervention, it may be determined that the child or young person will require additional support and/or further specialised interventions and this review may indicate a request for statutory assessment.</p>	
	<p>Setting/Governing Body</p>	<p>Local Authority</p>
<p>Assessment and Planning</p>	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • The setting/school should seek support from the SLT/SAT. • The SENCO and external professionals should work together to undertake assessments prior to developing appropriate and targeted interventions. The need for more specialist assessment may be identified. • The SENCO should continue to inform teachers' planning and differentiation in line with the needs of the child or young person as guided by external specialists. • All planning and differentiation to be communicated with the support staff. • ASSESS, PLAN, DO, REVIEW process. 	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • Advice from SLT/SAT which may include: <ul style="list-style-type: none"> ○ Joint reviewing of evidence of the action already being taken by the setting/school to meet the perceived needs of the child or young person. ○ Guidance on interpreting the evidence of the child or young person's academic attainment and rate of progress. ○ Guidance on identifying needs for the development of pupil profile/support plan. ○ Advice on early support and appropriate strategies. ○ Consultations; around individual children and young people, with schools and parents. ○ Attendance at reviews or target setting meetings. ○ Advice on other agencies and support services. ○ Awareness training for staff on spoken language. ○ Staff training on the inclusion of this group of learners in mainstream classes. • Reviews should assess progress and determine the level of need. Evidence is necessary if progressing towards a request for Statutory Assessment.

Teaching and Learning Environment	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • The setting/school should seek support from the SLT/SAT. • The SENCO and external professionals should work together to develop appropriate and targeted interventions. • The SENCO should continue to inform teachers' planning and differentiation in line with the needs of the child or young person as guided by external specialists. • All planning and differentiation to be communicated with the support staff. • Flexible pupil groupings; positive peer speech and language models. • Groupings reflect ability with modifications made to ensure curriculum access. • Small group/individual work to target specific needs in discussion with SLT/SAT. 	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • SEND TST DLD Team and other professionals may be involved in staff development and training. This may make it possible to provide effective intervention without the need for regular input from specialist services.
Human Resources and Staffing	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from Senco. • Adults routinely used to support flexible groupings and differentiation under the guidance of the teacher. • Adults actively support child or young person by modifying teacher talk and scaffolding/modelling responses. • Regular, planned support to listen and respond to longer sequences of information in whole class situation. • Regular, planned encouragement and support to collaborate with peers in curriculum activities. • Staff working directly with the child or young person should 	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • SEND TST DLD Team and other professionals may be involved in staff development and training. This may make it possible to provide effective intervention without the need for regular input from specialist services.

	<p>have knowledge and training in good practice for teaching and planning provision for child or young person with DLD.</p> <ul style="list-style-type: none"> • Additional SEN Support should continue to be implemented to: <ul style="list-style-type: none"> i. support of the child or young person. ii. ensure recommended resources are developed and used. iii. ensure interventions are effectively in place. • Support staff may provide sustained and targeted support in the classroom/setting. • The class teacher may need additional professional support from skilled colleagues, e.g. SENCO, to aid curriculum modifications. • Staff responsible/involved with the child or young person will need agreement to liaise with external professionals and attend meetings when required. 	
<p>Curriculum and Teaching Methods</p>	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • The child or young person will be class-based. • The child or young person may need adaptations to reinforce advice from SLT/SAT. • Where needs are identified, the child or young person should have opportunity for small group/individual work. 	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • Staff can access resources and guidance available on the CCC Local Offer SEND TST website.
<p>Resources and Intervention Strategies</p>	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • Refer to The Communication Trust “What Works” Website for children and young peoples with DLD. • Provided by SLT/SAT. • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND e.g. via a Provision Map. 	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • Specific Targeted Advice and resources from SLT/SAT • Staff can access resources and guidance available on the CCC Local Offer SEND TST website.

<p>Progress</p>	<ul style="list-style-type: none"> • This targeted advice should be reviewed after a term in order to inform future steps. • Good progress or performance above 5th Centile – Return to Band 1. • Limited Progress – in discussion with the SLT/SAT consider a request for Statutory Assessment. 	
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<p>Band 3 – Severe SEND</p>

<p>Descriptor</p>	<p>DLD will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals. There is little consistent progress has been observed despite focused intervention.</p> <ul style="list-style-type: none"> • Persistent delay against age-related language <u>norms</u> – refer to Universally Speaking. • Persistent difficulties that do not follow a typical developmental pattern • Severe impact on Curriculum Access. <p>The child or young person will demonstrate severe and continued difficulties despite the advice and monitoring of Speech and Language Therapist (SLT) or Specialist Advisory Teacher (SAT).</p> <p>Language demonstrates severe weakness compared to General Cognitive Skills.</p> <p>Language performance is at the 2nd Centile according to SLT/SAT Standardised Language Assessment.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • Provide additional teaching support to carry out SLT/SAT programmes. • Planning must adhere to the targets set within the EHC plan and include reasonable adjustments to support the mainstream classroom where possible. • ASSESS, PLAN, DO, REVIEW process. 	<p>As at Band 2 plus:</p> <ul style="list-style-type: none"> • SLT/SAT will advise regular targets and review progress with reference to the child or young person's receptive and expressive language. • Liaison with parents, SENCO and relevant school staff to identify next steps, support target setting and the development of an action plan to support the child or young person to make progress in school.
Teaching and Learning Environment	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • The child or young person will have continued inclusion within the mainstream school. • The child or young person will have access to additional support on a small group or individual basis to support individual targets. • The child or young person should have equal access to extended school provision. 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice on inclusion and individual targets.
Human Resources and Staffing	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • The school and setting should seek advice/training and specialist information from the SEND TST DLD Team. • Staff working directly with the child or young persons must have knowledge and training in good practice when working with the child or young person with DLD. • Support staff should be deployed as identified in the EHCP. 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice and/or training for individuals working closely with the child or young person.

	<ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SLT/SAT. • Additional adult support informed by differentiated provision planned by the teacher. 	
<p>Curriculum and Teaching Methods</p>	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • Planning identifies inclusion of and provision for individual targets. • Additional steps are taken to engage families and the child or young person in achieving their targets. • Frequent opportunities for time-limited small group and individual work based on identified need. • Curriculum access facilitated by a structured approach using visual systems, modification /reduction of language for instructions and information. • Consideration to the transference and generalisation of skills. • Teaching approaches must take account of the child or young person’s difficulties as identified within the overview and the Band descriptors and will be informed by guidance and advice from the SLT/SAT. 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice and/or training for individuals working closely with the child or young person. • SLT/SAT to give advice on inclusion and individual targets.
<p>Resources and Intervention Strategies</p>	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • School will follow advice of SLT/SAT in use of resources and intervention approaches. 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • SAT/SLT may provide training on specific language programmes/interventions. • SLT/SAT may provide resources for individual targets.

<p>Progress</p>	<ul style="list-style-type: none"> • Annual Review to monitor and review progress to plan further intervention. <p><u>Exit Criteria</u></p> <ul style="list-style-type: none"> • At 3rd centile or above and • Evidence to show marked and sustained progress over a 12 months period. • Progress will be reflected in the curriculum. 	
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<p>Band 4 – More Severe SEND</p>	
<p>Descriptor</p>	<p>DLD is the primary area of need with the nature of the difficulty identified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>The child or young person will present with some/all of the difficulties as described at Band 3 and these will more severely affect curriculum access and social development. Assessment from SLT/SAT would indicate that the child or young person would benefit from continued advice from SLT/SAT and Additional Teaching support.</p> <ul style="list-style-type: none"> • Some or all aspects of language acquisition are significantly below age expected levels • More Severe impact on Curriculum Access. <p>The child or young person will present with more severe and continued difficulties, despite focused intervention developed and monitored by a SLT/SAT.</p> <p>Language demonstrates more severe weakness compared to General Cognitive Skills.</p> <p>Language Performance is at the 1st Centile according to SLT/SAT Standardised Language Assessment.</p>

	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • Provide additional teaching support to carry out SLT/SAT programmes. • Planning must adhere to the targets set within the EHC plan and include reasonable adjustments to support the mainstream classroom where possible. • ASSESS, PLAN, DO, REVIEW process. 	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • SLT/SAT will advise regular targets and review progress with reference to the child or young person's speech, language and communication skills. • Liaison with parents, SENCO and relevant school staff to identify next steps, support target setting and the development of an action plan to support the child or young person to make progress in school.
Teaching and Learning Environment	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • The child or young person will have continued inclusion within the mainstream school. • The child or young person will have access to additional support on a small group or individual basis to support individual targets as defined by the SLT/SAT. • The child or young person should have equal access to extended school provision. 	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice on inclusion and individual targets.
Human Resources and Staffing	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • The school and setting should seek advice/training and specialist information from the SEND TST DLD Team. • Staff working directly with the child or young person must have knowledge and training in good practice when working with the child or young person with DLD. • Support staff should be deployed as identified in the EHCP. 	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice and/or training for individuals working closely with the child or young person.

	<ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SLT/SAT. • Additional adult support informed by differentiated provision planned by the teacher. 	
<p>Curriculum and Teaching Methods</p>	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • Planning identifies inclusion of and provision for individual targets. • Additional steps are taken to engage families and the child or young person in achieving their targets. • Frequent opportunities for time-limited small group and individual work based on identified need. • Curriculum access facilitated by a structured approach using visual systems, modification/reduction of language for instructions and information. • Consideration to the transference and generalisation of skills. • Teaching approaches must take account of the child or young person’s difficulties as identified within the overview and the Band descriptors and will be informed by guidance and advice from the SLT/SAT. 	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice and/or training for individuals working closely with the child or young person. • SLT/SAT to give advice on inclusion and individual targets.
<p>Resources and Intervention Strategies</p>	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • School will follow advice of SLT/SAT in use of resources and intervention approaches. 	<p>As in Band 3 plus:</p> <ul style="list-style-type: none"> • SAT/SLT may provide training on specific language programmes/interventions. • SLT/SAT may provide resources for individual targets.
<p>Progress</p>	<ul style="list-style-type: none"> • Annual Review to monitor and review progress to plan further intervention. 	

	<p><u>Exit Criteria</u></p> <ul style="list-style-type: none"> • At 2nd centile or above and • Evidence to show marked and sustained progress over a 12 months period. • Progress will be reflected in the curriculum. 	
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<p>Band 5 – Profound SEND</p>	
<p>Descriptor</p>	<p>DLD is identified as the primary area of need with the nature of the difficulty established and clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>The child or young person will present with a greater level of the difficulties as described at Band 4 and these will <i>profoundly</i> affect curriculum access and social development. Assessment from SLT/SAT would indicate that the child or young person would benefit from continued advice from SLT/SAT and Additional Teaching support.</p> <ul style="list-style-type: none"> • Some or all aspects of language acquisition are significantly below age expected levels • Profoundly impact on Curriculum Access. <p>The child or young person will present with profound and continued difficulties, despite focused intervention developed and monitored by a SLT/SAT.</p> <p>Language demonstrates profound weakness compared to General Cognitive Skills.</p> <p>Language Performance is below the 1st Centile according to SLT/SAT Standardised Language Assessment.</p>

	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • Provide additional teaching support to carry out SLT/SAT programmes. • Planning must adhere to the targets set within the EHC plan and include reasonable adjustments to support the mainstream classroom where possible. • ASSESS, PLAN, DO, REVIEW process. 	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • SLT/SAT will advise regular targets and review progress with reference to the child or young person's speech, language and communication skills. • Liaison with parents, SENCO and relevant school staff to identify next steps, support target setting and the development of an action plan to support the child or young person to make progress in school.
Teaching and Learning Environment	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • The child or young person will have continued inclusion within the mainstream school. • The child or young person will have access to additional support on a small group or individual basis to support individual targets as defined by the SLT/SAT. • The child or young person should have equal access to extended school provision. 	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice on inclusion and individual targets.
Human Resources and Staffing	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • The school and setting should seek advice/training and specialist information from the SEND TST DLD Team. • Staff working directly with the child or young person must have knowledge and training in good practice when working with the child or young person with DLD. • Support staff should be deployed as identified in the EHCP. 	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice and/or training for individuals working closely with the child or young person.

	<ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SLT/SAT. • Additional adult support informed by differentiated provision planned by the teacher. 	
<p>Curriculum and Teaching Methods</p>	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • Planning identifies inclusion of and provision for individual targets. • Additional steps are taken to engage families and the child or young person in achieving their targets. • Frequent opportunities for time-limited small group and individual work based on identified need. • Curriculum access facilitated by a structured approach using visual systems, modification/reduction of language for instructions and information. • Consideration to the transference and generalisation of skills. • Teaching approaches must take account of the child or young person’s difficulties as identified within the overview and the Band descriptors and will be informed by guidance and advice from the SLT/SAT. 	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • SLT/SAT to give advice and/or training for individuals working closely with the child or young person. • SLT/SAT to give advice on inclusion and individual targets.
<p>Resources and Intervention Strategies</p>	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • School will follow advice of SLT/SAT in use of resources and intervention approaches. 	<p>As in Band 4 plus:</p> <ul style="list-style-type: none"> • SAT/SLT may provide training on specific language programmes/interventions. • SLT/SAT may provide resources for individual targets.

Progress	<ul style="list-style-type: none">• Annual Review to monitor and review progress to plan further intervention. <p><u>Exit Criteria</u></p> <ul style="list-style-type: none">• At 1st centile or above and• Evidence to show marked and sustained progress over a 12 months period.• Progress will be reflected in the curriculum.	
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For Use by Local Authority Specialist Staff Only

Part 4 – SEND Teaching Support Team – Developmental Language Disorder
6.1 Eligibility Criteria for Request for Statutory Assessment for an Education, Health and Care Plan

1. This assessment must be completed by the SAT for DLD, from CCC SEND TST, involved with the child or young person.

Standardised Language Assessments use is restricted to Speech and Language Therapists and Specialist Advisory Teachers: Developmental Language Disorder

Band 3 - Severe	2nd Centile
Band 4 - More Severe	1st Centile
Band 5 - Profound	Below 1st Centile

Bands and Description/Scores

Band	Description/Score
Band 1 - (Mild SEND)	Above 2 nd Centile
Band 2 - (Moderate SEND-Early Help)	Above 2 nd Centile
Band 3 - (Severe SEND- EHCP)	2 nd Centile
Band 4 - (More Severe SEND)	1 st Centile
Band 5 - (Profound SEND)	Below 1 st Centile

Completed by:

Specialist Advisory Teacher	Name	Signature	Date
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7. Early Years Foundation Stage

Part 1 - Introduction and Overview

This guidance relates to children in the Early Years Foundation Stage (EYFS) from birth to 5 years old that have a special educational need (SEN) and should be read in conjunction with the relevant specialism band descriptors if identified for:

- Autism Spectrum Condition (ASC) including Social Communication and Interaction needs
- Blind or Vision Impairment (B/VI)
- Cognition and Learning
- Deafness and Hearing Impairment (D/HI)
- Developmental Language Disorder (DLD)
- Physical/Medical Difficulties
- Social Emotional and Mental Health (SEMH) Difficulties

and the ***Early Years SEN Support Table (See Part 4)***

Children can be identified as having additional needs when they are very young. It can be clearly evident what a child's primary need is, however for the majority of children identified early, it takes time for this to be recognised through ongoing observation and assessment. Children in the EYFS with additional needs become known to Children's Services through the Early Help Assessment (EHA) from an early year's provider or a health professional.

Children access their entitlement to early education from a range of providers including settings in the Private, Voluntary and Independent sector (PVI), childminders and in those schools offering 2 year old Early Education places, Nursery and Reception places. Children may also be at home or accessing no provision but are known to Children's Services through the EHA.

Every child is an individual and all learn, develop and progress at different rates. Monitoring a child's progress throughout the EYFS is essential and the judgements made relating to a child's level of need should be part of a continuous and systematic cycle of observation, assessment and planning within a school/setting. If a child is not making expected progress in relation to the 3 prime areas of development (Personal, Social and Emotional, Communication and Language, and Physical Development) this will clearly impact on their ability to make good progress in relation to the 4 specific areas (Literacy, Mathematics, Understanding the World and Expressive Arts and Design) through which the prime areas are strengthened and applied.

The EYFS emphasises the importance of identifying child who require additional support as early as possible and ensuring full involvement of

parents/carers and child in the process. Support includes listening to families concerns about their child's development and taking part in a sensitive two-way exchange of information which supports effective planning. Ensuring that:

- Parents/carers contribute to the assessment
- Parents/carers are invited to participate in target setting, monitoring progress and reviews, and may be involved in supporting targets in the home
- The views of the child are taken into account
- Parents/carers are informed about the Cumbria Special Educational Needs and Disability Information Advice and Support Service (SENDIAS)

Support for a young child does not always require extra staffing to enable one to one support to be given to the child. This may not be the most appropriate way of helping the child. Early support may take the form of training, physical or sensory adaptations, creating enabling environments or provision planning to enable very young children with special educational needs to learn and progress fully.

Some children may need effective individualised amendments for teaching and learning. The resources might be extra adult time; the provision of different materials or special equipment; some individualised or group support or staff deployment and training.

In addition to the EYFS Statutory guidance, Early Support materials and Developmental Journals (Available on the Cumbria Local Offer) are useful tools to be used in conjunction with the EYFS.

As specified in the SEND Code of Practice, in a very few exceptional cases a young child may have severe and complex need, the extent of the needs will be evident. In such exceptional cases requests for an EHCP might be made prior to any interventions at implemented (See bands 1/2). It is likely that such children will have a significant SEN and will have been supported by a multi-disciplinary team. Examples may include children with profound sensory impairment or those with significant physical or cognition and learning difficulties. Children in the EYFS with needs at bands 4/5 may be accessing specialist provision such as a special school.

Inclusive practice is part of everyday provision and may require practitioners to alter routines or differentiate planning to meet the needs of the child. However some children's needs may be such that they require increased staffing levels in order for them to be safe, have medical needs met or achieve their learning potential.

The Local Authority (LA) must ensure that disabled children entitled to a free entitlement place are found suitable provision. The Equality Act (2010) ensures that local authorities and providers must not discriminate, harass or victimise disabled children, and must make reasonable adjustments.

