

# **Derby City SEN Support Provision Framework**

For Early Years and School Aged  
Children and Young People

**Guidance for Schools:  
Implementing the Graduated  
Response and for Requesting an  
Education, Health and Care Needs  
Assessment.**

**September 2018**



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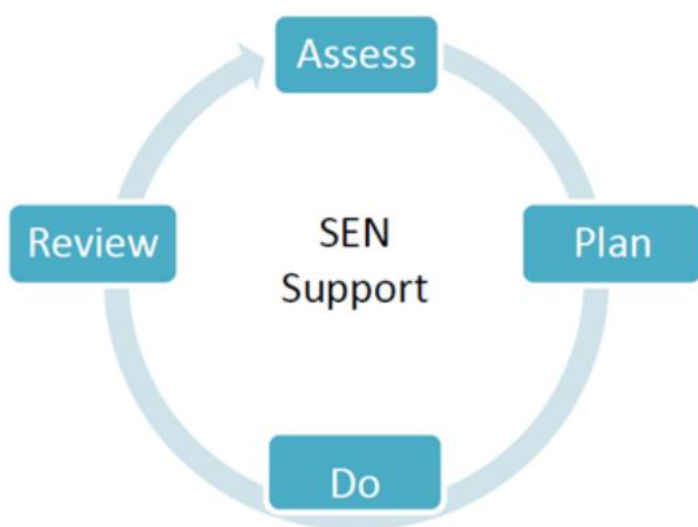
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## 1. Acronyms

1:1	One-to-one
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CYP	Child or young person
EAL	English as an Additional Language
EHCP	Education, Health and Care Plan
EP	Educational Psychologist
EY	Early Years
HI	Hearing Impairment
IEP	Individual Education Plan
LA	Local Authority
MEP	Multi-Element Plan
MLD	Moderate learning difficulty
MSI	Multi-sensory Impairment
NC	National Curriculum
OT	Occupational Therapist
PAN	Primary area of need
PD	Physical Disability
PMLD	Profound and multiple learning difficulty
PT	Physiotherapist
PVI	Private, voluntary or independent
QFT	Quality First Teaching
SaLT	Speech and Language Therapist
SEN	Special Educational Needs
SENCo	Special Educational Needs Co-ordinator
SLCN	Speech, language and communication needs
SLD	Severe learning difficulty
SPLD	Specific learning difficulty
STePS	Specialist Teaching and Psychology Service
TAF	Team Around the Family
VI	Visual Impairment

## 2. The Graduated Response

This guidance is based on the Children and Families Act (2014) and the Special Educational Needs and Disability Code of Practice: 0-25 years (2014). It refers to the Code and sets out the procedures that Derby City Local Authority (LA) expects to be followed. It gives information about process and threshold criteria on which decisions about the level of provision needed for individual pupil's progress in response to interventions are made. It is based on an 'assess, plan, do, review' iterative process.



**The A-P-D-R cycle should be consistently employed throughout the graduated response**

All schools have responsibility for making appropriate support arrangements and for welcoming all pupils into their schools (accessibility planning). The Equality Act 2010 and Children and Families Act reinforces the right for all children to be educated in mainstream schools. The SEN Code of Practice states that ***“where a child or young person does not have an EHCP they must be educated in a mainstream setting except in specific circumstances...”*** (Code of Practice section 1.26). All schools ***“...must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at a substantial disadvantage.”*** (Code of Practice section 6.9).

The Code of Practice requires the local authority to take in to account evidence of:

- Progress and rate of progress over time.
- The nature and extent of SEN.

- The relevant and purposeful action already taken to identify and meet SEN, with ***“much additional intervention and support over and above that which is usually provided”*** over time, and consider whether this is well matched to the SEN. Support includes that from relevant agencies, clinicians and other professionals, to meet planned outcomes.
- Additional time is required to complete education or training in comparison to the majority of others.  
(See Code of Practice section 9.14 and 9.54)

The Code of Practice goes on to say ***“where, despite appropriate assessment and provision, the child or young person is not progressing, or not progressing sufficiently well, the Local Authority should consider what further provision may be needed. The Local Authority should take into account:***

- ***Whether the special educational provision required to meet the child or young person’s needs can reasonably be provided from within the resources normally available to mainstream early years providers, schools and settings, or.***
- ***Whether it may be necessary for the local authority to make special educational provision in accordance with an EHC plan”.***  
(Code of Practice 9.55)

### **Identifying Special Educational Needs**

There is no assumption that all learners will progress at the same rate and an informed judgement must be made about what is realistic and reasonable for an individual child or young person to achieve, given an in-depth understanding of their strengths and needs.