To ensure that this is in place access to two funding streams are available to ensure support is available for children with disabilities or SEN:

- the disability access fund aids access to early years places by, for example, supporting providers in making reasonable adjustments to their provision and/or helping with building capacity, e.g. Makaton follow-up taster session to whole staff team (15 people), 1 x Dark den and sensory

- lights (be that for the child in question or for the benefit of children as a whole attending the provider).
- the SEN inclusion fund requires local authorities to set up a fund to help providers’ better address the needs of individual children.

The funding will allow providers to make sure that they support high quality and inclusive provision for all children with SEN and disabilities.

Please see the Cumbria Local Offer for further details.

For those children who continue to require significant support an assessment for an EHCP would be appropriate (See band 3). This assessment may conclude that the child’s needs could only be met by a package of support that may include additional funding for a setting to meet the child’s individual needs.

Part 2 - Band Descriptors

<p>Band 1 (Mild SEND)</p>	<p>The child is not making expected progress. Difficulties are becoming apparent in relation to prime areas of learning:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills <p>Using the EYFS outcomes and being aware that every child is an individual and that they all learn and develop at different rates, the child’s developmental picture shows some delay. Setting/school to continue to support and monitor ongoing development.</p>
<p>Band 2 (Moderate SEND–Early Help)</p>	<p>The child will have moderate but continued difficulties and is not making expected progress despite a number of interventions and quality teaching. Difficulties are becoming increasingly evident in relation to prime areas:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills

	<p>Using the Early Years SEN support table as a guide and being aware that every child is an individual and that they all learn and develop at different rates, the child’s developmental picture shows the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at 12 - 16 months • At 3 years functioning at 18 - 22 months • At 4 years functioning at 24 - 31 months • At 5 years functioning at 35 - 41 months
<p>Band 3 (Severe SEND - EHCP)</p>	<p>The child will have severe and continued difficulties and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly evident in relation to prime areas:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills <p>Using the Early Years SEN support table and being aware that every child is an individual and they all learn and develop at different rates, the child’s developmental picture shows the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at 9 - 13 months • At 3 years functioning at 15 - 19 months • At 4 years functioning at 21 - 25 months • At 5 years functioning at 30 - 36 months <p>An application to the SEN Inclusion Fund for children aged 3 and 4 years old might be considered or if the child is eligible for Disability Access Funding (DAF) they must be in receipt of Disability Living Allowance (DLA) to access this funding.</p> <p><i>Please see the Local Offer for further information.</i></p>
<p>Band 4 (More Severe SEND)</p>	<p>The child will have more severe and persistent difficulties, and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly apparent in relation to prime areas:</p>

	<ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills <p>Using the Early Years SEN support table and being aware that every child is an individual and they all learn and develop at different rates, the child’s developmental picture shows the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at 6 - 10 months • At 3 years functioning at 12 - 16 months • At 4 years functioning at 18 - 22 months • At 5 years functioning at 24 - 31 months
<p>Band 5 (Profound SEND)</p>	<p>The child will have profound and exceptional difficulties, and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly apparent in relation to prime areas:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills <p>Using the Early Years SEN support table and being mindful that every child is an individual and they all learn and develop at different rates, the child’s developmental picture shows the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at 0 - 7 months • At 3 years functioning at 9 - 13 months • At 4 years functioning at 15 - 19 months • At 5 years functioning at 21 - 25 months

Part 3 - Provision		
Band 1 - Mild SEND		
Descriptor	<p>The child is not making expected progress. Difficulties are becoming evident in relation to the prime areas of learning:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Assessment</p> <ul style="list-style-type: none"> • Setting to liaise with the parents/carers. • Assessment, planning and review will need to take account of whether the child is accessing a 2 year old Early Education place, Nursery or Reception Year and may need to take account of the child's attendance at more than one setting/school. • Setting complements their normal systems of assessment, monitoring and planning by further observation in order to understand the child's current interests, development and learning needs e.g. needs that are additional to or different from what is usually provided for all children within the setting. • Observation takes place across the different activities and environments within the setting e.g. outdoor environment 	<ul style="list-style-type: none"> • Area SENCO support for SENCO's in Private, Voluntary and Independent (PVI), settings/school or childminders as needed to support inclusive practice and/or in meeting child's individual needs.

	<p>and at lunchtime.</p> <ul style="list-style-type: none"> • Strategies employed to ensure child’s voice is taken in to account in planning and delivery. • Identify the child’s strengths as well as areas of additional need. <p>Planning</p> <ul style="list-style-type: none"> • Planning of interventions involving the parents/carers, child, setting Special Educational Needs Coordinator (SENCO), key person. • Early Years SEN support plan is drawn up with SMART targets. • Half-termly (approximately 6-weekly) review of the child’s progress towards targets within as identified in the SEN support plan. 	
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • Grouping strategies used flexibly to enhance learning and to allow access to the curriculum, and to focus available adult support where needed. • Additional adult attention and/or support for group activities are provided where relevant. Approaches used show acceptance and empathy for the child, support for their emotions, and aims to build positive relationships with them. • Emphasis on providing an enabling environment both inside and outside, with developmentally appropriate resources. 	

<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> • Main provision by early years practitioner, class teacher or Foundation Stage Coordinator with advice from the setting SENCO. • Additional adults are used to support flexible groupings and differentiation. 	
<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Full access to the EYFS curriculum. • Early Support Developmental Journals used to support small step approach to learning. • Developmentally appropriate activities planned for through Quality First Teaching. • Differentiation and small group support where appropriate. 	
<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Access to Continuous Professional Development (CPD) for teaching in the EYFS provided by LA or other external training providers. • CPD for PVI and maintained settings is provided by the LA through the Early Years and Childcare Team, SEND team and other providers. 	<ul style="list-style-type: none"> • A programme of training will be available to PVI setting SENCO's and childminders through the Early Years and Childcare team. • SENCO clusters. • All Our Children training for new SENCO's or anyone wishing to refresh knowledge of the SEND expectations and processes.

Band 2 - Moderate SEND – Early Help		
Descriptor	<p>The child will have moderate but continued difficulties and is not making expected progress despite a range of interventions and quality first teaching. Difficulties are becoming increasingly apparent in relation to the prime areas of learning:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 1 plus</p> <p>Assessment</p> <ul style="list-style-type: none"> • SENCO involved in ongoing observation, picture of child’s development across the 3 prime areas indicates that the child is not making expected progress. • Early Help Assessment form should be completed to request specialist educational involvement and other professionals as appropriate using the relevant referral forms, for example: Speech and Language service, Health Visitor (HV). • Strategies employed to ensure child’s voice is taken in to account in planning and delivery. • Identify the child’s strengths as well as areas of additional need and review previous plans. 	<p>Assessment</p> <ul style="list-style-type: none"> • Early Help requests for educational support are assessed by the LA and support allocated as needed from the appropriate specialist. • Use of specific Early Support Developmental Journals to support target setting (Available online). <p>Planning</p> <ul style="list-style-type: none"> • Advice provided on target setting, appropriate interventions and strategies to address needs. • Support provided with SMART targets and SEN support plan. • Signposting to training available to support settings with identifying and planning for children with SEN. • Signposting for families accessing a 2 or 3 year old Early Education place in a PVI or school.

	<p>Planning</p> <ul style="list-style-type: none"> • Planning of intervention involving the parent/carer, child, school/setting SENCO, key person, class teacher and advising agencies. • SEN support plan drawn up with SMART targets, which take account of specialist advice. • Half-termly (approximately 6-weekly) review of child’s progress towards targets recorded on the SEN support plan. • Input or attendance made by appropriate external agencies to reviews if appropriate. 	<ul style="list-style-type: none"> • Signposting to relevant supporting materials as relevant to the child’s individual needs. • Summary/feedback given to SENCO/Key person/family by relevant supporting educational professional this can be written or verbal.
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • Grouping strategies are used flexibly to enhance learning and access to the curriculum, and to focus available adult support where needed. • Additional adult attention and/or support for group activities. • Access to individually supported activities. This may involve working as part of a small group or one-to-one with an adult on targets. 	
<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> • Additional adult attention and/or support for some activities, including targets. • Supervision and monitoring of the SEN support plan by the setting/school SENCO. • Time allocated for key person to liaise with external agencies. • Access to ICT and specialist equipment/materials, as appropriate. 	

<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Approaches used show acceptance and empathy for the child, support for their emotions, and aims to build positive relationships with them. • Emphasis on providing an enabling environment both inside and outside, with developmentally appropriate resources, with increased differentiation of curriculum access and materials, to reflect child’s developmental and social language levels, with key learning outcomes identified from SEN support plan. • Increased focus on specific activities (Child initiated or adult led) and/or use of resources, including ICT and specialist equipment/materials/communication aids, quiet withdrawal space. 	
<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Staff training needs are addressed, and information passed to other staff and parents, as appropriate. • Advice is sought on an ongoing basis. • Schools allocate funding as required from the school budget. 	<ul style="list-style-type: none"> • Telephone/email advice on request from relevant professionals involved with the child. • Additional visit on setting request if possible.

Band 3 - Severe SEND EHCP		
Descriptor	<p>The child will have severe and continued difficulties and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly apparent in relation to prime areas:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills <p>An application to the SEN Inclusion Fund for children aged 3 and 4 years old might be considered or if the child is eligible for Disability Access Funding (DAF) they must be in receipt of Disability Living Allowance (DLA) to access this funding.</p> <p><i>Please see the Local Offer for further information.</i></p> <p>A child at Band 3 may require consideration for an EHCP.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in band 2 plus</p> <p>Assessment</p> <ul style="list-style-type: none"> • Setting/school SENCO involved in ongoing observation, picture of child’s development indicates child is not making expected progress despite significant levels of focussed intervention and implementation of advice from external agencies. • Progress is closely monitored by the setting. • EHA form review section must be completed and in place 	<p>Assessment</p> <ul style="list-style-type: none"> • If after the school/setting has demonstrated the use of advice and recommendations from external agencies and the child is still not making expected progress: <ul style="list-style-type: none"> ○ As Band 2 plus meeting with the family/SENCO/Lead teacher/practitioner and other agencies to discuss next steps. ○ Use of specific Early Support Developmental

	<p>for 6 months then resubmitted with supporting evidence included to request an EHCP. Parental consent for this must be gained to support this request and then submitted to the relevant area office.</p> <ul style="list-style-type: none"> • Strategies employed to ensure child’s voice is taken in to account in planning and delivery. • Identify the child’s strengths as well as areas of additional need. <p>Planning</p> <ul style="list-style-type: none"> • Planning of intervention involving the parent/carer, child, setting SENCO, key person, and any external agencies involved with the child. • SEN support plan drawn up with SMART targets, which take account of specialist advice. • Half-termly (approximately 6-weekly) review of child’s progress towards targets recorded on the SEN support plan. • Input or attendance made by appropriate external agencies to reviews. • Refer to EHCP outcomes, advice and strategies for further support. 	<p>journals to support target setting (available online).</p> <ul style="list-style-type: none"> ○ Assessment may identify specific involvement of Area SENCO or Early Years Specialist Advisory Teacher (SAT) is needed. ○ Moderation of developmental levels and amend/update, as appropriate. <p>Planning</p> <ul style="list-style-type: none"> • Advice provided on target setting, appropriate interventions and strategies to address needs. • Support provided with SMART targets and SEN support plan. • Signposting to training available to support settings with identifying and planning for child with SEN. • Signposting to relevant supporting materials as relevant to the child’s individual needs. • Written report given to school/setting and family by relevant supporting educational professional.
<p>Teaching and Learning Environment</p>	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • Daily 1:1 additional adult attention and/or support for individual and group activities following specialist advice. 	
<p>Human Resources and Staffing</p>	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • Daily 1:1 trained additional adult attention and/or support for individual and group activities following specialist 	<ul style="list-style-type: none"> • Early Years SAT or Area SENCO if appropriate to carry out assessment and give written feedback. • Attendance at Multi agency meetings, as appropriate.

	<p>advice.</p> <ul style="list-style-type: none"> • Supervision and monitoring of the SEN support plan by SENCO. • Time allocated for key professionals to liaise with external agencies. • Access to ICT and specialist equipment/materials, if appropriate. 	<ul style="list-style-type: none"> • LA will provide agreed level of top up funding, as specified in EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child. • LA to monitor the use of these funds.
<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Approaches used show acceptance and empathy for the child, support for their emotions, and aims to build positive relationships with them. • Emphasis on providing an enabling environment both inside and outside, with developmentally appropriate resources, with increased differentiation of curriculum access and materials, to reflect child’s developmental and language levels, with key learning outcomes identified from SEN support plan. • Increased focus on specific activities and/or use of resources, including ICT and specialist equipment/materials/communication aids. 	
<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Schools allocate funding as required from the school budget. • Evidence must be produced to show how the SEN funding has been used over the past 6 months. 	

Band 4 - More Severe SEND		
Descriptor	<p>The child will have more severe and continued difficulties, and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly apparent in relation to prime areas:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>Assessment</p> <ul style="list-style-type: none"> • The EHA form review section must be completed and resubmitted with supporting evidence included to request an EHCP. Parental consent for this must be gained to support this request. • Setting/school SENCO involved in ongoing observation. • Picture of child’s development indicates child is not making expected progress despite significant levels of focussed intervention and implementation of advice from external agencies. • Progress is closely monitored by the school/setting and recorded using EYFS and Early Support Development Journals. • SENCO and class teacher/early years practitioner implement advice provided by Educational Psychologist (EP), Specialist Teacher (SAT) and Area SENCO (If appropriate) and other professionals involved for 	<p>Assessment</p> <ul style="list-style-type: none"> • If after the school/setting has demonstrated the use of advice and recommendations from external agencies and the child is still not making expected progress despite significant levels of focussed intervention: <ul style="list-style-type: none"> ○ Meeting with the family/SENCO/Lead teacher/practitioner and other agencies to discuss next steps. ○ Support for request for an EHCP if not already completed. ○ Discussion about educational pathway including access to specialist provision e.g. special school, resourced provision etc. ○ Use of Early Support Developmental Journals to support target setting (Available online).

	<p>example: Speech and Language Therapist (SLT).</p> <ul style="list-style-type: none"> • Strategies employed to ensure child’s voice is taken in to account in planning and delivery. • Identify the child’s strengths as well as areas of additional need. <p>Planning</p> <ul style="list-style-type: none"> • Planning of curriculum intervention involving the parent/carer, child, class teacher, setting/school SENCO, key person, and advising agencies. • SEN support plan drawn up with SMART targets, which take account of specialist advice. • Half-termly (approximately 6-weekly) review of child’s progress towards targets recorded on the SEN support plan. • Refer to EHCP outcomes and strategies for further support. 	<ul style="list-style-type: none"> ○ Moderation of developmental levels and amend/update as appropriate. <p>Planning</p> <ul style="list-style-type: none"> • Advice provided on target setting, appropriate interventions and strategies to address needs. • Support provided with SMART targets and SEN support plan. • Signposting to training available to support settings with identifying and planning for children with SEN. • Signposting to relevant supporting materials as relevant to the child’s individual needs. • Written report given to setting/school SENCO/Key person and family by relevant supporting educational professional.
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • Grouping strategies used flexibly to enhance learning and access to the curriculum. • Daily opportunities for 1:1 support on the SEN support plan targets. • Daily opportunities for small group work on the SEN support plan targets as appropriate. 	
<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> • Main provision by practitioner with support from the setting/school SENCO. • Daily trained additional adult support for individual and group activities following specialist advice. • Supervision and monitoring of the SEN support plan by setting/school SENCO. 	

	<ul style="list-style-type: none"> • Time allocated for key person to liaise with external agencies. • Access to ICT and specialist equipment/materials, as appropriate. 	
<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Approaches used show acceptance and empathy for the child, support for their emotions, and aims to build positive relationships with them. • Emphasis on providing an enabling environment both inside and outside, with developmentally appropriate resources, with increased differentiation of curriculum access and materials, to reflect child’s developmental and language levels, with key learning outcomes identified from SEN support plan. • Increased focus on specific activities and/or use of resources, including ICT and specialist equipment/materials/communication aids. 	<ul style="list-style-type: none"> • Implementation of advice from EP/Early Years SAT/Health Professionals or Area SENCO, if appropriate.
<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Modified access to the EYFS and support in place for the child to access indoor and outdoor environment. • Multi-sensory approaches used to support access to the EYFS if appropriate. • Staff training needs are addressed, and information passed to other staff and parents, as appropriate. • Advice is sought on an ongoing basis. 	

Band 5 - Profound SEND		
Descriptor	<p>The child will have profound and exceptional difficulties, and is not making expected progress despite significant levels of focussed intervention and implementation of advice and recommendations from external agencies and the provision of quality teaching. Difficulties are clearly apparent in relation to prime areas:</p> <ul style="list-style-type: none"> • Personal, social and emotional development • Communication and language development • Physical development including fine and gross motor skills <p>A clearly identified educational need is evident that will affect lifelong learning due to Profound and Multiple Learning Difficulties (PMLD).</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 4 plus</p> <p>Assessment</p> <ul style="list-style-type: none"> • Progress is closely monitored by the setting and recorded using EYFS, Early Support Development Journals or other relevant assessment materials. • Setting/school SENCO implement advice provided by Educational Psychologist/ Early Years Specialist Advisory Teacher, Area SENCO (If appropriate) and other professionals involved for example: Speech and Language Therapist. • A multi-agency approach should be in place to support the needs of the child and family. • Strategies employed to ensure child’s voice is taken in to 	<p>Assessment</p> <ul style="list-style-type: none"> • If after the school/setting has demonstrated the use of advice and recommendations from external agencies and the child is still not making expected progress despite significant levels of focussed intervention. • As Band 3 - 4 plus meeting with the family/SENCO/Lead teacher/practitioner and other agencies to discuss next steps which may include: <ul style="list-style-type: none"> ○ Use of specific Early Support Developmental Journals to support target setting. ○ Moderation of developmental levels and amend/update as appropriate. ○ Discussion about educational pathway including access to specialist provision e.g. special school,

	<p>account in planning and delivery.</p> <ul style="list-style-type: none"> Identify the child’s strengths as well as areas of additional need. <p>Planning</p> <ul style="list-style-type: none"> Planning of intervention involving the parent/carer, child, setting/school SENCO, key person, and advising agencies. Action plan SEN support plan drawn up with SMART targets, which take account of specialist advice. Half-termly (approximately 6-weekly) review of child’s progress towards targets recorded on the SEN support plan. Input or attendance made by appropriate external agencies to reviews. Refer to EHCP outcomes and strategies for further support. 	<p>resourced provision etc.</p> <p>Planning</p> <ul style="list-style-type: none"> Advice provided on target setting, appropriate interventions and strategies to address needs. Support provided with SMART targets and SEN support plan. Signposting to training available to support settings with identifying and planning for children with SEN. Written report given to school/setting SENCO/Key person and family by relevant supporting educational professional, as appropriate.
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> Grouping/strategies used flexibly to enhance learning and access to the curriculum. Daily opportunities for 1:1 support on SEN support plan targets. Daily opportunities for small group work on SEN support plan targets. 	
<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> Main provision by practitioner with support from the setting/school SENCO. Daily additional adult attention and/or support for some activities, including SEN support plan targets. Supervision and monitoring of the SEN support plan by setting/school SENCO. 	