Derby City Local Authority recognises that the new curriculum expectations are often challenging for many children and young people to attain within expected time-scales. It is important to recognise that some children and young people will take longer to achieve these expectations and this does not necessarily indicate that they have special educational needs. Children and young people who are summer born or who are using English as an Additional Language are likely to require additional time to achieve age related expectations.

Where schools identify that a child or young person may have a SEN they should spend time gathering information, making a plan and carrying these actions out. Parents and carers will be involved in the assess-plan-do-review process through person centred planning meetings. A request may be made for Locality Funding during this period.

Following a period of **at least** two cycles of assess-plan-do-review, schools may decide to request an EHCP.

Included in this guidance is:

- An overview of each of the SEN Primary Needs which includes:
  - Information about the kinds of difficulties the CYP may be experiencing.
  - Information about the support that should be provided as part of the graduated response.
  - Criteria for requesting an EHC needs assessment if the CYP continues to have considerable needs despite the graduated response.
- Supporting documentation which includes:
  - The questionnaires/grids which provide evidence that the child meets the threshold criteria for their primary area of need. This should be completed for in discussion with the setting's link Educational Psychologist (if a Service Level Agreement is in place), prior to an EHC request form being completed.
  - The new EHC needs request form.
  - Information about the exceptional cases where it has not been possible or appropriate to implement a graduated response for a child or young person.

### **3. Targeted SEN Support**

Targeted SEN support is the first stage of the SEN graduated response process. Targeted SEN Support is initiated when a child or young person has received quality first teaching (QFT) and differentiated teaching and learning experiences but has not made expected progress and requires additional support in school/setting.

When identified settings/schools should hold a face to face meeting with parents and begin a graduated response file or similar. The adaptations and additions that are made as part of Targeted SEN Support are internal to the school/setting. The kinds of adaptations and accommodations made in school/setting typically involve the following:

- Differentiation.
- Small group support.
- Booster classes for school age children.
- Adult support, for example, during break and dinner times.
- Use of the 'assess, plan, do, review' process - recording and monitoring may be carried out using target setting and review form from the GR file, provision maps, etc. This helps the class teacher and/or SENCo monitor the child's response to intervention.
- Parents/carers should be informed of the support at this level and involved from the time when SEN was initially identified.

- Children and young people should also be involved in the process.
- Person centred meetings.

Schools and Early Years settings can also access support from the Local Authority through:

- Training (STePS, private providers, teaching schools etc.).
- SENCO Network meetings or Area SENCo Teams (Early Years PVI settings).
- Information on the School Information Portal (for example, STePS/Matrix of Need).
- The Local Offer.

#### 4. **Specialist SEN Support**

If the need for specialist support is identified through person-centred planning meetings and/or review meetings then the child/young person is considered to be receiving Specialist SEN support.

This stage comprises the child or young person accessing everything that is available at Targeted SEN Support **plus** the involvement of external professionals and specialist interventions. Target setting and review forms or similar should be written by the class teacher and reviewed regularly involving parents or carers and the child or young person, to ensure the interventions are having the intended impact. If not they should be adjusted accordingly.

Specialist SEN Support might include:

- 1:1 interventions/programmes delivered by school or setting staff.
- 1:1 support to access the school or setting.
- 1:1 interventions/programmes.
- Specialist Advice, for example from STePS, Primary Behaviour Service, speech and language therapist.
- Training for schools/settings to better understand and support the child or young person.
- Specialist Equipment.

Settings can access support from the LA and others services which may include:

- Speech and Language Therapy programmes delivered by therapists (for example a six week programme).
- Casework level support from Specialist Teaching Teams (HI, VI, PD, Early Intervention Team, Social Communication and Autism Team).
- Traded casework level support from Educational Psychology Service.
- OT, PT, SaLT involvement.
- Primary Behaviour Service.
- Health/Manual Handling Training.

- Specialist equipment provided by Specialist Teaching Service Teams.
- LA Funding: Locality Funding, (PVI only), Early Years Inclusion Fund.

As previously, an 'assess, plan, do, review' process should be used and evidenced throughout this stage. If the child or young person has needs which require support and intervention above and beyond that available at Specialist SEN Support, then a request for an Education, Health and Care needs assessment may be required.

## **5. Requesting an EHC needs assessment**

An EHC assessment may be appropriate following at least two cycles of assess, plan, do, review when it becomes apparent that a child or young person has complex needs and requires a level of support that cannot be reasonably met through Specialist SEN Support in the long term. If the SENCo feels it is appropriate to make an EHC assessment request, then they consult with parents/carers and their link EP.

### **Expectations for settings considering making an EHC assessment request**

A setting (pre-school or school) **must** demonstrate that it has acted with purpose and relevance and that its actions have been sustained in the period prior to considering a request for EHC assessment of needs. The LA will require evidence to demonstrate that the child or young person has accessed provision available at Specialist SEN Support.