	<ul style="list-style-type: none"> • Time allocated for key person to liaise with external agencies. • Access to ICT and specialist equipment/materials, as appropriate. 	
<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Emphasis on providing an enabling individualised environment both inside and outside, with developmentally appropriate resources, with increasingly modified and personalised curriculum access and materials, to reflect child’s developmental and language levels, with key learning outcomes identified from. • SEN support plan and the EHCP outcomes. • Small step approach to target setting using Early Support Developmental Journals and EYFS. • Increased focus on specific activities and/or use of resources, including ICT and specialist equipment, materials and communications aids. 	<ul style="list-style-type: none"> • Implementation of advice from EP/Early Years SAT/Health professional or Area SENCO, if appropriate.
<p>Resources and Intervention Strategies</p>	<p>Resources/Provision</p> <ul style="list-style-type: none"> • Modified access to the EYFS and support in place for the child to access indoor and outdoor environments. • Multi-sensory approaches used to support access to EYFS. • Staff training needs are addressed, and information passed to other staff and parents, as appropriate. • Advice is sought on an ongoing basis. 	

7.1 Part 4 – Early Years SEN Support Table

Chronological Age	Band 1 Mild SEND	Band 2 Moderate SEND Early Help			Band 3 Severe SEND EHCP			Band 4 More Severe SEND			Band 5 Profound SEND		
0 - 23 mths	<i>At this age a diagnosis of a condition that will profoundly affect lifelong learning may result in a child moving to Band 5 automatically</i>												
	Setting based responses	SOGS	Developmental Journal step	Early Years Outcomes	SOGS	Developmental Journal step	Early Years Outcomes	SOGS	Developmental Journal step	Early Years Outcomes	SOGS	Developmental Journal step	Early Years Outcomes
24 months	Setting support and approaches	15 mths	Step 6	8 - 20 mths	12 mths	Step 5	8 - 20 mths	8 - 10 mths	Step 4	0- 11 and 8 - 20 mths	8mths and below	Steps 1-3	0 - 11 mths
30 months		18 mths	Step 7	8 - 20 and 16 - 26 mths	15 mths	Step 6	8 - 20 mths	12 mths	Step 5	8 - 20 mths	10 mths and below	Step 4	0- 11 and 8 - 20 mths
36 months		21 mths	Step 8	16 - 26 mths	18 mths	Step 7	8 - 20 and 16 - 26 mths	15 mths	Step 6	8 - 20 mths	12 and below	Step 5	8 - 20 mths
42 months		24 mths	Step 9	16 - 26 and 22 - 36 mths	21 mths	Step 8	16 - 26 mths	15- 18 mths	Step 7	8 - 20 and 16 - 26 mths	15 and below	Step 6	8 - 20 mths
48 months		27 mths	Step 10	22- 36 mths	24 mths	Step 9	16 - 26 and 22 - 36 mths	18 mths	Step 8	16 - 26 mths	15-18 and below	Step 7	8 - 20 and 16 - 26 mths
54 months		30 mths	Step 11	22 - 36 and 30 - 50 mths	27 mths	Step 10	22 - 36 mths	20 mths	Step 9	16 - 26 and 22- 36 mths	18 and below	Step 8	16 -26mths
60 months		36 mths	Step 12	30 - 50 mths	30 mths	Step 11	22 - 36 and 30 - 50 mths	24 mths	Step 10	22 - 36 mths	20 and below	Step 9	16 - 26 and 22 -36mths

Schedule of Growing Skills (SOGS)
Early Years Developmental Journal
Early Years Outcomes

Functioning within at least 3 of the Skills Areas – one of which is Cognitive
Functioning at an identified step in at least 3 of the 4 areas identified – one of which is Thinking
Secure within at least 5 of the 8 aspects within the EYFS Prime areas

8. Physical/Medical Difficulties

Part 1 - Introduction and Overview

Introduction

A child or young person meets the criteria for intervention if they have a significant medically identified physical impairment and/or have a level of physical functioning that is causing concern and is educationally significant.

A child or young person's physical and/or medical difficulties may arise from:

- A congenital condition
- A medically diagnosed condition
- Injury

Such difficulties may, without action by the school and the Local Authority (LA), limit the child or young person's access to the curriculum and appropriate education. Some children or young people with physical disabilities may also have additional needs from other areas of the Special Educational Needs and Disability (SEND) Handbook. These aspects of need are discussed in the relevant sections of this document.

Statutory Guidance on Supporting Children and Young People with Medical Conditions states that, Section 100 of the Children and Families Act 2015 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting children or young people at their school with medical conditions. For children and young people with SEND, this guidance should be read in conjunction with the SEND Code of Practice. The authority recognises that some children and young people will present with physical difficulties without a medical condition being identified.

The crucial issue is enabling the child or young person to access the curriculum and learning environment and make progress. The level of provision made by the school and the LA should specifically and directly reflect that which is necessary to achieve this.

The prime purpose of all intervention/support must be to focus on maximizing independence.

Lifelong severe and profound needs

In most cases where a child or young person's needs are severe or profound, and are lifelong or long term, a graduated response is inappropriate. A child or young person who has for example, severe or profound Athetoid Cerebral Palsy would require an Education, Health and Care Assessment (EHC Assessment) in order to determine and make appropriate provision. Referrals are likely to be through the medical referral route and are likely to be identified in the pre-school years (See Early Years Criteria).

Epilepsy is a condition that may be subject to rapid changes in severity and each person will experience epilepsy in a way that is unique to them. A flexible and co-ordinated approach is required from all those involved with the care and education of children or young people with this condition. As needs change, the school and the LA will need to respond to the requirement for a change in provision, often at short notice. Where the child or young person's access to the curriculum is significantly affected, additional support from the LA may be required.

The main questions to be asked and answered in determining provision for children or young people with physical/medical difficulties are:

- Has the child or young person got full access to learning and the curriculum?
- Are there health and safety issues in some lessons?
- Does the child or young person require support with self-care and/or mobility?
- Has the child or young person been consulted about the provision to be made to meet their needs?
- Has due consideration been given to the self-esteem/dignity of the child or young person?

The guidance below is provided to assist the school and local authority staff in making appropriate provision for a child or young person with physical/medical difficulties.

Children and young people who have specific physical/medical conditions must each have a Medical Healthcare Plan developed in consultation with a Health Service representative, such as the Consultant Community Paediatrician, Health Visitor, or Continence Adviser, in close liaison with the family and educational setting. The Medical Healthcare Plan must be reviewed every term with written advice being sought from the relevant Health Service representative. Cumbria endorses the principles described in the Department for Education (DfE)/Department of Health publication 'Supporting Pupils with Medical Conditions'. In particular this establishes the use of Medical Healthcare Plans where a medical need has been identified. (Copies of this publication can be obtained from DfE publications website).

Access to the Curriculum

Some children and young people will need an individual risk assessment to be carried out before they participate in practical subjects. The risk assessment

may recommend that adult support is required to ensure safety in practical subjects.

Some children and young people will have specialised equipment recommended by the specialist teacher or therapist. This may include Information and Communication Technology (ICT), switches, specialised seating arrangements or augmented or alternative means of communication. For guidance on the provision and responsibilities of the upkeep of specialist equipment consult with Specialist Advisory Teacher for Physical/Medical Needs.

Self Help Skills

Eating

Where a child or young person has a difficulty eating independently school staff should follow a programme devised by a speech and language therapist. Where gastrostomy feeding is necessary several members of staff should be trained appropriately by relevant medical professionals. The aim of any programme should be to ensure the child or young person's safety e.g. where there is a risk of choking and to develop and/or maintain independent skills.

Dressing

Where a child or young person has difficulty dressing independently school staff should follow a programme devised by the occupational therapist. Children or young people with physical difficulties should be dressed in clothing that maximises independence and ensures ease of changing whilst maintaining self-esteem. Liaison with parents may be required to ensure consideration is given to the clothes a child or young person attends school in. School may need to act flexibly in relation to school uniform.

Health and Hygiene

The principle objective for every child is to develop independence. Every setting/school should have toilet facilities for children and young people with disabilities to enable them to be as independent as possible and maintain their dignity.

When a child starts school and is not able to use the toilet independently, the school should discuss this with the parents or carers and agree how best to help the child to become independent. Where the child has a medical problem that results in them having toileting problems, medical advice should be sought and close links should be established with the medical professionals involved. The medical professionals should be consulted on training issues and in the development of appropriate training programmes. A child or young person with a physical difficulty should have access to appropriate hygiene facilities.

Toileting needs in settings/schools can be classified into four main groups:**1. Children who have not yet achieved toileting skills when they enter formal education:**

This is usually a short term problem and for these children the provision generally falls within the remit of the setting/school, and Health Service representatives, such as the School Nurse and Continence Adviser.

It would be for these professionals to develop a training programme for each child, involving the child, school and family.

2. Children who suffer from a physical/medical condition:

Where difficulties persist there may be more complex issues to consider and further guidance and support may be needed from other professionals e.g. Specialist Medical Staff. It is important to discuss your continuing concerns with parents/carers and seek their agreement before involving further professional guidance and support.

3. Children whose toileting problems are part of their severe or profound developmental delay:

In such cases toileting could be a long term issue and may never be achieved independently. Children with severe or profound learning difficulties would be expected to have an Educational, Health and Care Plan (EHCP) which would address this need.

4. Children who suffer trauma or abuse:

Their needs may be short term or periodical and their needs should be met in the same way as 1 above.

Mobility

Where a child or young person has no independent mobility or is mobile with aids advice on appropriate seating and postural support will be given by the specialist medical professionals involved.

An assessment of moving and handling needs should be carried out by a suitable qualified person. This should lead to the production of a moving and

handling policy for the child or young person, which includes recommended appropriate equipment. This policy should be reviewed every 6 months and updated every 2 years or earlier if the child or young person's needs change. For guidance on the provision and responsibilities of the upkeep of specialist equipment consult with Specialist Advisory Teacher for Physical/Medical Needs.

Physiotherapy, Occupational Therapy and Nursing Care are the provision and responsibility of the Health Service. This involvement will form part of the child or young person's EHCP. For a **small minority** of children and young people, the therapy programme will be delivered in school as well as at home e.g. enabling a child or young person using a wheelchair to stretch during the school day. Physiotherapy and occupational therapy programmes as recommended by the therapists should be delivered in such a way so as to minimise the impact on access to the curriculum. Schools have a statutory obligation to make available a suitable room for visiting therapists and professionals.

The advice of a health professional will be considered in order to ensure that reasonable adaptations are made to facilitate access to school buildings. This will include the provision of equipment to enable access to the learning environment.

It would be expected that schools should be concerned with the welfare of its child or young person. This should include the administration of medication which is essential in school hours and the provision of a risk assessment and/or medical health care plan for a child or young person who may require a rapid medical response. In all cases these risk assessments and medical health care plans should be developed in consultation with appropriate medical personnel, the child or young person and the child or young person's parents. (See "Supporting Child/young persons with Medical Conditions 2014")

Non-Statutory Provision

Most children and young people with physical/medical difficulties can be supported outside the statutory framework of assessment. Support for moderate physical and/or medical needs should be provided from the resources already available to the school.

Support and Advice

School staff may benefit from support and advice to enable the child or young person to be fully included in all areas of school life. This can be provided by the SEND Teaching Support Team (SEND TST) and/or the Health Authority. It is the responsibility of schools to ensure a co-ordinated approach, involving both Health and Children and Families' Service professionals, is maintained through regular joint planning meetings.

Advice and support with medical health care planning should be sought from the health authority e.g. School Nurse. The resources for training in moving and handling has been delegated to schools. Advice on how to access appropriate trainers may be sought from the Health and Safety Team.

Part 2 - Band Descriptors

<p>Band 1 (Mild SEND)</p>	<ul style="list-style-type: none"> • May have one of the following medical conditions; diabetes, cystic fibrosis, asthma, severe allergies, eczema etc. that will require initial planning to ensure that arrangements are in place to provide the necessary support. In doing so they should ensure that these children or young people can access and enjoy the same opportunities at school as any other child. This may require the administration of medication in school. • Some medical needs will require staff to receive specialist training. • Independently mobile but may have some impairment of mobility. • Mild to moderate difficulty with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum. • Needs differentiated PE lessons. • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • May have continence/ toileting issues. • May have difficulty forming and sustaining peer relationships. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>Parents, child or young person and school/setting all agree that there are no current concerns requiring any external support/advice from SEND in school at this stage.</p>
<p>Band 2 (Moderate SEND-Early Help)</p>	<ul style="list-style-type: none"> • Medical conditions; epilepsy and the conditions in Band 1 but which require a greater deal of support and intervention including a medical health care plan. Arrangements should show an understanding of how medical conditions impact on a child or young person's ability to learn, their self-care skills and self-esteem and confidence. • Mobile with aids e.g. walking frames, sticks, handrails on walls. • Moderate or persistent gross and/or fine motor difficulties now impacting more on access to the curriculum. • May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times. • Needs some support with self-care skills, P.E. and other practical areas of the curriculum such as science or technology.

	<ul style="list-style-type: none"> • May need physical and/or technological support to assist with communication – speech, recording, reading, low tech Augmentative and Alternative Communication (AAC). • Concerns are expressed about the child or young person’s ability to access the curriculum. • Child or young person may be showing signs of some anxiety as result of their physical disability/medical condition that is impacting on their emotional wellbeing - this may be despite them making academic progress. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>External advice sought from SEND TST through SEND Early Help assessment process.</p>
<p>Band 3 (Severe SEND- EHCP)</p>	<ul style="list-style-type: none"> • Medical conditions; dystrophies, cancers etc. that affect quality of life and are life threatening will require support at school some will be more obvious than others. • Physical conditions that require medical/therapy/respite intervention and support. • Mobile with aids, powered or manual wheelchair. • Needs support to transfer between pieces of equipment/furniture. • Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties. Child or young person may be demonstrating significant anxiety about their school experience. • Requires support to access a differentiated/modified curriculum. • Increased use of alternative methods for communication both verbal and written e.g. low tech AAC, scribe, ICT. • Needs support to access P.E. and other practical areas of the curriculum such as science or technology. • Needs support for self-care including specialist support including toileting and feeding. <p>Progress: Depending on the identified nature of the difficulty their national standard may range between ‘well above average’ to ‘well below average’.</p>

<p>Band 4 (More Severe SEND)</p>	<ul style="list-style-type: none"> • Severe physical difficulties and/or a medical condition with or without associated learning difficulties. • A developing neuro-muscular degenerative condition or traumatic incident resulting in an acquired brain or physical injury. • Persistent difficulties in mobility around the building and in the classroom. • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. • The need for high level support for all personal care, mobility, daily routines and learning needs. • Impaired progress and attainment. • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, and their vulnerability within the setting and wider environment, the risk of bullying and growing frustration. • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school. <p>Progress: Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate. Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p> <p>EHCP will be in place.</p>
<p>Band 5 (Profound SEND)</p>	<ul style="list-style-type: none"> • A complex medical need requiring frequent monitoring and medical intervention throughout the school day. • Has a diagnosis of a degenerative condition. • Extensive adaptations to the physical environment of the school is necessary. • Health care inputs and therapies may be intensive and on a daily basis. • Unable to independently manage personal and/or health care during the school day and requires regular direct intervention. • To make progress within the curriculum the use of specialist materials, aids, equipment and high level of adult support is required throughout the school day. • AAC user. • Associated complex learning difficulties impacting on their ability to make progress within the curriculum. <p>Progress: Attainment levels will range from P Scales to national standard.</p>

	<p>EHCP will be in place or emergency assessment undertaken in exceptional circumstances.</p> <p>May require local authority Strategically Resourced Provision (SRP) or local authority specialised provision (NB: this may be subject to change due to consultation).</p>
<p>Band 6 (Exceptional SEND)</p>	<p>A permanent, profound and/or complex physical disability or serious medical condition.</p> <p>May require residential placement as needs cannot be met within the LA.</p>

Part 3 – Provision		
Band 1 – Mild SEND		
Descriptor	<ul style="list-style-type: none"> • May have one of the following medical conditions; diabetes, cystic fibrosis, asthma, severe allergies, eczema etc. that will require initial planning to ensure that arrangements are in place to provide the necessary support. In doing so they should ensure that these children or young people can access and enjoy the same opportunities at school as any other child. This may require the administration of medication in school. • Some medical needs will require staff to receive specialist training. • Independently mobile but may have some impairment of mobility. • Mild to moderate difficulty with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum. • Needs differentiated PE lessons. • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • May have continence/ toileting issues. • May have difficulty forming and sustaining peer relationships. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>Parents, child or young person and school/setting all agree that there are no current concerns requiring any external support/advice from SEND in school at this stage.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Staff awareness training of relevant medical conditions on a 'need to know' basis. (Health professionals or SEND TST). • Normal curriculum plans include Quality First Teaching strategies. 	<ul style="list-style-type: none"> • Web based advice via Cumbria County Council (CCC) Local Offer.