Support and action must have taken place over a period of at least two cycles of 'assess, plan, do, review' and all requests for EHC assessments should be accompanied by the relevant data from support plans and data showing the impact of interventions accessed. If the child has a Graduated Response file or similar, this should be sent in with the request.

When making an EHC request, the setting must:

- Make clear the cost and type of support the EHC assessment is seeking to secure, additional to that available at Specialist SEN Support.
- Make clear the intended outcomes for the child or young person if the EHC assessment request is successful.
- Ensure the child or young person meets the Threshold Criteria and can demonstrate that full use has been made of coordinated intervention at Specialist SEN Support (Graduated Response process criteria). The Graduated Response file or similar is evidence for this.

## **6. Threshold Criteria**

Threshold Criteria refers to the child or young person's level of need.



This booklet includes documents to be completed as supporting evidence that the child or young person meets the threshold criteria for their primary area of need. In some instances, the child or young person may not meet the criteria for their PAN but meet the criteria for the secondary area of need for example a child with a diagnosis of ASD may meet the criteria for SEMH and not Communication and Interaction. In this instance supporting evidence should be sent for the secondary area of need. The supporting documents are:

1. For Communication and Interaction (speech and language and social communication/ASD):  
***The Communication and Interaction questionnaire (CIQ) for school aged children***

***Developmental checklists or similar (for Early Years)***

2. For Cognition and Learning:  
***The Cognition and Learning Grid (C and L Grid)***  
***Developmental checklists or similar (for Early Years)***

3. For Social, Emotional and Mental Health:  
***Social, Emotional and Mental Health Questionnaire (SEMHQ)***

***Observation information, functional assessments, developmental checklists (For Early Years)***

4. For Sensory and Physical:

***Physical Disability checklist (PDC).***  
***Hearing Impairment checklist (HIC).***  
***Visual Impairment checklist (VIC).***  
***Multi-sensory Impairment checklist (MSC).***

## **7. Graduated Response Process Criteria**

Graduated Response process criteria refers to Specialist SEN Support being provided for a child or young person, evidenced through the completion of at least 2 reviewed SEN support plans.

Other supporting evidence should be included in the EHC request form.

There are essential and desirable criteria that should be evidenced when completing the form, as outlined below.

- Evidence of interventions undertaken.
- Evidence that advice from professionals has been implemented.
- Parents/carers and children and young people have been involved in target setting and reviews.

- The school's notional SEN (Element 2 funding) budget has been used.
- Additional funding may have been secured, for example Locality Funding, Early Years Inclusion Fund.

## **8. Exceptions**

Occasionally there will be times when the graduated response cannot ethically or fairly be implemented. These exceptions may mean that an EHC request can be 'fast tracked' without requiring the breadth or depth of evidence as specified in this guidance.

The following circumstances may be considered exceptional:

- A child or young person is new to the country and has complex SEN.
- A child has not had access to a pre-school or nursery provision or any specialist support, and has complex SEN.
- Sudden and unexpected changes in health needs occur which lead to significant barriers to learning, for example brain injury, life-limiting condition, sudden onset of severe mental ill health.
- Sudden and unexpected home circumstances which lead to significant barriers to learning, for example a change in foster placement.

## **9. Early Years (Foundation Stage 1/Nursery and below)**

### **Nature of Difficulties**

Children will progress at different rates during the foundation stage (birth to five years). By the end, some will have achieved beyond the expectations of the Early Learning Goals. Others, for example, those who are younger or who may not have attended a pre-school setting, may still be working towards them.

Those making slower progress may include those for whom English is an additional language or who have particular learning difficulties. It should not be assumed that children have Special Educational Needs just because their progress is slower than others.

### **The Graduated Response**

When a child appears not to be making progress either generally or in a specific aspect of learning, then it may be necessary to present him/her with different opportunities or use alternative approaches to learning. If there are significant concerns the setting should develop a targeted plan to addressing them.

Early Years Settings must listen and understand when parents express concerns about the child's development and where a setting identifies a child as having SEN' they must work in partnership with parents to establish the support the child needs.

If the child/young person needs specialist or intensive support they would be best described as receiving Specialist SEND support. Strategies specific to supporting children in the early years at specialist SEND support must include advice recommended by a professional from an outside agency for example, an Educational Psychologist, Specialist Teacher, Early Years Intervention Practitioner or therapist.

Where a child has a sensory or physical disability, the school should consider whether it has made appropriate adaptations under the Equality Act (2010) before making a request for a statutory assessment. There must be clear recorded evidence of multi-professional concern that the child's sensory and physical impairment may, if appropriate action is not taken, have a marked impact on overall progress.