	<ul style="list-style-type: none"> • Medical Health Care plan in place, if appropriate, written with specialist nurse/ school nurse. • Involve parents regularly to support targets at home. • Child or young person involved in monitoring and setting targets. • Part of continual school and class assessment. • Monitoring of developmental goals in line with National Expectations. • Involvement of SENCO if no progress apparent after targeted teaching approach. • Risk assessment carried out if necessary by school. 	
Teaching and Learning Environment	<ul style="list-style-type: none"> • Mainstream class with occasional additional individual or small group support. • Attention to positioning in classroom. 	
Human Resources and Staffing	<ul style="list-style-type: none"> • Flexible use of resources and staffing available in the classroom; recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focussing listening and attention. • Main provision by class subject teacher with some age appropriate programmes delivered 1:1 or in small groups. • Input may be needed from health professionals via SENCO e.g. specialist nurse/school nurse. 	
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Quality First Teaching. • Some differentiation to PE curriculum if appropriate. • Access to appropriate ICT provision i.e. accessibility options on Windows. • An inclusive and non-discriminatory learning environment, which maximises independence and self-esteem. 	<ul style="list-style-type: none"> • Web based advice via CCC Local Offer.

Resources and Intervention Strategies	<ul style="list-style-type: none"> • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. • Differentiated writing materials and equipment. • Advice sheets on Local Offer. • Non slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope. • The administration of medication should follow the school policy. • Encourage wearing of clothing that maximises independence. 	<ul style="list-style-type: none"> • Web based advice via CCC Local Offer. • Web based teaching resources and suggestions on CCC website. www.cumbria.gov.uk/childrensservices/schoolsandlearning/ils/specialeducationalneeds/
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Band 2 – Moderate SEND – Early Help

Descriptor	<ul style="list-style-type: none"> • Medical conditions; epilepsy and the conditions in Band 1 but which require a greater deal of support and intervention including a medical health care plan. Arrangements should show an understanding of how medical conditions impact on a child or young person's ability to learn, their self-care skills and self-esteem and confidence. • Mobile with aids e.g. walking frames, sticks, handrails on walls. • Moderate or persistent gross and/or fine motor difficulties now impacting more on access to the curriculum. • May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times. • Needs some support with self-care skills, P.E. and other practical areas of the curriculum such as science or technology. • May need physical and/or technological support to assist with communication – speech, recording, reading, low tech AAC • Concerns are expressed about the child or young person's ability to access the curriculum. • Child or young person may be showing signs of some anxiety as result of their physical disability/medical condition that is impacting on their emotional wellbeing-this may be despite them making academic progress. <p>Progress: Across expected range with an unusual profile showing relative strengths and weaknesses.</p> <p>External advice sought from SEND TST through SEND Early Help assessment process.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 1</p> <ul style="list-style-type: none"> • SENCO may be involved in more specific assessments and observations. • SENCO may seek advice from health professionals. • SENCO seeks advice from SEND TST Physical/Medical Difficulties and health care professionals in order to discuss next steps and incorporates this into target setting, planning and support. • Targeted provision and progress is monitored and reviewed by setting staff, class teachers/tutors, SENCO, using the multi-professional Team Around the Child (TAC) model of working. • Evidence progress and attainment from observations, assessed work, should be reviewed on an agreed date. • The school should meet with the child or young person and their parents/carers at least three times each year. • May need handwriting/fine motor assessment from SEND TST Physical/Medical Difficulties. • Personal care and manual handling assessment in conjunction with SEND TST Physical/ Medical Difficulties and Health Professionals. • Individual plans for identified aspects of the curriculum and general school routines. • Modified planning for PE/outdoor play curriculum is likely to be needed. 	<p>As in Band 1</p> <ul style="list-style-type: none"> • Advice from external specialist e.g. Specialist Advisory Teacher (SAT) is incorporated into target setting, planning and support. • Web based advice via CCC Local Offer. • Advice from SEND TST Physical/Medical Difficulties on fatigue management plan, risk assessments, swimming, educational visits day/residential, Personal Evacuation and Egress Plan (P.E.E.P.).

Teaching and Learning Environment	<p>As in Band 1</p> <ul style="list-style-type: none"> • May be working on modified curriculum tasks. • Small group or 1:1 adult input to practice skills. • Buddy system. 	
Human Resources and Staffing	<p>As in Band 1</p> <ul style="list-style-type: none"> • Main provision from class teacher or subject specialist with support from SENCO. • Occasional input from additional adult to provide targeted support under the direction of teacher. • Minimal support/supervision may be needed to meet hygiene needs and/or outside play and at lunch time. • Advice may be sought from Health Professionals e.g. Physiotherapist, Occupational Therapist. 	<ul style="list-style-type: none"> • SEND TST Physical/Medical Difficulties will complete a single piece of work on referral and will send written advice to school.
Curriculum and Teaching Methods	<p>As in Band 1</p> <ul style="list-style-type: none"> • Quality First Teaching. • Differentiation to curriculum to meet cognitive needs. • Personalisation of curriculum/teaching method to meet individual child or young person's needs and learning style. • Curriculum delivered at a pace that allows child or young person's time to assimilate information and then to respond appropriately. • Constant reinforcement and generalisation of skills is an essential priority. • Follow school handwriting scheme with further modifications and extra time for reinforcement. 	<ul style="list-style-type: none"> • Web based advice via CCC Local Offer.

	<ul style="list-style-type: none"> • Opportunities to practice dressing and undressing skills. • Access to appropriate ICT provision. 	
Resources and Intervention Strategies	<p>As in Band 1</p> <ul style="list-style-type: none"> • Demonstrate the use of resources that are delegated to schools and settings to support children and young people with SEND, e.g. via a Provision Map. • May need specialist low tech seating and/or furniture and equipment. • Furniture and equipment assessed by Occupational Therapy. • ICT equipment to aid recording. • Adapted site may be necessary to physically access the building. • Hygiene/medical room may be necessary. 	<ul style="list-style-type: none"> • Monitoring of the use of specialist equipment. • Web based advice via CCC Local Offer.

Band 3 – Severe SEND EHCP

Descriptor	<ul style="list-style-type: none"> • Medical conditions; dystrophies, cancers etc. that affect quality of life and are life threatening will require support at school some will be more obvious than others. • Physical conditions that require medical/therapy/respite intervention and support. • Mobile with aids, powered or manual wheelchair. • Needs support to transfer between pieces of equipment/furniture. • Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties. Child or young person may be demonstrating significant anxiety about their school experience. • Requires support to access a differentiated/modified curriculum. • Increased use of alternative methods for communication both verbal and written e.g. low tech AAC, scribe, ICT. • Needs support to access P.E. and other practical areas of the curriculum such as science or technology.
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	<ul style="list-style-type: none"> Needs support for self-care including specialist support including toileting and feeding. <p>Progress: Depending on the identified nature of the difficulty their national standard may range between ‘well above average’ to ‘well below average’.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 2</p> <ul style="list-style-type: none"> Individual targets on IEP following advice from SEND TST Physical/Medical Difficulties and health professionals. 	<p>As in Band 2</p> <ul style="list-style-type: none"> Web based advice via CCC Local Offer.
Teaching and Learning Environment	<p>As in Band 2</p> <ul style="list-style-type: none"> Individual skills based work may need to take place. Nurture group input may be necessary to help with low self-esteem. 	
Human Resources and Staffing	<p>As in Band 2</p> <ul style="list-style-type: none"> May need further specialist input from Health professionals e.g. Physiotherapist, Occupational Therapist. 	<ul style="list-style-type: none"> Training and advice from SEND TST Physical/Medical Difficulties for teaching and support staff.
Curriculum and Teaching Methods	<p>As for Band 2</p> <ul style="list-style-type: none"> Quality First Teaching. Programme to support the development of handwriting skills. 	<ul style="list-style-type: none"> Advice from a SAT on access to curriculum and teaching methods. Advice on access to appropriate physical environment and adapted equipment.

	<ul style="list-style-type: none"> • A programme to develop fine motor skills. • Further differentiation to PE curriculum. • Dressing and undressing skills programme. • More dependence on appropriate ICT for recording. 	<ul style="list-style-type: none"> • Support to develop a fine motor skills/handwriting programme. • Support to develop ICT skills for recording. • Advice on differentiation to PE curriculum in conjunction with SEND TST Physical/Medical Difficulties and/ or Physiotherapy. • Advice from a SAT on dressing and undressing skills.
Resources and Intervention Strategies	<p>As in Band 2</p> <ul style="list-style-type: none"> • Support for Social and Emotional Well-being. 	<ul style="list-style-type: none"> • Monitoring of the use of specialist equipment. • Web based advice via CCC Local Offer. • The LA will provide an agreed level of top up funding as specified in the EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds.

Band 4 – More Severe SEND

Descriptor	<ul style="list-style-type: none"> • Severe physical difficulties and/or a medical condition with or without associated learning difficulties. • A developing neuro-muscular degenerative condition or traumatic incident resulting in an acquired brain or physical injury. • Persistent difficulties in mobility around the building and in the classroom. • Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. • The need for high level support for all personal care, mobility, daily routines and learning needs. • Impaired progress and attainment. • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, and their vulnerability within the setting and wider environment, the risk of bullying and growing frustration.
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	<ul style="list-style-type: none"> Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school. <p>Progress: Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate. Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p> <p>EHCP will be in place.</p>	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 3</p> <ul style="list-style-type: none"> SENCO and specialists continually monitor and evaluate the need for the increased intensity of input from outside agencies. Modified curriculum in some or all areas. Interventions should be incorporated across all activities throughout the school day. Some children or young people are likely to require specialist support in communication and recording with an emphasis on developing child or young person's independent use of ICT, recording skills and communication through AAC as appropriate. The range of resources should be reviewed at the annual planning meeting to ensure consistency and transparency as well as ensuring that schools have the appropriate specialist resources to meet the needs of child or young person. 	<p>As in Band 3</p> <ul style="list-style-type: none"> Direct and ongoing intervention and assessment from involved specialist services, e.g. Physical & Medical, Deafness/Hearing Impaired (D/HI) and Blind/Vision Impaired (B/VI) Services.
Teaching and Learning Environment	<p>As in Band 3</p> <ul style="list-style-type: none"> Will be attending a suitably equipped mainstream school. 	

	<ul style="list-style-type: none"> Individual and small group teaching as appropriate and carefully organised to ensure full access to the curriculum, which includes functional life and communication skills. 	
Human Resources and Staffing	<p>As in Band 3</p> <ul style="list-style-type: none"> Will need 1:1 support to access aspects of the curriculum. May need individual adult support for mobility and personal care needs as advised by SEND TST Physical/Medical Difficulties and Healthcare Professionals. 	<ul style="list-style-type: none"> Training and advice from SEND TST Physical/Medical Difficulties for teaching and support staff for children and young people in mainstream schools.
Curriculum and Teaching Methods	<p>As in Band 3</p> <ul style="list-style-type: none"> Quality First Teaching. Independent life skills programmes. 	<ul style="list-style-type: none"> Web based advice via CCC Local Offer.
Resources and Intervention Strategies	<p>As in Band 3</p> <ul style="list-style-type: none"> Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or a scribe to aid independent learning and assist communication, recording skills etc. Specialist seating, furniture and equipment. Accessibility of the whole school site, with facilities and practices that maintain the dignity of each child or young person. Access to specialist resources to meet the personal care and mobility needs of each child or young person. Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. 	<ul style="list-style-type: none"> Specialist seating, furniture and equipment (see later document). Site adaptations to be considered in consultation with the LA. The LA will provide an agreed level of top up funding as specified in the EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. The LA to monitor the use of these funds.

	<ul style="list-style-type: none"> • A suitably equipped room(s) in which therapies can be carried out. • A time out area for rest periods where child or young person can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity. • An equipment room where specialist resources such as walkers, physiotherapy equipment can be stored. • The facility to recharge powered wheelchairs when necessary. 	
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Band 5 – Profound SEND

Descriptor	<ul style="list-style-type: none"> • A complex medical need requiring frequent monitoring and medical intervention throughout the school day. • Has a diagnosis of a degenerative condition. • Extensive adaptations to the physical environment of the school is necessary. • Health care inputs and therapies may be intensive and on a daily basis. • Unable to independently manage personal and/or health care during the school day and requires regular direct intervention. • To make progress within the curriculum the use of specialist materials, aids, equipment and high level of adult support is required throughout the school day. • AAC user. • Associated complex learning difficulties impacting on their ability to make progress within the curriculum. <p>Progress: Attainment levels will range from P Scales to national standard.</p> <p>EHCP will be in place or emergency assessment undertaken in exceptional circumstances.</p> <p>May require local authority SRP or local authority specialised provision.</p>
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	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 4</p> <ul style="list-style-type: none"> • Detailed PIVATS or similar assessments used to inform planning. • Curriculum planning closely tracks levels of achievement and incorporates individual targets, self -help and therapy programmes. • Targets are individualised, short term, specific and regularly reviewed. • Curriculum planning takes in to account routine daily welfare and behaviour needs. • Individual intimate care plan/protocol to be in place. • Behaviour care plans in place if appropriate. • Parents involved regularly and support targets at home. • Child or young person involved in monitoring and setting targets as much as possible. 	As in Band 4
Teaching and Learning Environment	<p>As in Band 4</p> <ul style="list-style-type: none"> • Small group teaching in a specialist provision for part of school day. • Specialist speech and language programme. • Grouping for access to a total communication environment. • May be attending a specialist provision in mainstream or a special school. 	

Human Resources and Staffing	<p>As in Band 4</p> <ul style="list-style-type: none"> • Individual specialist support for mobility and personal care needs. • High staffing ratio with specialist teaching and specialist non-teaching support to facilitate child or young person's access to the curriculum. • Staff trained and 'signed off' in physical/medical interventions and strategies as appropriate. • Access to regular nursing support and advice. • Access to specialist services e.g. educational psychologists, SEN services and health professionals. • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills, and the realisation of each child or young person's potential in attainment/achievement. 	<ul style="list-style-type: none"> • Training and advice from SEND TST Physical/Medical Difficulties for teaching and support staff for children and young people in mainstream schools. • Child or young person in Special Schools to be supported by specialist teachers within their setting.
Curriculum and Teaching Methods	<p>As in Band 4</p> <ul style="list-style-type: none"> • Quality first teaching. • Curriculum access will be facilitated using a small steps approach within the context of an appropriate sensory experiential curriculum. • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g. Picture Exchange Communication System (PECS), Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs). 	

	<ul style="list-style-type: none"> • Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical and medical needs. • Specialist learning environment that supports child or young person's need to accept and develop pre-requisite skills required to access communication and learning. 	
Resources and Intervention Strategies	<p>As in Band 4</p> <ul style="list-style-type: none"> • May have access to specialist hydrotherapy sessions. • May have access to sensory room. 	<ul style="list-style-type: none"> • Specialist seating, furniture and equipment (see later document). • Site adaptations to be considered in consultation with the LA. • The LA will provide an agreed level of top up funding as specified in the EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA to monitor the use of these funds.

For Use by Local Authority Specialist Staff Only

Part 4 - SEND Teaching Support Team - Physical/Medical Difficulties
8.1 Eligibility Criteria for Request for Statutory Assessment for an Education, Health and Care Plan

Name:	Date of Birth:
Setting/Educational Placement:	Date:

Children and young people whose primary area of SEND is Physical/Medical Difficulties may also have contributory difficulties in other areas. The following set of tables has been designed to summarise the difficulties in the 4 areas of an EHCP and to help officers in assessing the degree of support required. The tables are intended to guide officers in considering relevant factors, and they need to be used sensitively and flexibly.

1. **This assessment must be completed by the SAT for physical/medical difficulties, from CCC SEND TST, involved with the child or young person.**
2. For each of the 4 criteria below there is a list of statements. Assign points for each criterion according to the degree of difficulty the child or young person is experiencing. In the comments/evidence box, make brief notes to justify your choices.
3. In the 'Summary of Criteria' table at the end, transcribe the score from each criterion and calculate a total score.
4. If the child or young person has more significant difficulties in areas outside of physical/medical, you will need to refer to the detailed criteria for those areas and add additional points to overall total.