The vast majority of children will have their needs met through a graduated response receiving targeted and/or specialist SEND Support within a mainstream setting. In a very few cases where a child has severe and complex needs, he or she is likely to require very significant additional and/or different provision for most of their school life. In such cases, an EHC needs assessment may be required.

# Primary Area of Need for Children and Young People

## **11a. Communication and Interaction (Speech and Language)**

### **Nature of Difficulties**

A speech and language difficulty will be evident if a child/young person has a marked impairment in one or more of the following communication skills:

- Listening and attention.
- Phonology (sound processing element of speech and language) affecting the articulation of speech and thus the intelligibility.
- Fluency of speech, for example stammering.
- Expressive language skills, including for those using alternative means of communicating (signing, symbols, picture exchange).
- Comprehension of spoken language.
- Capacity to use language for successful social communication and learning, including eye contact and joint attention etc.
- Mechanics of eating/drinking/chewing/swallowing (dysphagia).

### **The Graduated Response**

#### **Universal Level**

All children with speech and language difficulties should have access to high quality provision at the universal level.

This includes access to Quality First Teaching, and a language rich environment in settings/school and at home. There should be good communication between setting /schools and families.

The Early Years Foundation Stage curriculum, National Curriculum Speaking and Listening programmes of study, Every Child a Talker and information about Age Related Expectations will help staff provide the teaching and learning context for children and young people developing these skills, and some may need differentiated learning experiences.

It is also important for staff to be aware that there is a mismatch between National Curriculum expectations and development norms. Some skills do not typically develop until later than the Age Related Expectations suggest. This does not suggest the child or young person has SEN.

The Early Years Foundation Stage Profile and National Curriculum attainment expectations per year group provide staff with valuable information about how children and young people are progressing.

#### **Targeted Support**

The LA would expect schools/settings to identify additional needs and implement targeted SEN support strategies as soon as possible. Once additional needs have been identified, an assessment should first be carried out.

This can be done using any of the following, dependent on type of need, which should inform intervention:

- Structured observation
- Assessment of the language environment in terms of the quality and extent of interaction and communication with others. What needs to be modified?
- Speech Link.
- Language Link.
- Teaching Talking (EY/KS1).
- Universally Speaking (all ages)
- WellComm (EY/KS1)
- Early Sound Screens

Following a comprehensive assessment, the information gathered should be used to inform intervention and target setting. Some strategies below may be applicable at Targeted Support, or at Specialist SEN Support. What is important though in both stages, is that response to intervention is monitored carefully, and any concerns about progress may require the intervention to be adjusted rather than concluded as ineffective.

The following word document and web links are likely to be useful:

The following strategies are likely to be useful:

- Staff may need to intentionally establish a purpose for communicating for children who may not have motivation to do so.
- Support and guidance in using appropriate social strategies such as turn taking and rapport in conversation which restrict the social interactions of child/young person.
- Access to commercial evidence based group interventions, such as Talkboost, Colourful Semantics, Speech Link, Language Link, Talking Time etc.
- Support with following instructions or with understanding relational or abstract concepts, requiring additional time for explanation and clarification.
- Support and explicit teaching in organising and coordinating oral and written language.
- Support to develop fluency in a first language, when this is not English. N.B. It should be noted that children who are early stage bi-lingual learners would not generally be considered to have special educational needs.
- Support during social times to engage successfully with peers
- SEAL and access to a specialist Teaching Assistant for group interventions.
- Use of visual tools to support understanding.
- Access to group intervention based on the Black Sheep resources.

Please note these suggestions are not exhaustive.

### **Specialist SEN Support**

If, after a cycle of assess, plan, do, review, it is apparent that the child/young person needs more specialist or intensive support then they will move to specialist SEN support.

Strategies specific to supporting children with speech and language difficulties at Specialist SEN support must include advice recommended by a speech and language therapist. This link provides the referral criteria and relevant forms:

The provision from schools/settings may include:

Personalised programs to address some or all of the following, as advised by SaLT:

- Attention and listening.
- Speech articulation/speech sound production.
- Expressive language and word finding skills.
- Receptive language.
- Functional use of language.
- Acquisition of literacy skills, including phonics.

In addition, the child or young person may need to access the following:

- Picture Exchange Communication System (PECS).
- Nurture groups to augment interactions and communication.
- Makaton.
- Lego Therapy for improving interactions.
- Intensive Interaction for improving interactions and communication.
- Access to augmentative and alternative means of communication, including signing, symbol use and technology.
- Additional access to IT and to specialist equipment and materials as necessary to meet the outcomes identified in the support plan/provision map.

Please note these suggestions are not exhaustive.