Criterion 1	Communication and Interaction	Score
Band 1	Difficulty with acquisition of expressive or receptive language. May have some speech output difficulties.	0-3
Band 2	Require use of alternative methods for communication both verbal and written e.g. low tech AAC, scribe, ICT. Difficulties processing verbal information.	4-6
Band 3	Physical and or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties. May need physical and/or technological support to assist with communication – speech, recording, reading, low tech AAC. Medical conditions that require speech therapy.	7-8

Band 4	Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. A developing neuro-muscular degenerative condition or traumatic incident resulting in an acquired brain or physical injury which is impacting on communication.	9-11
Band 5	Augmentative Alternative Communication (AAC) user.	12-15
	Comments/Evidence	Score

Criterion 2	Cognition and Learning	Score
Band 1	Mild to moderate difficulty with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum.	0-3
Band 2	May need specialist input to comply with health and safety legislation; e.g. to access learning in the classroom. Moderate or persistent gross and or fine motor difficulties now impacting more on access to the curriculum. May need physical and/or technological support to assist with communication – speech, recording, reading, low tech AAC. Needs some support with P.E. and other practical areas of the curriculum such as science or technology. Medical conditions; epilepsy and the conditions in Band 1 but which require a greater deal of support and intervention including a medical health care plan. Arrangements should show an understanding of how medical conditions impact on a child's ability to learn. Fatigue impacts on access to the curriculum.	4-6
Band 3	Physical and/or medical condition will have a significant impact on the ability to access the curriculum. This may be through a combination of physical, communication and learning difficulties. Needs support to access P.E. and other practical areas of the curriculum such as science or technology. Increased use of alternative methods for communication both verbal and written e.g. low tech AAC, scribe, ICT. Requires support to access a differentiated/modified curriculum.	7-8
Band 4	Severe physical difficulties and/or a medical condition with associated learning difficulties; Impaired progress and attainment. Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. The need for high level support for learning needs. A developing neuro-muscular degenerative condition or traumatic incident resulting in an acquired brain or physical injury impacting on curricular access.	9-11

Band 5	To make progress within the curriculum the use of specialist materials, aids, equipment and high level of adult support is required throughout the school day. Augmentative Alternative Communication (AAC) user. Associated complex learning difficulties impacting on their ability to make progress within the curriculum.	12-15
	Comments/Evidence	Score

Criterion 3	Social and Emotional	Score
Band 1	May have difficulty forming and sustaining peer relationships.	0-3
Band 2	Medical conditions; epilepsy and the conditions in Band 1 but which require a greater deal of support and intervention including a medical health care plan. Arrangements should show an understanding of how medical conditions impact on a child or young person's self-esteem and confidence. Child or young person may be showing signs of some anxiety as result of their physical disability/medical condition that is impacting on their emotional wellbeing-this may be despite them making academic progress. Experiences increased levels of fatigue.	4-6
Band 3	Child or young person demonstrates significant anxiety about their school experience. Medical conditions; dystrophies, cancers etc. that affect quality of life and are life threatening require support at school. Physical abnormalities make them self-conscious, isolated, defensive or behave erratically. Physical conditions require medical/therapy/respite intervention and support. Fatigue impacts on their self of well-being.	7-8
Band 4	Difficulties in making and sustaining peer relationships leading to concerns about social isolation, and their vulnerability within the setting and wider environment, the risk of bullying and growing frustration. Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school.	9-11
Band 5	Has a diagnosis of a degenerative condition.	12-15
	Comments/Evidence	Score

Criterion 4	Sensory and Physical	Score
Band 1	<p>Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. Have continence/ toileting issues. Mild to moderate difficulty with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum. Independently mobile but may have some impairment of mobility. Needs differentiated PE lessons. Have one of the following medical conditions; diabetes, cystic fibrosis, asthma, severe allergies, eczema, etc. that requires initial planning to ensure that arrangements are in place. Require administration of medication in school. Medical needs require staff to receive specialist training. Have intermittent needs which require monitoring, e.g. arthritis and diabetes.</p>	0-3
Band 2	<p>Requires specialist input to comply with health and safety legislation; e.g. to access learning in the classroom, for personal care needs, at break and lunch times. Moderate or persistent gross and/or fine motor difficulties impact on access to the curriculum. Mobile with aids e.g. walking frames, sticks, handrails on walls. Requires some support with self-care skills, P.E. and other practical areas of the curriculum such as science or technology. Requires fatigue management plan.</p>	4-6
Band 3	<p>Mobile with aids, powered or manual wheelchair. Requires support to transfer between pieces of equipment/furniture. Requires support for self-care including specialist support including toileting and feeding. Requires support to access P.E. and other practical areas of the curriculum such as science or technology. Requires physical and/or technological support to assist with communication – speech, recording, reading, low tech AAC. Medical conditions; dystrophies, cancers etc. that affect quality of life and are life threatening require support at school. Physical conditions that require medical/therapy/respite intervention and support.</p>	7-8
Band 4	<p>Severe physical difficulties and/or a medical condition with or without associated learning difficulties. Persistent difficulties in mobility around the building and in the classroom. Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning. The need for high level support for all personal care, mobility, daily routines and learning needs.</p>	9-11

Band 5	<p>To make progress within the curriculum, the use of specialist materials, aids, equipment and high level of adult support is required throughout the school day.</p> <p>Extensive adaptations to the physical environment of the school is necessary.</p> <p>Health care inputs and therapies are intensive and on a daily basis.</p> <p>Unable to independently manage personal and/or health care during the school day and requires regular direct intervention.</p> <p>Has a diagnosis of a degenerative condition.</p> <p>Associated complex learning difficulties impacting on their ability to make progress within the curriculum .</p> <p>A complex medical need requiring frequent monitoring and medical intervention throughout the school day.</p>	12-15
	Comments/Evidence	Score

Summary of Criteria		Score
Criterion 1	Communication and Interaction	
Criterion 2	Cognition and Learning	
Criterion 3	Social and Emotional	
Criterion 4	Sensory and Physical	
		Total Score

Completed by:

Specialist Advisory Teacher	Name	Signature	Date
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Bands and Description/Scores

Band	Description/Score
Band 1 - (Mild SEND)	0 - 15
Band 2 - (Moderate SEND-Early Help)	16 - 27
Band 3 - (Severe SEND- EHCP)	28 - 35
Band 4 - (More Severe SEND)	36 - 48
Band 5 - (Profound SEND)	48 - 60

Identified Additional Condition/s

Identified Additional Condition/s	Yes	No	Comments
Autism/Communication and Interaction			
Cognition and Learning – as identified by CPS			
Developmental Language Disorder - DLD			
Sensory – B/VI			
Sensory – D/HI			
SEMH			

9. Post 16 Stage

Part 1 - Introduction and Overview

This guidance relates to young people in the Post 16 stage (16 to the academic year in which they turn 25) that have a special educational need (SEN) and should be read in conjunction with the relevant primary need descriptors if identified for:

- Autism Spectrum Condition (ASC) including Social Communication and Interaction needs
- Blind or Vision Impairment (B/VI)
- Cognition and Learning
- Deafness and Hearing Impairment (D/HI)
- Developmental Language Disorder (DLD)
- Physical/Medical Difficulties
- Social Emotional and Mental Health (SEMH) Difficulties

High Needs Student Funding

- For funding purposes a high needs student is defined as
 - (i) a young person aged 16-18 who requires additional support costing over £6,000; and
 - (ii) any young person aged 19-25 subject to an Education, Health and Care Plan (EHCP) who requires additional support costing over £6,000.
- High needs funding for 16 to 25 year olds consists of both place funding (Elements 1 and 2) and Local Authority (LA) top up funding (Element 3).
- In all instances a high needs student's placement must be commissioned by the relevant LA with top up funding (Element 3) agreed by the LA with a provider.
- If the LA does not agree a placement (even where a provider may have assessed the student as requiring additional support or a student has been offered a place) and top up funding is not agreed to, then these students are not counted as high needs for funding purposes.
- Element 1 and 2 funding is provided by the Education and Skills Funding Agency (ESFA).
- All Further Education (FE) Colleges in Cumbria have an allocation of Element 2 places commissioned by Cumbria LA.
- Students who need a lower level of support costing less than £6,000 should be supported through the providers disadvantage funding – this funding recognises that some students require additional support to participate and achieve.
- This funding is calculated on 2 sets of data and forms part of the overall provider programme funding:

- Economic deprivation (based on postcode data).
- Prior attainment.

Students aged 19 to 24 without an EHCP

- These students are the responsibility of the ESFA even if their support costs are over £6,000.
- Where a young person aged 19 (or over but under 25) arrives at college and based on the provider's assessment is likely to need additional support costing in excess of £6,000, the provider can with the permission of the young person request a statutory assessment from an EHCP from the LA – please refer to Cumbria LA's published criteria that the provider must follow prior to the request.
- On receipt of a request for statutory assessment the LA has up to 6 weeks to decide whether or not to conduct an assessment.
- While the decision to assess or an actual assessment period is ongoing, the provider should enrol the learner as an adult learner funded by the ESFA.
- If the learner subsequently receives an EHCP then the provider should amend the Individual Learning Record (ILR) and the learner will be funded by the ESFA.

16 to 25 year old Apprentices with high needs and an EHCP

- Funding for apprentices with an EHCP is based on the ESFA apprenticeship funding formula.
- £150 can be claimed for support each month through the ILR.
- Excess support costs per month should be recorded and evidenced.
- ESFA covers the additional costs.

High Needs Students – Criteria & Bandings for Post 16 - Further Education

Band 1	Support provided by FE Provider up to 16 hours (less than £6000) funded via EFA (Element 2)
Band 2	Support provided by FE provider over 16 hours (element 2) and up to 10 hours (Element 3)
Band 3	Support provided by FE provider over 16 hours (element 2) and up to 15 hours (Element 3)
Band 4	Support provided by FE provider over 16 hours (element 2) and up to 19 hours (Element 3)

Part 2 - Band Descriptors

Cognition and Learning

Key Strands	Band 1 (Universal) (Element 2)	Band 2 (Element 3)	Band 3 (Element 3)	Band 4 (Element 3)
Participation in the Learning Culture	Mild Cognition and Learning needs inhibit some participation in, contribution to, and understanding of activities and learning in the classroom and school environment.	Moderate Cognition and Learning needs inhibit participation in, contribution to, and understanding of activities and learning in the classroom and school environment.	Moderate to Severe Cognition and Learning needs inhibit consistent participation in, contribution to, and understanding of activities and learning in the classroom and school environment.	Severe Cognition and Learning needs significantly inhibit access to activities and learning in the classroom and the school environment.
Responses to Learning	Mild difficulties with concentration and retention despite additional support and curriculum modification. Some limited ability to transfer skills and knowledge.	Moderate difficulties with concentration and retention despite additional support and considerable curriculum modification. Limited ability to transfer skills and knowledge.	Moderate to Severe difficulties with concentration and retention despite additional support and a highly adapted curriculum modification. Many difficulties in transferring skills and knowledge.	Severe difficulties with concentration and retention despite high levels of additional support and an individualised curriculum. Unable to transfer skills and knowledge.
Cognitive Development and Progress	Attainment is at a lower level than the majority of peers despite additional support.	Attainment is at a moderately lower level than the majority of peers, with	Attainment is at a moderate to severe lower level than the majority of peers despite	Progress is minimal or regressive despite high levels of support and

		gaps in comparative attainment levels increasing over time. Progress is slow despite significant and increasing levels of targeted intervention.	high levels of support and intervention.	intervention.
Communication	Mild language and communication difficulties.	Moderate language and communication difficulties impacting on participation in the Learning Culture and on Learning Responses.	Moderate to severe language and communication difficulties impacting significantly on participation in the Learning Culture and on Learning Responses.	Severe language and communication difficulties that preclude participation in the majority of areas of the Learning Culture and Learning Responses.
Social Relationships and Development	Mild difficulties in the formation and maintenance of friendships and relationships.	Moderate difficulties in the formation and maintenance of appropriate friendships and relationships.	Moderate to severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in frequent social isolation and vulnerability, with some alienation from the learning culture.	Severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in extreme social isolation, vulnerability and alienation from the learning culture.
Adaptive Behaviours: Motor Skills	Mild delay in gross and fine motor skills.	Moderate delay in gross and fine motor skills.	Moderate to severe delay in gross and fine motor skills.	Severe delay in gross and fine motor skills at levels that prevent access to the curriculum.

Adaptive Behaviours: Self-Help Skills	Mild difficulties in developing independence in organisational skills and personal care needs.	Moderate difficulties in developing age-appropriate independence in daily living skills and personal care needs.	Moderate to severe difficulties in developing age-appropriate independence in daily living skills and personal care needs without support.	Severe difficulties in developing age-appropriate daily living skills and personal care skills, resulting in total dependency on an adult.
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Communication and Interaction				
Key Strands	Band 1 (Universal) (Element 2)	Band 2 (Element 3)	Band 3 (Element 3)	Band 4 (Element 3)
Participation in the Learning Culture	Mild Communication and Language needs inhibit some participation in, contribution to, and understanding of activities and learning in the classroom and school environment as a result of difficulties in following instructions and routines and maintaining attention to task.	Moderate Communication and Language needs inhibit some participation in, contribution to, and understanding of activities and learning in the classroom and school environment as a result of persistent difficulties in following instructions and routines and maintaining attention to task.	Moderate to severe Communication and Language needs inhibit some participation in, contribution to, and understanding of activities and learning in the classroom and school environment as a result of persistent and complex difficulties in following instructions and routines and maintaining attention to task.	Severe Communication and Language needs inhibit some participation in, contribution to, and understanding of activities and learning in the classroom and school environment as a result of an inability to follow instructions.

<p>Social Relationships and Development</p>	<p>Mild difficulties in the formation and maintenance of friendships and relationships.</p>	<p>Moderate difficulties in the formation and maintenance of appropriate friendships and relationships.</p>	<p>Moderate to severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in frequent social isolation and vulnerability, with some alienation from the learning culture.</p>	<p>Severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in extreme social isolation, vulnerability and alienation from the learning culture.</p>
<p>Developmental Profile</p>	<p>May have an uneven developmental profile</p>	<p>A moderate degree of uneven progress between subject areas due to problems with particular aspects of communication development.</p>	<p>Limited progress across all areas due to moderate to severe problems with particular aspects of communication development, resulting in a significant impact on learning.</p>	<p>Extremely limited progress across all areas due to moderate to severe problems with particular aspects of communication development, resulting in a direct and extreme impact on learning.</p>
<p>Communication and Participation</p>	<p>Mild language and communication difficulties.</p>	<p>Moderate communication difficulties inhibit regular participation, understanding and contribution to activities.</p>	<p>Moderate to severe communication difficulties seriously inhibit regular participation, understanding and contribution to activities. A pupil has a diagnosis of autism.</p>	<p>Severe communication difficulties preclude participation, understanding and contribution to activities.</p>
<p>Flexibility of Thought</p>	<p>Evidence of mild inflexible thought.</p>	<p>Evidence of a moderate degree of rigidity of thought, resulting in the pupil being inflexible and unlikely to</p>	<p>Evidence of a moderate to severe degree of rigidity of thought, resulting in the pupil being inflexible and unlikely</p>	<p>Evidence of a severe degree of rigidity of thought, resulting in the pupil being totally inflexible and unlikely</p>

		cope with change, leading to signs of stress and anxiety.	to cope with change, leading to significant responses.	to cope with change, leading to extreme responses.
Response to Sensory Stimuli	A mild and unusual response to some sensory stimuli requiring adjustments to the environment.	A moderate and unusual response to sensory stimuli requiring additional adjustments to the environment.	A moderate to severe and unusual response to sensory stimuli at frequent levels, requiring major adjustments to the environment.	A severe and unusual response to sensory stimuli at frequent levels, requiring major adjustments to the environment.

Sensory/Physical and Medical

Key Strands	Band 1 (Universal) (Element 2)	Band 2 (Element 3)	Band 3 (Element 3)	Band 4 (Element 3)
Participation in the Learning Culture/Curriculum Access	Experiences a mild degree of difficulty and is able to participate in most classroom and school environment activities and learning tasks independently with some additional support.	Experiences a moderate degree of difficulty and is able to participate in some classroom and school environment activities and learning tasks independently with a degree of additional support. Curricular information requires repetition/rephrasing. Classroom information and curriculum materials may require specific adaptation	Experiences a moderate to severe degree of difficulty and is only able to participate in limited classroom and school environment activities and learning tasks independently with significant additional support. Pupil requires sign support or higher levels of repetition/rephrasing. Classroom information and curriculum materials may	Experiences a severe degree of difficulty and is unable to participate in classroom and school environment activities and learning tasks without total adult support. Pupil's sole access to the curriculum requires sign language interpretation. Classroom information and curriculum materials may require extensive adaptation and/or modification to

		<p>and/or modification to enable access.</p> <p>Distance learning (e.g. reading/copying from a whiteboard) may be moderately difficult and require flexible arrangements such as additional/modified resources.</p> <p>A moderate degree of difficulty may require specialist teaching input to teach/develop specific visual skills.</p> <p>A moderate degree of difficulty may require differentiated arrangements for statutory assessments, examinations and tests.</p> <p>A moderate degree of difficulty requires continued assessment advice, monitoring and direct teaching when necessary from a specialist teacher.</p>	<p>require significant adaptation and/or modification to enable access.</p> <p>Moderate to severe difficulties are in evidence in gaining access to print for reading. Distance learning presents significant and requires adult mediation for learning.</p> <p>A moderate to severe degree of difficulty requires an enhanced level of specialist teaching input to develop visual skills.</p> <p>A moderate to severe degree of difficulty requires enhanced levels of differentiated arrangements for statutory assessments, examinations and tests.</p> <p>A moderate to severe degree of difficulty requires enhanced levels of assessment advice, monitoring and direct teaching when necessary from a specialist teacher.</p>	<p>enable access.</p> <p>Severe difficulties result in the pupil being totally dependent on tactile approaches such as Braille or Moon.</p> <p>A severe degree of difficulty requires optimum levels of specialist teaching input to develop visual skills.</p> <p>A severe degree of difficulty requires an optimum level of differentiated arrangements for statutory assessments, examinations and tests.</p> <p>A severe degree of difficulty requires maximum levels of assessment advice, monitoring and direct teaching when necessary from a specialist teacher.</p>
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<p>Care Needs</p>	<p>Experiences mild care needs requiring some adult intervention.</p>	<p>Experiences moderate care needs that may require targeted specialist advice, support and training from a mobility officer to aid participation in activities.</p> <p>Experiences moderate care needs that require adult support.</p>	<p>Experiences moderate to severe care needs and is likely to require specialist advice, support and training from a mobility officer to ensure safe and efficient mobility around provider and wider environment to aid participation in activities. Experiences moderate to severe care needs that require significant adult support.</p> <p>Experiences moderate to severe care needs that are likely to require support to address social needs during unstructured times of the school day.</p>	<p>Experiences severe care needs requiring specialist advice, support and training from a mobility officer to ensure safe and efficient mobility around provider and wider environment to aid participation in activities.</p> <p>Experiences severe care needs, resulting on total dependency on adult to meet all care and/or mobility needs.</p> <p>Experiences severe care needs that require support to address social needs during unstructured times of the school day.</p>
<p>Social Interaction</p>	<p>Mild difficulties in the formation and maintenance of friendships and relationships that may require some adult support.</p>	<p>Moderate difficulties in the formation and maintenance of appropriate friendships and relationships that require are likely to require adult support.</p>	<p>Moderate to severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in frequent social isolation and vulnerability, with some alienation from the learning culture. Significant adult support is needed.</p>	<p>Severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in extreme social isolation, vulnerability and alienation from the learning culture. Substantial adult support is needed.</p>

Language and/or Written/Oral Communication	Mild communication/language difficulties requiring some specialist support and approaches.	Moderate communication/language difficulties requiring specialist support and approaches.	Moderate to severe communication/language difficulties requiring significant specialist support and approaches.	Severe communication/language difficulties resulting in total dependent on specialist support and approaches.
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Social Emotional and Mental Health				
Key Strands	Band 1 (Universal) (Element 2)	Band 2 (Element 3)	Band 3 (Element 3)	Band 4 (Element 3)
Participation in the Learning Culture	Mild SEMH inhibit participation in and contribution to activities and learning in the classroom and school environment, resulting in limited progress in many areas.	Moderate and frequent SEMH inhibit consistent participation in and contribution to activities and learning in the classroom and school environment, resulting in very limited progress in most areas.	Moderate to severe and persistent SEMH inhibit most participation in and contribution to activities and learning in the classroom and school environment, resulting in extremely limited progress in all areas.	Severe SEMH inhibit any participation in and contribution to activities and learning the classroom and the school environment. SEMH are a barrier to all learning.
Responses to Learning	Mild and unpredictable responses to learning tasks, resulting in periods of uncooperative behaviour and/or emotional withdrawal.	Moderate and frequent unpredictable responses to learning tasks, resulting in periods of uncooperative behaviour and/or emotional withdrawal.	Moderate to severe and persistent unpredictable responses to learning tasks, resulting in prolonged periods of uncooperative behaviour and/or emotional withdrawal.	Severe responses, leading to inability to engage with any formal learning situation.