### **Education, Health Care Plan**

Most children with speech and language difficulties will have their needs met through Targeted and Specialist SEN Support. Children and young people with the most complex and persistent difficulties whose needs cannot be met at Specialist SEN Support will require an EHCP. The Communication and Interaction Questionnaire should initially be completed in liaison with the link Educational Psychologist, and the final score must meet threshold criteria for a request to be made.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in the **CIQ** for expressive or receptive language.
- The child or young person's speech and language difficulties impact on their ability to access the curriculum and they meet the threshold criteria set out in the cognition and learning grid.
- The child or young person's speech and language difficulties impact on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- The child or young person's speech and language difficulties mean that they struggle to respond to the social demands of school/setting and or struggle to manage their emotions and meet the criteria set out in the **SEMHQ**.

Unless there are exceptional circumstances, there should be at least two review cycles of support implemented at Specialist SEN Support. Since a child's previous experiences can play a significant part in determining the extent of a child's difficulties, a child who has recently moved from another setting should be given the opportunity to settle for at least one term before an EHCP request is initiated.

Information should be sought and provided, where possible, from current and prior settings.



## **12a Social Communication Disorder and/or Autism Spectrum Disorder**

### **Nature of the difficulties**

Children with Social Communication difficulties or a diagnosis of Autism Spectrum Disorder (ASD) share a common difficulty in making sense of the world in the way others do.

Children with a diagnosis of ASD will present with difficulties in each of the following three areas of impairment:

### **Impairment of social interaction**

For example:

- Difficulties in reading and responding appropriately to a variety of social situations.
- Difficulties in initiating and maintaining relationships with peers and adults appropriate to their developmental stage.
- Lack of empathy/difficulties in understanding emotions in others.
- Difficulty working/playing with others.
- Passive and unresponsive or displays challenging behaviour.

### **Impairment of communication skills**

For example:

- No/Limited receptive and/or expressive language.
- Difficulties in expressing thoughts and feelings.
- Immediate or delayed echolalia.
- Literal use and interpretation of language.
- Limited understanding and use of body language and gesture.
- Delayed and/or Disordered Language.

### **Impairment of imaginative thinking**

For example:

- Difficulty in flexible thought/resistance to change which impacts on learning and daily life.
- Special interests/adopts rigid patterns of behaviour.
- Limited ability to engage in symbolic and creative play.
- Difficulty in making connections and generalising skills.

In addition they may experience:

### **Sensory difficulties**

For example:

- Struggling to regulate senses or uses them in self-soothing way.
- Being easily distracted/ sensitive to some of the following - noise/touch/light/smell/taste/balance.
- Perceptual difficulties/unusual responses to sensory experiences.
- Motor planning and co-ordination difficulties.

### **Emotional Regulation Difficulties**

For example:

- Anxiety which may result in school refusal/separation anxiety.
- Difficulties with transition either between activities or learning environments.
- Passive and unresponsive or displays challenging –behaviour.

### **The Graduated Response**

#### **Universal Level**

All children with social communication difficulties or ASD should have access to high quality provision at the universal level. This should include:

- An appropriately differentiated learning curriculum.
- An inclusive and positive whole-school/setting ethos which values the needs of all its members.
- An ASD aware school/setting (for example where staff have had training about how to support the needs of children with social communication needs and/or ASD).
- Staff to have access to a school autism champion for guidance and advice in delivering support.
- Quality first teaching.
- Consistent routines, timetables and schedules supported by whole setting/class visual or written prompts.
- Consistent staffing.
- Clear explanations during transitions and when things change.
- A supportive whole setting/school system which supports the development of self-regulation of emotions.
- Effective classroom management.
- Staff trained to facilitate structured playground activities to enhance social communication.
- Playground buddies.
- Good communication between setting/school and families.

## Targeted SEN Support

Children and young people whose needs are not met at the universal level may present with the following:

- Difficulties with communication and interaction skills which impact on opportunities to learn and develop relationships.
- Difficulties regulating emotions which impact on opportunities to learn and develop relationships.
- Difficulties managing the sensory environment which impact on opportunities to learn and develop relationships.

Once additional needs are identified, schools should implement an initial assess-plan-do-review cycle which involves parents and the child/young person. Assessments should inform intervention so that progress can be tracked. For example:

- Teaching talking (GL assessment) to be used alongside EYFS curriculum and recording systems for pre-school and FS1 children
- AET (Autism Education Trust) Progression Framework for EY- KS4 children.
- SCERTS for EY and beyond.

To assess sensory needs:

- Classroom audits from AET.
- Teacher toolkit Number 44 from AET (National strategies sensory checklist).

Following assessment targeted support should be implemented. For example:

- Additional support to manage transitions and changes for example a visual timetable both whole class and individual, meet and greet, countdowns.
- Clear visual prompts for example red crosses to signify out of bounds areas, first/then strip, meet and greet.
- Structured play sessions to teach play and social skills.
- Approaches to develop social interaction and communication skills for example Lego therapy, Social Thinking.
- Support to manage transitions which may include additional adult support and routines at anxiety provoking times.
- A sensory diet.
- Social stories.
- Implementing a program of support to acquire, comprehend and use language in structured and unstructured situations (for example SCERTS).
- Help to develop friendship skills for example Friends Resilience, Circle of Friends.
- Support to develop emotional regulation skills for example as recommended by Team Autism, Zones of Regulation.

## **Specialist SEN Support**

If, following a cycle of assess-plan-do-review, it is evident that the child or young person requires more intensive, specialist or individualised support then the setting or school should seek the advice of specialist professionals. For example:

- Educational Psychologist.
- STSS (Social Communication and Autism Team and Early Intervention Team).
- Speech and Language Therapy Service.
- Team Autism (Clinical Psychology).

Advice sought from professionals should inform further support which may include:

- Use of augmentative and alternative means of communication for example PECS, signing.
- Intensive Interaction.
- Attention Autism.
- The use of autism-specific teaching and/or communication techniques for example TEACCH.
- Access to Nurture group provision.
- Additional access to IT and to specialist equipment and materials as necessary to meet the outcomes identified in the support plan/provision map.
- In cases of school refusal a multi-agency approach to supporting home and school to increase attendance.
- Personalised programs to address some or all of the following:
  - Attention and listening.
  - Sensory diet.
  - Daily living skills.
  - Managing anxiety through self-soothing strategies.

Please note these suggestions are not exhaustive.

The child or young person may also access support via Clinical Psychology, Speech and Language Therapy Service, CAMHS or STePS.

## **Education, Health Care Plan**

Most children with social communication difficulties/a diagnosis of ASD difficulties will have their needs met through Targeted and Specialist SEN Support. Children and young people with the most complex and persistent difficulties whose needs cannot be met at Specialist SEN Support will require an EHCP. The Communication and Interaction Questionnaire should initially be completed in liaison with the link Educational Psychologist, and the final score must meet threshold criteria for a request to be made.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in the **CIQ** for expressive or receptive language.
- The child or young person's speech and language difficulties impact on their ability to access the curriculum and they meet the threshold criteria set out in the **cognition and learning grid**.
- The child or young person's speech and language difficulties impact on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- The child or young person's speech and language difficulties mean that they struggle to respond to the social demands of school/setting and or struggle to manage their emotions and meet the criteria set out in the **SEMHQ**.

Unless there are exceptional circumstances, there should be at least two review cycles of support implemented at Specialist SEN Support. Since a child's previous experiences can play a significant part in determining the extent of a child's difficulties, a child who has recently moved from another setting should be given the opportunity to settle for at least one term before an EHCP request is initiated.

Information should be sought and provided, where possible, from current and prior settings.

## **13a Cognition and Learning**

### **Nature of the difficulties**

Children with developmental delay/learning difficulties may present with complex, global difficulties and need support accessing learning and social opportunities. Others may have difficulties in specific areas for example, reading, writing or math's and cope better in other areas.

Learning difficulties, particularly if undetected or not supported adequately, can have negative outcomes for children's emotional well-being. Early identification and support is key.

Staff should be aware of individual differences in learning and development and ensure that expectations are in line with the child's age, developmental stage and, in cases of children learning English as an additional language, their stage of language acquisition.

If a child or young person's rate of progress is slower than others, this does not necessarily mean that they have SEN. Individuals learn and progress at different rates and times. If progress is much slower than other people, slower than previously or appears to cease, then this should be investigated through an 'assess, plan, do, review' process.

### **The Graduated Response**

#### **Universal Level**

All children with difficulties learning or acquiring new skills related to the curriculum should have access to high quality provision at the universal level. This should incorporate Quality First Teaching/childcare and an appropriately stimulating learning environment, with well-resourced and interesting lessons/activities.

Quality First Teaching includes:

- Appropriately differentiated work/play tasks. A higher level of support (for example additional instructions or demonstrations, more checking in).
- Minor adaptations (for example increased font).

National programs such as Every Child a Reader Child a Writer and Every Child Counts are useful approaches to implement as part of everyday classroom teaching, to improve the quality of lessons for all.

Formative assessments, such as the Early Years Foundation Stage Profile, and National Curriculum age related expectations provide valuable insight into how children and young people are progressing.

Some children and young people make very slow progress or appear to have stopped progressing altogether at times and that can be because they have mastered the basic skills in a subject but need additional or different support to acquire higher order skills. For example, in literacy, a child may be able to read fluently but struggles to acquire inference skills in reading comprehension, and therefore needs a different type of intervention at this stage. Continuing to use an 'assess, plan, do, review' process can help to identify new gaps when progress has been made but appears to slow or cease.