<p>Social Relationships and Development</p>	<p>Mild difficulties in the formation and maintenance of friendships and relationships.</p>	<p>Moderate difficulties in the formation and maintenance of appropriate friendships and relationships.</p>	<p>Moderate to severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in frequent social isolation and vulnerability, with some alienation from the learning culture.</p>	<p>Severe difficulties in the formation and maintenance of appropriate friendships and relationships, resulting in extreme social isolation, vulnerability and alienation from the learning culture.</p>
<p>Impact on Self and Others</p>	<p>Mild behaviours that may be injurious and/or endanger others.</p>	<p>Moderate and frequent behaviours that may be injurious and/or endanger others, resulting in some social isolation and rejection.</p>	<p>Moderate to severe and repeated behaviours that may be injurious and/or endanger others, resulting in high levels of social isolation and rejection.</p>	<p>Severe and extreme behaviours that result in significant risks of harm to self and others despite close adult support, resulting in extreme social isolation, vulnerability and alienation from the learning culture.</p>
<p>Emotional Health and Well-Being</p>	<p>Mild and infrequent periods of disruption to social and emotional well-being resulting in an impact on learning.</p>	<p>Moderate and frequent periods of disruption to social and emotional well-being resulting in a regular impact on learning.</p>	<p>Moderate to severe and persistent disruption to social and emotional well-being resulting in unhappiness/stress. Possible prolonged periods of absence/alienation.</p>	<p>Severe disruption to social and emotional well-being, resulting in extreme social isolation and disengagement.</p>

High Needs Students – Post 16 - Further Education				
	Band 1 (Element 2)	Band 2 (Element 3)	Band 3 (Element 3)	Band 4 (Element 3)
Area of Need	Universal/Mild	Moderate	Moderate/Severe	Severe
Cognition and Learning	Educating Institution resources Up to 16 hours	Up to 10 hours	Up to 15 hours	Up to 19 hours
Communication and Interaction	Educating Institution resources Up to 16 hours	Up to 10 hours	Up to 15 hours	Up to 19 hours
Medical	Educating Institution resources Up to 16 hours	Up to 10 hours	Up to 15 hours	Up to 19 hours
Sensory/Physical	Educating Institution resources Up to 16 hours	Up to 10 hours	Up to 15 hours	Up to 19 hours
Social Emotional Mental Health	Educating Institution resources Up to 16 hours	Up to 10 hours	Up to 15 hours	Up to 19 hours

10. Social, Emotional and Mental Health (SEMH) Difficulties

Part 1 – Introduction and Overview

Children can have social, emotional and mental health difficulties at any stage in their development and these can be linked to a specific event in their lives (e.g. bereavement, trauma, illness, family stresses, being bullied). Some can be linked to longer term issues such as learning problems, difficulties with social skills, prolonged family disruption or medical conditions such as Autism Spectrum Condition (ASC) or Attention Deficit Hyperactivity Disorder (ADHD). The presenting problems, therefore, can vary in intensity, frequency and duration. They may range from changes in emotional resilience (such as withdrawal or anxiety about attending school/setting) to expressions of underlying stress (such as tearfulness, refusal to engage with learning, self-harming) or more overtly challenging behaviour (such as aggression, defiance, anti-social acts).

All children and young people should be educated in an environment which is attuned to their social and emotional needs and taught the skills which underpin wellbeing and engagement with learning. All people who work with and care for children will have an understanding that environmental and relationship issues can and do impact on social emotional and mental health.

The key areas are:

- An inclusive whole school/setting ethos which is communicated to parents and the wider community.
- A positive focus on attendance.
- A positive behaviour for learning policy which is differentiated to meet the needs of all pupils and dovetails with other policies e.g. anti-bullying.
- A classroom and playground environment which focuses on positive relationships and the development of social skills.
- The provision of planned opportunities for children and young people to learn social and emotional skills.
- The recognition that some children and young people may experience short term difficulties managing their emotions and behaviour.
- Strategies should be employed to ensure that the child or young person's voice is taken into account in planning and delivery.

The child or young person's strengths should be identified as well as areas of additional need. Observations, ongoing structured assessments and a plan-do-review approach will be important and adopting a solution-focussed approach which builds on the child or young person's strengths, will be beneficial.

Many children and young people will thrive in a nurturing and supportive school/setting environment but some will require more targeted or specialist support.

Part 2: Band Descriptors

<p>Band 1 (Mild SEND)</p>	<ul style="list-style-type: none"> • Child or young person will have been identified as presenting with some low level features of social, emotional and/or mental health difficulties and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and individualised interventions being in place. • They may sometimes appear isolated or have immature social skills. • Child or young person may have become socially and emotionally vulnerable, withdrawn, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge. • They may be occasionally disruptive in the classroom setting, be overactive and lack concentration. • SEMH needs interfere with child or young person's social/learning development across a range of settings and child or young person does not follow routines in school/setting consistently. • They may show signs of stress and anxiety and/or difficulties managing emotions on occasions: this might relate to specific circumstances or times of the day. • Child or young person may have a preference for their own agenda and be reluctant to follow instructions. • Child or young person may have begun to experience short term behavioural or emotional crises.
<p>Band 2 (Moderate SEND – Early Help)</p>	<ul style="list-style-type: none"> • Difficulties identified at Band 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Band 1 interventions being in place. • SEMH needs interfere more frequently with the child or young person's social/learning development across a range of settings and child or young person does not follow routines in school/setting without adult support. • The child or young person remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning. • The child or young person's patterns of stress/anxiety occur with more frequency and duration. • The child or young person may have a preference for own agenda and may be reluctant to follow instructions. • Short-term behavioural crises have become more frequent and are more intense. • Child or young person may be at risk of fixed term exclusion and have more sustained difficulties in social interactions/relationships with both adults and peers and difficulties managing a range of emotions.

<p>Band 3 (Severe SEND - EHCP)</p>	<ul style="list-style-type: none"> • Child or young person presents with severe and persistent levels of social, emotional and/or mental health difficulties which are now more complex and which may necessitate a multi-agency response. • Child or young person is more likely to have experienced fixed term exclusion (s). • Significant and increasing difficulties with social interaction, social communication, social understanding or emotional regulation which regularly impact on classroom performance and may require adult support for a proportion of the school day. • Child or young person is increasingly isolated and struggles to maintain positive relationships with adults and/or peers. • Careful social and emotional differentiation of the curriculum is essential to ensure access to the curriculum and progress with learning.
<p>Band 4 (More Severe SEND)</p>	<ul style="list-style-type: none"> • The child or young person has significant and increasing social, emotional and/or mental health difficulties, often compounded by additional needs. • The child or young person experiences barriers to accessing the curriculum as a result of social, emotional and/or mental health issues, for example, acute anxiety or attachment issues. • There are patterns of regular school/setting absence. • The child or young person is disengaged from learning and shows significant under-performance. • They use verbal and physical aggression. • They are reliant on adult support to remain on task. • The child or young person engages in high risk taking activities both at school/setting and within the community. • They show difficulties expressing empathy, may seem emotionally detached, could have a tendency to hurt others, self or animals. • There are issues around identity and belonging. • The child or young person needs to be in control or uses bullying behaviours. • They may have difficulties sustaining relationships. • They may be over-friendly or withdrawn with strangers, at risk of exploitation. • The child or young person may be provocative, there may be evidence of sexualised language or behaviours. • They may be slow to develop age appropriate self-care skills due to immaturity or degree of learning difficulties. • The child or young person may have physical, sensory and medical needs that require medication and regular review.

<p>Band 5 (Profound SEND)</p>	<ul style="list-style-type: none"> • The child or young person shows continuing significant and increasing social, emotional, mental health and/or behavioural difficulties, often compounded by additional needs. • They use significant challenging behaviour requiring a range of interventions or referral to specialist support services. • The child or young person may be unable to manage themselves in groups without dedicated support. • They may be subject to neglect, basic needs may be unmet or they may experience hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours which impact on their learning. • The child or young person may be involved in substance misuse either as a user or exploited into distribution/selling. • They have poor attendance and/or may require high level of adult intervention to bring into school/setting, even with transport provided. • They may refuse to engage, may be extremely abusive towards staff and peers, disengaged or disruptive. • They may damage property. • The child or young person may require targeted teaching in order to access learning in dedicated space away from others. • They may pose a health and safety risk to self and others due to increased levels of agitation and presenting risks. • They may use sexualised language and behaviour, identified at risk of Child Sexual Exploitation (CSE). • There may be medical conditions, such as epilepsy, ADHD or Conduct Disorder that may require specialist support.
<p>Band 6 (Exceptional SEND)</p>	<ul style="list-style-type: none"> • The child or young person may experience continued long term and complex social, emotional and mental health difficulties, necessitating a continued multi-agency response and/or continuation of specialist provision. <p>Their needs are likely to include:</p> <ul style="list-style-type: none"> ○ Self-harming behaviour/self-injury. ○ Attempted suicide. ○ Persistent substance abuse. ○ Extreme sexualised language and behaviour; may be at risk of CSE. ○ Extreme violent/aggressive behaviour. ○ Serious mental health issues. ○ Long term non-attendance and disaffection. ○ Appearance in court for anti-social behaviour/criminal activity. ○ Putting self and others in danger. ○ Being frequently missing for long periods. ○ Extreme vulnerability.

	<ul style="list-style-type: none"> ○ May have medical conditions that are potentially life threatening and cannot be managed without dedicated support.
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Part 3 - Provision

Band 1 – Mild SEND

Descriptor	<ul style="list-style-type: none"> • Child or young person will have been identified as presenting with some low level features of social, emotional and/or mental health difficulties and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and individualised interventions being in place. • They may sometimes appear isolated or have immature social skills. • Child or young person may have become socially and emotionally vulnerable, withdrawn, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge. • They may be occasionally disruptive in the classroom setting, be overactive and lack concentration. • SEMH needs interfere with child or young person’s social/learning development across a range of settings and child or young person does not follow routines in school/setting consistently. • They may show signs of stress and anxiety and/or difficulties managing emotions on occasions: this might relate to specific circumstances or times of the day. • Child or young person may have a preference for their own agenda and be reluctant to follow instructions. • Child or young person may have begun to experience short term behavioural or emotional crises. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • Systems will be in place to ensure effective class and behaviour management strategies. • Systems will be in places which ensure effective consequences to positive and negative behaviours (rewards and sanctions). 	<ul style="list-style-type: none"> • Local Authority (LA) will advise schools/settings to access training on attachment, bereavement and loss, impact of trauma, transition and other key events likely to affect children and young people and provide this where possible.

	<ul style="list-style-type: none"> • There are effective links between pastoral support, personal and social education, SEND and the curriculum. • There will be accurate assessments of teaching and learning which includes emotional, social and developmental factors. • School/setting will consider autonomy and independence of children and young people. • School/setting will have a behaviour policy, with a range of strategies which are clearly communicated, monitored and consistently implemented. • Assessment will continue as part of normal school/setting and class procedures, while the SENCO may initiate more specific assessment and observations. • Records kept should include observations and assessments of context, structured and unstructured times, frequency, triggers, ABCs. • Behaviour plans/risk assessments may be in place for more difficult times of the school/setting day. • Individual Provision Map in place demonstrating that an increasing range of individual support is in place that is additional to and different from mainstream. • Progress should be measured by changes in emotional well-being, behaviour and learning following each review cycle and should be regularly shared with parents. • Learning styles should be re-visited with adjustments made to accommodate them. • A planned programme of support should be in place related to assessments, with child or young person involved in setting and monitoring their own targets. • Parents should be involved on a regular basis and encouraged to support targets at home. • There may be a Team around the Child/Family (TAC/F) established. 	<ul style="list-style-type: none"> • LA (Traded Services) will co-ordinate training where needed. • LA to signpost to appropriate information, resources and services. • Offer consultation with Educational Psychologists (EPs)/ Behaviour and Emotional Well-being Officers (BEWOs)/ Specialist Advisory Teachers (SATs)/ Virtual School Team/ Inclusion Officers as part of the Early Help Process. • The settings/school may request involvement from Health and Social Care. • LA will ensure that for Child Looked After - Personal Education Plans, (CLA PEPs) are written and monitored. Signposting to appropriate information, resources and service and update Local Offer. • LA staff will remind schools that behaviour is a form of communication and may be underpinned by SEMH issues. • Joint reviewing of evidence of the action already being taken by the setting/school to meet the perceived needs of the child or young person. • Guidance on identifying needs for the development of pupil profile/support plan. • Guidance on the use of Risk Assessments to plan for positive behaviour management.
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<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • Classrooms will be nurturing environments with attention paid to nurturing principles. • Classrooms will make available quiet areas for individual work or allow children and young people to calm/refocus. • Attention should be paid to learning styles/any learning adjustments that may be necessary. • Attention will be paid to emotional, social, mental health and wellbeing. • Child or young person will continue to be in a mainstream class with attention paid to organisation and pupil groupings as follows: <ul style="list-style-type: none"> ○ There should be opportunities for small group work based on identified need e.g. listening/thinking/social skills. ○ Use of time limited mainstream classroom programmes of support, which relates to assessments. ○ Offer small group work to teach appropriate behaviours and emotional regulation. ○ Use individual programmes based on specific need identified through assessments. 	<ul style="list-style-type: none"> • LA will remind schools/settings of the need to consider staff well-being. • LA will remind schools/settings of the need for whole school/setting approaches to inclusion, SEMH issues and SEN and provide support via training where possible (e.g. Lunchtime Matters for Midday Supervisors). • LA may help re seeking evidence based practice approaches and research into these. • Guidance on interpreting the evidence of the child or young person’s academic attainment and rate of progress. • Advice on early support and appropriate strategies.
<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> • There will be a shared understanding of how social and emotional issues impact on behaviour. • Staff will liaise closely and use common approaches with parents/carers. • Staff will seek support and training on issues related to emotional, social development and behaviour. • School/setting will make reference to SEND Code of Practice and Local Offer. • School/setting should consider the use of The Index for Inclusion (Centre for Studies on Inclusive Education). • School/setting should refer to the Inclusion Development 	<ul style="list-style-type: none"> • Consultation advice from EP/BEWO.

	<p>Programme (Autism, Behavioural, emotional and social difficulties (BESD), Developmental Language Disorder (DLD), Dyslexia) DfE (archives).</p> <ul style="list-style-type: none"> • School/setting will cross reference their anti-bullying policies, behaviour policies, SEN policies, dissemination of consistent rules, how they improve resilience, means of accessing voices of children and young people (school councils, worry boxes etc.). • School/setting will consider the impact of health needs/medical conditions on well-being and inclusion. • Senior Leadership Team (SLT) will ensure staff well-being and provide regular opportunities to discuss issues of concern and individual children or young people. • School/setting should ensure they share information and support non-teaching staff including Midday Supervisors. SENCO should offer support/advice with assessment, observation and planning. • Appropriately skilled additional adults should be routinely used to support flexible groupings, observe child or young person, differentiate and offer some 1:1. • There should be close monitoring to identify “hotspots” through observation with results used in planning. • Offer support for times identified by risk assessments and implement strategies to manage these. • Ensure close liaison and common approach with parents/carers. • Consider the use of learning mentors. • Consider Planning for Positive Behaviour e.g. for observation templates. • Consider use of formal assessment tools such as Strengths and Difficulties Questionnaire (SDQ). • School/setting should refer to “Making Best Use of Teaching Assistants: Guidance Report” (Sharples, Webster and Blatchford). • School/setting staff should audit skills and training needs 	
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	<p>and use local forums to develop this.</p> <ul style="list-style-type: none"> • All relevant staff should be aware of Safeguarding procedures and needs of Children who are Looked After. 	
<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> • Staff will model positive and respectful interactions between each other and between staff and pupils. • There will be appropriate differentiation of the curriculum and all supporting materials. • Staff will have awareness of the strengths and needs and learning styles of individual children and young people. • Staff will have high behavioural expectations within the classroom and playground, supported by teaching to meet these. • There will be planned teaching of personal social and emotional skills. In class, more targeted differentiation of the curriculum and supporting materials should enable full access. • Strategies developed should be formally shared with school/setting staff, parent/carer and be documented. • There should be increased differentiation of social, emotional and behavioural learning as well as the academic curriculum. • The level and pace of instructions should be modified. • There should be increased emphasis on identifying and teaching to preferred learning styles. • Ensure planned opportunities for child or young person to reinforce social and emotional skills. • Ensure use of specific group or 1:1 programmes around social, emotional difficulties and promoting positive mental health and resilience. • Prepare for any change and ensure clear routines so that children and young people feel safe. 	<ul style="list-style-type: none"> • Consultation advice from EP/BEWO.

<p>Resources and Intervention Strategies</p>	<ul style="list-style-type: none"> • School/setting will have an effective behaviour/inclusion policy that is regularly monitored and evaluated within the school/setting. • There will be a range of additional provisions in place in school/setting such as: school councils, peer counselling, buddy schemes, circle time, breakfast clubs, lunchtime/after school activities, break time havens, life skills teaching. • Strategies will be in place to encourage parental involvement in the life of school/setting. • Structured systems will be in place to support internal transitions between classes/activities, around school/setting. • Strategies will be in place to monitor attendance and punctuality which enhances communication between home and school/setting. • School/setting will have systems for observing, auditing and assessing a child or young person’s behaviour, monitored by Senior Leadership Team (SLT).Further use of positive targeted strategies that include: <ul style="list-style-type: none"> ○ Further baseline assessments and support, Personal Social Development (PSD) targets. ○ Checks of hearing, vision, and other aspects of health. ○ Use of incident logs, ABC charts, observations in a range of settings with analyses and adjustments made according to findings, consideration should be given to the use of positive diaries, visual time tables. ○ Provision of parenting support/ family centre involvement. 	<ul style="list-style-type: none"> • Consultation advice from EP/BEWO.
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Band 2 – Moderate SEND – Early Help		
Descriptor	<ul style="list-style-type: none"> • Difficulties identified at Band 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Band 1 interventions being in place. • SEMH needs interfere more frequently with the child or young person’s social/learning development across a range of settings and child or young person does not follow routines in school/setting without adult support. • The child or young person remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning. • The child or young person’s patterns of stress/anxiety occur with more frequency and duration. • The child or young person may have a preference for own agenda and may be reluctant to follow instructions. • Short-term behavioural crises have become more frequent and are more intense. • Child or young person may be at risk of fixed term exclusion and have more sustained difficulties in social interactions/relationships with both adults and peers and difficulties managing a range of emotions. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 1 plus:</p> <p>School/setting Assessment</p> <ul style="list-style-type: none"> • Initiate Early Help Assessment. • Use more detailed and targeted observation and use of the LA’s publication (Planning for Positive Behaviour) i.e. interval sampling, use and analysis of assessment tools (Boxall, SDQ) and assessment related to interventions. • Behaviour plans/risk assessments should be in place for more difficult times of the school day. • Assess progress in response to interventions – plan – do – review. • Use pupil self-assessment, and wider assessments for 	<p>As in Band 1 plus:</p> <ul style="list-style-type: none"> • LA staff will attend TAC/TAF meetings. • LA to support schools to use the EH process to seek further advice and inform plan-do- review cycle.