## **Targeted Support**

The LA expects schools/settings to identify children/young people's needs and implement targeted SEN support strategies as soon as possible. Assessments should inform interventions.

Examples of useful assessments include:

- Observation in lessons/during activities, to assess focus, interest and approach to learning tasks/activities.
- Developmental checklists for example Teaching Talking.
- Observation of the teaching approach being used, and environmental considerations that may be affecting learning.
- Formative assessment.
- Basic skills assessment for literacy (from Read It Write It) or for numeracy.
- B Squared.
- Phonics assessment.
- Assessment of spellings taught.
- Suffolk Reading Assessment.
- Rising Stars PiRA (Progress in Reading Assessment).
- PHAB- phonological assessment battery.
- Gray Oral Reading Tests (GORT).
- Number Sense (diagnostic assessment).
- Sandwell Early Numeracy Test (ages 4-14).
- White Rose (SENCOs state this is good for identifying gaps).

Following a comprehensive assessment, the information gathered should be used to inform intervention and target setting. Some of the strategies and interventions below may be applicable at Targeted Support, or at Specialist SEN Support. What is important though in both stages, is that response to intervention is monitored carefully, and any concerns about progress may require the intervention to be adjusted rather than concluded as ineffective.

Targeted support should include:

- An appropriately differentiated curriculum (for example, in relation to task, support, delivery of instructions, adaptations to materials).

- Pre-teaching content/modeling play activities.
- Developing a learning routine to improve independent working skills.
- Chunking tasks and using task checklists.
- Using graphic organisers to plan writing.
- Ensuring children have plenty of time to practice and embed new skills.
- Allowing extra time for tasks.
- Providing learning breaks.
- Learning mediated by adult(s) modeling 'next steps' learning and providing opportunities for rehearsal and over-learning.
- Using practical materials and experience to support learning.
- Small group learning support.
- Additional access to IT and to specialist equipment and materials as necessary to meet identified learning outcomes.

In addition pupils should have access to relevant programs of work to develop learning skills. Please see the link for research into the most effective literacy interventions and for math's.

Other examples include:

- Literacy skills (for example, Read It Write It, Lexia, Read Write Inc, Accelerated Reading).
- Math's skills (for example, Catch up, Math's Makes Sense, First Class at Number, Number Sense, Dynamo Math's etc.).
- Developing vocabulary and grammar skills (for example, colourful semantics, morphemic spelling, word webs).
- Organising and coordinating spoken and written English (for example, graphic organisers).
- Improving fine motor competencies (for example, hand exercises, fine motor skills exercises).

### **Specialist SEN Support**

If the child/young person makes limited progress following at least one cycle of 'assess, plan, do, review' at Targeted Support, than they may need more specialised or intensive support. At this point they move to Specialist SEN Support. Schools should seek advice from an Educational Psychologist for children who fail to make expected progress despite the usual interventions being in place. Interventions may involve:

- One to one learning support.
- Personalised teaching programme in English or Math's or, in the early years, to develop play and self-help skills.
- Precision Teaching (English and Math's- training available through the EPS).

An Educational Psychologist can support staff to monitor and adjust the programmes as required.



## **Education, Health Care Plans**

Most children with learning difficulties will have their needs met through Targeted SEN Support and Specialist SEN Support. Children and young people with the most complex and persistent difficulties whose needs cannot be met at Specialist SEN Support will require an EHCP.

## **Threshold Criteria**

Please refer to the Cognition and Learning Grid for attainment levels and to check that the child or young person meets the threshold criteria for EHC needs assessment, as set out on the grid.

## **14a Overview of Area of Need-Social, Emotional and Mental Health - SEMH**

### **Nature of Difficulties**

Children and young people may experience a wide range of social, emotional and mental health difficulties which manifest themselves in many ways. Including:

- Becoming withdrawn or isolated.
- Extreme separation anxiety.
- School refusal.
- Displaying challenging, disruptive or disturbing behaviour.
- Aggressive or violent acts against people and/or property.
- Disruptive behaviour which is not confined to a particular adult, setting, task or set of circumstances.
- Excessively impulsive, risk taking behaviour.
- Attachment based difficulties that impair social relationships, emotional well-being and access to education.
- Social skill and relationship difficulties not associated with a social communication or speech and language disorder.
- Mental health needs, such as phobias, anxiety, self-harming and depression.
- Physical symptoms that are medically unexplained.
- Substance misuse.
- Eating disorders.
- Self-harm.

Children presenting with these difficulties may have:

- Experienced trauma.
- Attachment difficulties.
- A diagnosed mental health condition.
- A diagnosed neurodevelopmental disorder, such as ADHD, ASD.
- Learning difficulties.
- Communication and interaction difficulties.

Some children's social, emotional or mental health difficulties may have a significant impact on their access to learning and on their social experiences.