	<p>learning/other SEN.</p> <ul style="list-style-type: none"> • Use more detailed recording, monitoring of frequency, intensity, ABC over a range of contexts. • Involve educational and other agencies e.g. Child and Adolescent Mental Health Service (CAMHS), Paediatrician, Family Support, Social Care. • Ensure an Individual Provision Map continues to be in place, demonstrating that an increased range of individual support additional to and different from mainstream is necessary to ensure full inclusion and progress with learning. • Planning should include individually focused plans/Provision Maps with clear targets and with appropriate steps taken to engage child or young person and parents. 	
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • In addition to the provision at Band 1, identified regular support to teach social skills/emotional literacy in order to support behaviour/learning targets. • Offer regular, time limited programmes of small group work based on identified need. • Ensure ongoing opportunities for 1:1 support focused on specific individual targets. 	<p>As in Band 1.</p>
<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> • Offer a suitably qualified empathic adult, under the direction of teacher/SENCO. • There should be increased parental/carer involvement/ multi-agency support to plan and regularly review individual plans. • Encourage and include in extracurricular activities. • Develop a multi-agency approach. 	<p>As in Band 1.</p>

Curriculum and Teaching Methods	<ul style="list-style-type: none"> • Modify level/pace/amount of teacher talk to child or young person's identified need. • Establish individual targets within group programmes and/or 1:1. • Ensure a nurturing approach within the classroom which takes account of difficulties in the understanding of social rules and expectations. • Emphasise increasing differentiation of activities and materials and take account of individual learning styles. • Offer short term individual support focusing on listening, concentration, and social skills. • Offer regular small group work with an increasing emphasis on relationships, emotions, social skills, conflict resolution. • Consider an alternative, differentiated curriculum that allows flexibility to teach according to emotional need rather than chronological age. • Provide opportunities for play, creative activities, drama/role play. 	<p>As in Band 1.</p>
Resources and Intervention Strategies	<ul style="list-style-type: none"> • Use materials from Planning for Positive Behaviour and the Behaviour Curriculum, including Situation Matters, Behaviour Curriculum Level Descriptions, ABC charts, Pupil Profile, Observation schedules. • Continue with Band 1 strategies and use of behaviour targets within classroom or playground. • Increase visual systems; prompt cards, behaviour plans, risk assessments, portable plans, and/or diaries. • Offer regular small group work on conflict resolution, social/emotional skills. • Offer short term individual support, using solution focused, motivational approaches. 	<p>As in Band 1.</p>

	<ul style="list-style-type: none"> • Use additional circle time activities/small circles of support. • Consider involvement from a wider range of services. • Consider establishing Nurture Groups. • Access National Institute for Health and Care Excellence (NICE) Guidelines and Targeted Mental Health in Schools (TaMHS) toolkit and projects such as Headstart. • Staff should seek training on appropriate issues such as bereavement and loss, self-harm and suicide prevention, children at risk of sexual exploitation, autism and ADHD, attachment. 	
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Band 3 – Severe SEND - EHCP		
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Descriptor	<ul style="list-style-type: none"> • Child or young person presents with severe and persistent levels of social, emotional and/or mental health difficulties which are now more complex and which may necessitate a multi-agency response. • Child or young person is more likely to have experienced fixed term exclusion (s). • Significant and increasing difficulties with social interaction, social communication, social understanding or emotional regulation which regularly impact on classroom performance and may require adult support for a proportion of the school day. • Child or young person is increasingly isolated and struggles to maintain positive relationships with adults and/or peers. • Careful social and emotional differentiation of the curriculum is essential to ensure access to the curriculum and progress with learning.
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	Setting/Governing Body	Local Authority
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Assessment and Planning	As in Band 2 plus Assessment	As in Band 2 plus <ul style="list-style-type: none"> • Request for EHCP assessment might be appropriate: LA
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	<ul style="list-style-type: none"> • More systematic application of assessment tools to gain detailed evidence over time with reviews (e.g. Boxall Profile, using ABC observations to inform planning). • Initiate EHCP process. <p>Planning</p> <ul style="list-style-type: none"> • Behaviour and curriculum plans should closely track levels of achievement, and all IEP/IBP targets should be individualised and SMART. • Effective multi-agency working should be in place. • Use Positive Handling Plans where appropriate, providing careful details about safety, the trained staff who will be involved with the plan, the circumstances in which positive handling might be used, and how it will be recorded and communicated to parents or carers. • Ensure a functional analysis of presenting behaviours or issues. 	<p>to consider evidence.</p> <ul style="list-style-type: none"> • LA professionals will liaise with other professionals and signpost to relevant agencies. • LA may offer bespoke training for staff in social emotional issues e.g. ELSA (Emotionally Literate Support Assistants). • LA may offer bespoke packages such as “Good Together.” • Liaison with parents, SENCO and relevant school staff to identify next steps, support target setting and the development of an action plan to support the child or young person to make progress in school. • LA to try to ensure support for parents – e.g. directing to local support and training groups.
<p>Teaching and Learning Environment</p>	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • The child or young person will be in a mainstream class but predominantly working on modified curriculum tasks with regular and consistent 1:1 support focused on specific SEMH/learning targets. • Ensure frequent opportunities for small group work based on identified need - small group work or nurture group provision (if in place and assessments indicate appropriateness). 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • EP/BEWO to provide advice relating to Teaching and Learning Environment. This could include detailed observation and/or individual assessment, as well as participation in monitoring and reviewing arrangements. • Possible amendments to child or young person’s plan. • Implement positive behaviour systems. • Support school to make further adaptations in relation to environmental factors. • Targeted intervention if considered appropriate. • LA professionals will ask about the emotional well-being of staff.

<p>Human Resources and Staffing</p>	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • The child or young person should have daily access to staff in school/setting with experience of SEMH, e.g. behaviour support worker, lead behaviour professional, SENCO, behaviour/learning mentor, inclusion manager, Nurture Group staff. • Additional adults, under the direction of the teacher, should support the child or young person working on modified behaviour targets and curriculum tasks. • Increase the child or young person’s access to a combination of targeted individual, small group and whole class activities. • Ensure regular supervision for staff including offering well-being support if necessary, possible use of Circle of Adults. • Consider sharing the teaching of a child or young person with high level of need so pressure is not on 1 person. • Ensure continued use of an individual Provision Map demonstrating provision at Band 1 - 3 to support a child or young person with long term needs that are likely to require further specialist assessment. Provision Map clearly evidences school is addressing the needs of the child or young person in line with current local funding arrangements. 	<p>As in Band 2 plus:</p> <ul style="list-style-type: none"> • The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • LA to monitor the use of these funds.
<p>Curriculum and Teaching Methods</p>	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • Teaching should focus on both SEMH and academic curriculum outcomes throughout the school/setting day. • Personalise all approaches. • Tasks and presentation should be highly differentiated and personalised to needs. 	<p>As in Band 2</p> <ul style="list-style-type: none"> • As appropriate, EP/BEWO to provide advice on curriculum and teaching methods.

	<ul style="list-style-type: none"> • Offer 1:1 teaching for the introduction of new concepts and the specific teaching and reinforcement of classroom routines and expectations. • Set small steps targets within group programmes. • Support completion of work with 1:1 adult guidance. • Monitor targets with child or young person daily. 	
<p>Resources and Intervention Strategies</p>	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • Use the strategies in Bands 1 – 2 with an individualised focus. • Continue to review any resources and develop them to match the child or young person’s needs. • Involve wider services such as Children’s Social Care, CAMHS, Child Development Centre (CDC), Focus Families, Pupil Referral Unit (PRU), alternative provision. • Careful records should be kept of any restraints/ physical interventions and these should be monitored carefully. • School/setting should use a One Page Profile and refer to Person Centred Planning approaches. • Use solution focused approaches. • Use individual coaching strategies and techniques such as Motivational Interviewing, Circle of friends. • Consider Friends For Life. • Use of Cognitive Behaviour Therapy (CBT) principles to help with anxiety. • Use anger management programmes (e.g. Volcano in my Tummy/Starving the Gremlin work books). • Consider Mindfulness (group and individual approaches). • Use peer advocacy and peer mentoring. • Consider Restorative approaches. • Access Relax kids. 	<p>As in Band 2 plus</p> <ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of these funds. • As appropriate, EP/BEWO to provide advice on resources and intervention strategies.

Band 4 – More Severe SEND		
Descriptor	<ul style="list-style-type: none"> • The child or young person has significant and increasing social, emotional and/or mental health difficulties, often compounded by additional needs. • The child or young person experiences barriers to accessing the curriculum as a result of social, emotional and/or mental health issues, for example, acute anxiety or attachment issues. • There are patterns of regular school/setting absence. • The child or young person is disengaged from learning and shows significant under-performance. • They use verbal and physical aggression. • They are reliant on adult support to remain on task. • The child or young person engages in high risk taking activities both at school/setting and within the community. • They show difficulties expressing empathy, may seem emotionally detached, could have a tendency to hurt others, self or animals. • There are issues around identity and belonging. • The child or young person needs to be in control or uses bullying behaviours. • They may have difficulties sustaining relationships. • They may be over-friendly or withdrawn with strangers, at risk of exploitation. • The child or young person may be provocative, there may be evidence of sexualised language or behaviours. • They may be slow to develop age appropriate self-care skills due to immaturity or degree of learning difficulties. • The child or young person may have physical, sensory and medical needs that require medication and regular review. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<p>As in Band 3 plus</p> <p>Assessment:</p> <ul style="list-style-type: none"> • Increased involvement of a range of specialist professionals. • Assessment in a short term specialist environment where 	<p>As in Band 3 plus</p> <ul style="list-style-type: none"> • LA professionals will be members of Inclusion Panels. • Advice from Inclusion Officers re exclusions and attendance.

	<p>appropriate.</p> <ul style="list-style-type: none"> • Multi-agency work continues e.g. liaison with CAMHS, Paediatric services. • Statutory assessment process (EHCP) has begun/is complete. <p>Planning</p> <ul style="list-style-type: none"> • There should be an Individual Education Plan (IEP), Pupil Support Plan (PSP), risk assessment or Provision Map detailing strategies and appropriate short term targets. • Hold planning meetings include parents/carers, any offsite providers and other multi-agency support. • Ensure Annual Reviews of EHCP and interim reviews as necessary to inform longer term planning. 	
<p>Teaching and Learning Environment</p>	<p>As in Band 3</p> <ul style="list-style-type: none"> • The child or young person will have access to individual support from an adult in the mainstream environment – with reference to delegated resources. • Provide opportunities for the child or young person to engage in specialist provision within the mainstream environment for part of the week. • Where appropriate school/setting might consider a managed move of school/setting alongside SEN and other agencies. 	<p>As in Band 3</p> <ul style="list-style-type: none"> • Where specialist provision is required, LA staff will engage with assessing the suitability of available settings, and with monitoring progress once the child or young person is placed in a setting.

Human Resources and Staffing	<p>As in Band 3</p> <ul style="list-style-type: none"> • Ensure daily access to staff with experience and training in meeting the needs of children and young people with SEMH. • Ensure access to individualised support. 	<ul style="list-style-type: none"> • The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of this spending.
Curriculum and Teaching Methods	<p>As in Band 3</p> <ul style="list-style-type: none"> • The child or young person's curriculum is personalised and the child or young person may be dis-applied from some aspects of the National Curriculum. • Activities should focus on key skills and SEMH outcomes throughout the school/setting day. • Consider more lessons outside mainstream timetabling with increasing access to alternative specialist provisions. 	<p>As in Band 3</p>
Resources and Intervention Strategies	<p>As in Band 3</p> <ul style="list-style-type: none"> • Continue to review resources and develop them to match the child or young person's needs through: <ul style="list-style-type: none"> ○ Targeted intervention carefully employing a range of specialist strategies. ○ Individual SEMH programme incorporating 1:1 and small group teaching. ○ Specialist provision within mainstream for part of the week. ○ All additional resources and exceptional arrangements are referenced in a personalised Provision Map/IEP. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of this funding.

Band 5 – Profound SEND		
Descriptor	<ul style="list-style-type: none"> • The child or young person shows continuing significant and increasing social, emotional, mental health and/or behavioural difficulties, often compounded by additional needs. • They use significant challenging behaviour requiring a range of interventions or referral to specialist support services. • The child or young person may be unable to manage themselves in groups without dedicated support. • They may be subject to neglect, basic needs may be unmet or they may experience hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours which impact on their learning. • The child or young person may be involved in substance misuse either as a user or exploited into distribution/selling. • They have poor attendance and/or may require high level of adult intervention to bring into school/setting, even with transport provided. • They may refuse to engage, may be extremely abusive towards staff and peers, disengaged or disruptive. • They may damage property. • The child or young person may require targeted teaching in order to access learning in dedicated space away from others. • They may pose a health and safety risk to self and others due to increased levels of agitation and presenting risks. • They may use sexualised language and behaviour, identified at risk of Child Sexual Exploitation (CSE). • There may be medical conditions, such as epilepsy, ADHD or Conduct Disorder that may require specialist support. 	
	Setting/Governing Body	Local Authority
Assessment and Planning	<ul style="list-style-type: none"> • EHCP reviews will be undertaken and interim reviews as necessary. <p>Assessment</p> <ul style="list-style-type: none"> • Assessment will be an on-going process to determine progress in learning, development of social skills, empathy, managing own behaviour and emotions, staying safe in school/setting and in the community. • There will be involvement from a range of specialist 	<p>As in Band 4</p> <ul style="list-style-type: none"> • LA may be involved in decisions about possible specialist resourced provision (including assessment placements) and be involved in reviews of such placements. This might include PRU and Hospital and Home Tuition Service (HHTS).

	<p>professionals in place, such as CAMHS, EP, Youth Offending Team (YOT), therapeutic provision.</p> <ul style="list-style-type: none"> • Multi-agency work continues, and continual assessment to feed in to the cycle of annual reviews. <p>Planning</p> <ul style="list-style-type: none"> • Continue the use of IEP, PSP, Individual Behaviour Plan (IBP), risk assessment or Provision Map detailing strategies and appropriate short term targets. • Ongoing risk assessments will describe procedures to keep safe the child or young person, other staff and pupils, and property. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality. • Planning meetings will include parents/carers, and are multi-agency. 	
<p>Teaching and Learning Environment</p>	<ul style="list-style-type: none"> • The child or young person will be offered 1:1 support from an adult for some of the school/setting day. • There will be a greater ratio of adults to pupils and staff will have specialisms in managing children and young people who present with SEMH issues and challenging behaviour. 	<ul style="list-style-type: none"> • LA may be involved in decisions about possible specialist resourced provision (including assessment placements) and be involved in reviews of such placements. This might include PRU and Hospital and Home Tuition Service (HHTS).
<p>Human Resources and Staffing</p>	<ul style="list-style-type: none"> • Provision is within a setting with appropriate staff/ student ratios. • The child or young person will need continued daily access to staff with experience and training in meeting the needs of children and young people with SEMH. 	<ul style="list-style-type: none"> • The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of this funding. • Additional teams will include any of the following: <ul style="list-style-type: none"> ○ Drug and Alcohol Team, Youth Justice, Police. ○ Paediatrician, Health Therapists, CAMHS, EP.

		<ul style="list-style-type: none"> ○ Social Care, Focus Families. ○ Inspira, Targeted Youth Worker. ○ Voluntary Sector Organisations e.g. SAFA, MIND, Child Bereavement UK,.
<p>Curriculum and Teaching Methods</p>	<ul style="list-style-type: none"> ● The child or young person may require an alternative to mainstream curriculum. ● They may need a differentiated behaviour management programme in addition to targeted support and reassurance in areas of learning the child or young person finds particularly demanding. ● Offer structured social skills group work and/or intervention. ● Ensure regular opportunities to consolidate learning/ promote confidence in the learning environment. ● Adult support should implement structured social skills, group work and/or intervention and to support during less structured times. ● Ensure access to an adult who can intervene to support the child or young person in recognising their emotions and managing their behaviour. ● Offer additional support around times of transition and change. ● Staff should have expertise in managing significant and consistent difficulties with emotions and behaviour. ● Seek ongoing support and advice from outside agencies as appropriate. 	<p>As in Band 4</p>
<p>Resources and Intervention Strategies</p>	<ul style="list-style-type: none"> ● These should be personalised to the specific needs of the child or young person. ● Follow advice available from relevant specialist services. ● The child or young person may need to be placed in a 	<ul style="list-style-type: none"> ● The LA will provide agreed level of top up funding as specified in EHCP in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. ● The LA will monitor the use of this funding.

	<ul style="list-style-type: none"> specialist environment. Careful records should be kept of any restraints physical interventions and these should be monitored carefully. 	
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Band 6 – Exceptional SEND		
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Descriptor	<ul style="list-style-type: none"> The child or young person may experience continued long term and complex social, emotional and mental health difficulties, necessitating a continued multi agency response and/or continuation of specialist provision. <p>Their needs are likely to include:</p> <ul style="list-style-type: none"> Self-harming behaviour/self-injury. Attempted suicide. Persistent substance abuse. Extreme anxiety impacting on child or young person’s access to school or the community. Extreme sexualised language and behaviour; may be at risk of CSE. Extreme violent/aggressive behaviour. Serious mental health issues. Long term non-attendance and disaffection. Appearance in court for anti-social behaviour/criminal activity. Putting self and others in danger. Being frequently missing for long periods. Extreme vulnerability. 	
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	Setting/Governing Body	Local Authority
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Assessment and Planning	<ul style="list-style-type: none"> Statutory assessment process (EHCP) has been established and the child or young person has been assessed as needing enhanced specialist provision or resources or more secure specialist setting. 	<p>As in Band 5</p> <ul style="list-style-type: none"> LA will signpost to voluntary organisations such as Samaritans and National Society for the Prevention of
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	<p>Assessment</p> <ul style="list-style-type: none"> • Assessment will be an on-going process to determine progress in learning, and also: <ul style="list-style-type: none"> ○ Development of social skills, empathy, managing own behaviour and emotions, staying safe in school/setting and in the community. ○ There will be involvement from a range of specialist professionals in place, such as CAMHS, EP, YOT, therapeutic provision, social care colleagues. ○ Multi-agency work continues, and continual assessment to feed in to the cycle of annual reviews. ○ Parents/carers and child and young person will be involved throughout. ○ There may be a need for a Risk Assessment and associated strategies. <p>Planning</p> <ul style="list-style-type: none"> • Use of ongoing IEP, PSP, IBP, risk assessment or Provision Map detailing strategies and appropriate short term targets: the focus of this will be collaborative and multi-agency. • Risk assessment will describe procedures to keep safe the child or young person, other staff and pupils, and property. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality. • Planning meetings will include parents/carers, and will be multi-agency. 	<p>Cruelty to Children (NSPCC), Barnardo’s and those named above (Band 5) and/or Alternative Curriculum Providers.</p> <ul style="list-style-type: none"> • The LA will liaise with all relevant parties involved to agree an appropriate placement and provision.
<p>Teaching and</p>	<ul style="list-style-type: none"> • The child or young person may be on roll at a specialist 	<p>As in Band 5</p>

Learning Environment	<p>provision/school.</p> <ul style="list-style-type: none"> • The child or young person has 1:1 support from an identified key adult for some of the school/setting day. • There will be a greater ratio of adults to pupils and staff should have training and specialisms in managing children and young people who present with challenging behaviour. • Careful attention should be paid to groupings and nurture-based settings. 	
Human Resources and Staffing	<ul style="list-style-type: none"> • Provision may be within a specialist environment with appropriate staff/student ratios (e.g. dual registered with PRU/HHTS). • The child or young person should have continued daily access to staff with experience and training in meeting the needs of children and young people with SEMH. 	<ul style="list-style-type: none"> • Additional teams may include any of the following: <ul style="list-style-type: none"> ○ Education Social Worker, Drug and Alcohol Team, Police. ○ Health, YOT, CAMHS, Educational Psychologist. ○ Social Care, Community Support Worker, Family Intervention. ○ Focus Families, School Nurse. ○ Inspira/careers advice. ○ Youth Service, Voluntary Sector Organisations. ○ Consider Family Social and Emotional Aspects of Learning (SEAL) or Triple P programme. • Specialist intervention from those professionals named in Band 5 above.
Curriculum and Teaching Methods	<ul style="list-style-type: none"> • The child or young person should have access to personalised interventions to help them regulate and reflect upon their emotions to develop resilience and reduce the severity of behaviour. • Adults should focus on the young person achieving functional life and social skills. • School/setting should ensure highly structured 	As in Band 5

	<p>opportunities to consolidate learning and promote confidence in the learning environment.</p> <ul style="list-style-type: none"> • Offer consistent adult support to ensure the delivery of a personalised approach which ensures all necessary reasonable adjustments are identified and implemented. • Staff should have expertise in managing significant and consistent difficulties with behaviour. • Risk assessments should be used to minimise opportunities for severe incidents to occur. • Regular multi-agency reviews should be held as appropriate. • School/setting should consider having a policy/protocol re self-harm and suicide prevention and make information on these topics available to children and young people in appropriate formats. • Ensure extra-curricular activities such as outdoor programmes. • Consider an Alternative Curriculum from private providers. 	
<p>Resources and Intervention Strategies</p>	<ul style="list-style-type: none"> • These should be personalised to the specific needs of the child or young person. • Adults should seek advice from relevant specialist services. • Careful records should be kept of any restraints/physical interventions and these should be monitored carefully. • Seek access to therapeutic input such as CBT. 	<ul style="list-style-type: none"> • The LA will provide an agreed level of top up funding as specified in the EHCP, in addition to delegated resources. All of this will be spent on meeting the needs of the child or young person. • The LA will monitor the use of this funding.

11. Guidance for Initiating Statutory SEND Assessment (and required documentation).

Name of child or young person		Date of birth	
Setting/school/college		School year	
Name & contact details of person making request		Date of request	

	The settings, schools and colleges must provide evidence:	List documents supplied
1	<p>- that the Early Help Assessment has been initiated and has been in place for at least 6 months. A copy of the Early Help Assessment Form should be signed and dated by both the parent and the referrer. It should include the views of the parent/carer and the child or young person.</p>	
2	<p>- that external advice has been accessed. Settings, schools and colleges should submit a copy of external advice provided. This could cover education, social care and health, as appropriate but must demonstrate an educational need.</p>	
3	<p>- which demonstrates how the external advice has been used to meet the child or young person's needs and the impact of this on progress. This could be Learning Journeys, IEPs, Individual Support Plans or EY SEN Support Plans and should include evidence of the strategies utilised to meet the child or young person's needs and the impact of these. Settings, schools and colleges must submit at least two reviewed IEPs/Support plans following external advice.</p>	
4	<p>- which demonstrates that the child or young person's progress has not accelerated following the implementation of the early help assessment and external advice. Schools and colleges should submit attainment and progress data for the child or young person. Settings should submit Early Support Developmental Journal/Assessments by external professionals/EY outcomes.</p>	

5	<p>- of how the SEN budget has been allocated and how this would directly address the child or young person's SEND needs.</p> <p>Schools and colleges should provide evidence of the funding allocated to support the child or young person and the impact this has on the child or young person's progress. This could include a provision map and timetable of support. EY settings should submit timetable of support.</p>	
6	<p>- that the full allocation of the notional SEND budget to address the child or young person's needs has been utilised.</p> <p>This could include a provision map and timetable of support, together with evidence of progress over time. EY settings should submit the timetable of support with evidence of progress over time.</p>	
7	<p>- which demonstrates that the child or young person meets the SEND criteria, including evidence of the category and level of need.</p> <p>Settings, schools and colleges to submit the outcome of any diagnostic tests, assessments or statutory assessments.</p>	
8	<p>- that the child or young person has an attendance of over 80%, lower attendance will impact on learning outcomes OR evidence that the child or young person's SEND impacts on attendance.</p> <p>Settings, schools and colleges to submit attendance data.</p>	

12. Sample Provision Map for an Individual Child or Young Person

The purpose of this Provision Map is to describe the provision/support currently being offered to an individual child or young person and detail the costs of this provision. It can be used in support of a statutory assessment for an EHC plan and it can also show the parents and the LA, at the time of the annual review, how the funding in an EHC plan is being used. (Element 2 and 3 are based on the current LA funding formula)

Completion Date: 27/02/17	
Start Date of EH / EHCP	31/10/2014
Child/Young Person's Name	***** *****
DoB/ Year Group	15/11/2009 4
Primary Need	Communication and Interaction

Allocated Funding		Summary of Costs	
Element 2 (School)	£7,150.00	Support Costs	£9731.17
Element 3 (LA Top up)	£2,600.00	Resources Costs	£30.22
Total Funding	£9,750.00	Total Costs	£9761.39

Type of Intervention/Activity	Type of Provision	Number of Pupils in Focus Group	Length of Session in Hours	Number of Sessions per Week	Total Hours per Child / Young Person	Supporting Staff	Specific Equipment / Resource Cost
Speaking and Listening	Small group	4	0.5	2	0.25	STA	
Understanding Emotions	Small group	3	0.5	2	0.33	STA	
Literacy	1-1 in class	1	1	5	5.00	TA	
SMART Moves	Small group	3	0.33	3	0.33	TA	
Lunch time club	Small group	6	0.75	5	0.63	Midday Supervisor	
Friendships (SEAL)	Small group	4	0.5	1	0.13	STA	
PE	1-1 in class	1	1	1	1.00	TA	
Art	1-1 in class	1	1	1	1.00	TA	
Numeracy	in class- Small group	4	1	5	1.25	TA	
End of day relaxation/calm time	1-1	1	0.25	5	1.25	SENCO	
Science	1-1 in class	1	1	1	1.00	STA	
Topic	in class -Small group	4	2	1	0.50	TA	
Writing slope							£6.93
Move/sit seat wedge							£23.29
Totals					12.66		£30.22

13. Using Part 4 Eligibility for Statutory Assessment Structure

In some specialism areas, information from the detailed criteria has been extracted and set into a scoring system to aid the analysis of a child or young person's eligibility for an EHC assessment or plan. In reality children and young people often have needs across specialism areas. This does not mean that scores should be added across specialisms – they must not.

These 'Eligibility Criteria' are simply for guidance and are for use **by LA specialist staff only**. The tables in Part 4 are included in the SEND handbook for information only, and in order to make sure that all the information used by local authority staff in making their decision is available to the public. It is not intended that schools would fill these in.

The Eligibility Criteria is for use **by specialist advisory teachers only** who will complete the part 4 and score accordingly for the specialist area. This score will then need to be shared with the appropriate LEO or keyworker to allow them to inform the EHCP and to support the panel decisions regarding the appropriate level of support and funding.

Part 4's are only to be used by the specialist advisory teachers to make a recommendation regarding a child or young person's needs along with other observations and discussions with staff supporting the child or young person.

These eligibility scores must **not** be included in individual reports but need to be shared with LEO's and keyworkers. This is the responsibility of each individual specialist advisory teacher.

14. SEND Funding

SEND Funding Overview

Schools funding comes from two main sources, through the Local Authority from the Dedicated Schools Grant (DSG) and from the Education Skills Funding Agency (ESFA). All pre-16 funding is derived from the Dedicated Schools Grant (DSG) – either through the Local Authority (LA) for maintained schools or the ESFA for academy schools. All post 16 provision is funded by the ESFA.

The DSG supports pupils with SEN in three ways:

- **Element 1** is the core funding allocated to schools through the pre-16 funding formula derived from the DSG schools block and funding delivered to post-16 providers through the 16 to 19 national funding formula.
- **Element 2** is the element of budget based on the numbers of places to be funded and this is allocated through the DSG High Needs Block for pre-16 places or the ESFA for post-16 places.
- **Element 3** is the Top-up funding allocated by LAs to pre-16 and post-16 institutions from their DSG High Needs Block where the cost of provision for a pupil with high needs is more than allocated through the core or place funding.

Schools are expected to make provision for pupils as identified in Bands 1 and 2 (Low Cost High Incidence SEN) from their core funding (this is known as the Notional SEN budget and is derived as 5% of AWPU, 50% of Deprivation and 100% of Low Cost High Incidence SEN allocations).

Those pupils with high needs as identified in Band 3 and above of the SEND Handbook, schools will be expected to make provision up to £7150. Any additional support as a 'top up' from the High Needs Block will be identified within a pupil's EHCP as outlined in the funding table below.

Funding Levels in Relation to Bands

Band	Funding
Band 1 – Mild SEND	School Budget
Band 2 - Moderate SEND – Early Help	School Budget
Band 3 – Severe SEND - EHCP	School Budget plus (if EHCP in place) top up £1500 - £4500
Band 4 - More severe SEND	School Budget plus top up £4500 - £7500
Band 5 - Profound SEND	School Budget plus top up £7500 - £10500
Band 6 - Exceptional SEND	School Budget plus top up for bespoke programme in excess of £10500

15. Specialist Equipment Guidance

Cumbria LA provision and loan of essential equipment for sensory impaired children and young people (Deaf/Hearing Impaired & Blind /Vision Impaired) which is highly specialised, and typically of high cost.

Introduction

The Equality Act 2010 covers all pupils in Scotland, England and Wales who meet the definition of disabled: DHI and BVI count as a disability as they are substantial and long term impairment.

All types of education providers have a duty to make reasonable adjustments to ensure that disabled pupils are not at a significant disadvantage. The provision of auxiliary aids and services is covered by the act and may be classed as reasonable adjustments.

Accessing essential equipment for sensory impaired children and young people which is highly specialised and typically of high cost.

Cumbria acknowledges that centrally organised and funded aids and services are an effective and efficient way of meeting the needs of sensory impaired children.

Currently the local authority holds a central budget to provide SEND services centrally. This includes auxiliary aids for sensory impaired children and young people.

Some children or young people with sensory impairment will require essential equipment which **is highly specialised, and typically of high cost.**

Where children or young people are attending an educational setting which is maintained by the local authority, or delivering education on behalf of the local authority, equipment may be provided to ensure those duties are being met under the Equality Act 2010.

Although provided for the sole use of an individual pupil, the equipment remains the property of the Cumbria Children and Family Services - SEND TST.

If and when the equipment is no longer required, the child or young person leaves the educational setting, moves out of Cumbria, or the equipment is no longer suitable, it must be returned to Cumbria Children and Family services - SEND TST. It can then be made available to reallocate to another pupil with similar needs.

In some cases the provision of equipment may also include servicing, maintenance, repair and modification if necessary.

A loan agreement will be agreed with the educational setting outlining responsibilities towards the equipment and its use. This would be agreed before the LA purchased and loaned any equipment for use by the child or young person.

Assessments for specialist equipment (essential equipment which is highly specialist and typically of high cost) for use in educational settings

Assessments for equipment for children and young people with a sensory impairment would be carried out by a Specialist Advisory Teacher DHI/ BVI. Evidence will be provided to confirm the reasons why the child or young person will require the equipment in order to access education and the intended outcomes of using the equipment.

For some pupils the use of specialist equipment will be provided without an EHCP. For some pupils specialist equipment will be provided but not written in to an EHCP. For some pupils specialist equipment will be written into an EHCP.

16. List of Abbreviations

AAC	-	Augmentative and Alternative Communication
ABC	-	Antecedent, Behaviour and Consequence
ACE	-	Assessment of Comprehension and Expression
ADD	-	Attention Deficit Disorder
ADHD	-	Attention Deficit Hyperactivity Disorder
AET	-	Autism Education Trust
ASC	-	Autism Spectrum Condition
BESD	-	Behavioural, Emotional and Social Difficulties
BEWOs	-	Behaviour and Emotional Well-being Officers
BPVS	-	British Picture Vocabulary Scale
BSL	-	British Sign Language
B/VI	-	Blind or Vision Impairment
C and L	-	Cognition and Learning
CAMHS	-	Child and Adolescent Mental Health Service
CCC	-	Cumbria County Council
CCG	-	Clinical Commissioning Group
CDC	-	Child Development Centre
CLA	-	Child Looked After
CoP	-	Code of Practice
CP	-	Child Protection
CPD	-	Continuous Professional Development
CPFT	-	Cumbria Partnership Foundation Trust
CPS	-	County Psychological Service
CSE	-	Child Sexual Exploitation
CYP	-	Children and Young People

D/HI	-	Deafness and Hearing Impairment
DfE	-	Department for Education
DAF	-	Disability Access Funding
DLA	-	Disability Living Allowance
DLD	-	Developmental Language Disorder
ESFA	-	Education and Skills Funding Agency
EHA	-	Early Help Assessment
EHCP	-	Education Health and Care Plan
ELSA	-	Emotionally Literate Support Assistants
EMH	-	Emotional Mental Health
ENT	-	Ear Nose and Throat
EP	-	Educational Psychologist
ERT	-	Edinburgh Reading Test
EYFS	-	Early Years Foundation Stage
FE	-	Further Education
FSM	-	Free School Meals
HHTS	-	Hospital and Home Tuition Service
HLTA	-	Higher Level Teaching Assistant
IBP	-	Individual Behaviour Plan
IEP	-	Individual Education Plan
ILR	-	Individual Learning Record
LA	-	Local Authority
LSA	-	Learning Support Assistant
MAAT	-	Multi Agency Assessment Team
MLD	-	Moderate Learning Difficulty
NDCS	-	National Deaf Children's Society
NHS	-	National Health Service
NICE	-	National Institute for Health and Care Excellence
NSPCC	-	National Society for the Prevention of Cruelty to Children
OT	-	Occupational Therapy
P.E.E.P.	-	Personal Evacuation and Egress Plan

PD	-	Physical Disability
PECS	-	Picture Exchange Communication System
PEP	-	Personal Education Plans
PHAC	-	Paediatric Hearing Aid Clinic
PIVATS	-	Performance Indicators for Valued Assessment and Target Setting
PMLD	-	Profound and Multiple Learning Difficulties
PRU	-	Pupil Referral Unit
PSD	-	Personal Social Development
PSP	-	Pupil Support Plan
PUD	-	Personal Understanding of Deafness
PVI	-	Private, Voluntary and Independent
QFT	-	Quality First Teaching
SATs	-	Specialist Advisory Teachers
SDQ	-	Strengths and Difficulties Questionnaire
SEAL	-	Social and Emotional Aspects of Learning
SEMH	-	Social Emotional and Mental Health
SEN	-	Special Educational Needs
SENCO	-	Special Educational Needs Coordinator
SEND	-	Special Educational Needs and Disability
SEND IAS	-	Special Educational Needs and Disability Information Advice Support Service
SEND TST	-	Special Educational Needs and Disability Teaching Support Team
SFA	-	Skills Funding Agency
SLCN	-	Speech, Language, Communication Needs
SLD	-	Severe Learning Difficulties
SLT	-	Speech and Language Therapist
SOGS	-	Schedule of Growing Skills
SpLD	-	Specific Learning Difficulties
SRP	-	Strategically Resourced Provision
STAP	-	South Tyneside Assessment of Phonology
STASS	-	South Tyneside Assessment of Syntactic Structures
TA	-	Teaching Assistant

TaMHS	-	Targeted Mental Health in Schools
ToD	-	Teacher of the Deaf
TVI	-	Teacher of Children and Young People with Vision Impairment