In the 2014 Code of Practice, 'behaviour' is no longer a description of a special educational need. Concerns about behaviour should focus on underlying causes that the school will identify through knowing the pupil well, such as literacy or speech and communication difficulties, complex home life, or mental health difficulties.

In August 2018 there was a landmark ruling in a case which challenged a loophole in the Equality Act that meant schools didn't have to make reasonable adjustments for disabled children when they have a 'tendency to physical abuse.' The court ruled that schools are required to make reasonable adjustments to try to prevent or manage challenging behaviour and justify that any exclusion is proportionate.

## **The Graduated Response**

### **Universal Level**

All children with social emotional and mental health difficulties will require access to high quality provision at the universal level. This should include:

- Quality first teaching/child care.
- An appropriately differentiated learning curriculum.
- An inclusive and positive whole-school/setting ethos which nurtures relationships and emotional development. There are whole school/setting approaches, such as thrive which facilitate this.
- An attachment aware school/setting.
- Staff that foster emotional well-being.
- A supportive whole school/setting system which supports the development of self-regulation of emotions and behaviour in response to consistent and agreed boundaries.
- Effective classroom/setting management.
- Good communication between school/setting and families.

### **Targeted Support**

Children and young people whose needs are not met at the universal level may present with the following kinds of difficulties:

- Reduced attendance.
- Lower than expected attainments/development.
- Difficulties with social relationships.
- Persistently falling foul of the discipline system.
- A need for attention.
- Concerns raised at home – for example low mood, change in eating/sleeping habits, self-harming.

Once additional needs are identified schools/settings should implement an initial assess-plan-do-review cycle in collaboration with parents/carers and the child or young person. Assessments should inform intervention so that progress can be tracked. These may include:

- Observations.
- Consultations.
- Abc analysis.
- Brief functional assessment ([link to document](#)).

- Boxall profile.
- Emotional literacy checklist.

Following assessment, the school should implement a personalised programme to support the child or young person. Support at this stage should involve that which is available at the universal level and, for instance, the following:

- A multi-element plan or similar.
- Changes to the learning, physical and/or instructional environment - including access to sensory or learning breaks.
- Differentiation of the whole school/setting discipline system - this may include uniform considerations.
- Group interventions to develop relevant functionally equivalent skills, such as; development of play skills, emotional literacy, social interaction, emotional regulation. Recommended provision includes:
  - Structured play sessions.
  - Circle of Friends.
  - Social Thinking.
  - Zones of Regulation.
  - Emotional Literacy Support Assistants (ELSA).
  - Friends Resilience.
  - Motivational Interviewing.
  - Nurture Groups.
  - Lego therapy.
- Access to a mentor, counsellor or pastoral member of staff as a regular feature of the child or young person's daily or weekly time-table.
- Conflict Resolution, restorative approaches, or other non-punitive and skills based approaches are used to manage difficult situations.
- Support to manage transitions which may include additional adult support and routines at anxiety provoking times.

The suggestions for targeted and specialist support are not exhaustive. Please follow this link for a list of useful websites for more ideas and inspiration.

### **Specialist SEN Support**

If, following a cycle of assess-plan-do-review, it is evident that the child or young person requires more intensive, specialist or individualised support then the setting or school should seek the advice of specialist professionals. For example:

For example:

- Educational Psychologist.
- SSTS.
- Primary Behaviour Support Service.
- Virtual Schools (for LAC children).

- CAMHS.
- Neurodevelopmental Team.
- Youth Offending Service.

Advice sought should be used to inform further intervention. For example:

- An identified team around the child including a key worker.
- Systems around the child or young person work collaboratively to deepen understanding of the difficulties and inform adjustments to the support plan/mep. For example, using solution circles, circle of adults, paths, process consultation, person-centred planning.
- Access to therapeutic interventions, such as think good feel good, narrative approaches, therapeutic stories.
- Risk assessments and responses to challenging situations are planned for in collaboration with parents. Positive handling training should be attended if appropriate.
- School staff access training to support their understanding of the child or young person's difficulties.
- If the difficulty manifests in emotionally based school refusal, then the child or young person, setting staff and the family should be involved in a programme of support under the guidance of an educational or clinical psychologist. Education welfare services should also be involved using a proactive and non-punitive approach.

### **Educational Health Care Plan**

Most children with social, emotional and mental health difficulties will have their needs met through Targeted and Specialist SEN Support. Children and young people with the most complex and persistent difficulties whose needs cannot be met at Specialist SEN Support will require an EHCP. The Social Emotional and Mental Health Questionnaire (SEMHQ) should initially be completed in liaison with the link Educational Psychologist, and the final score must meet threshold criteria for a request to be made.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in the **SEMHQ** or there is sufficient evidence of complex emotional needs as evidenced by observations, functional assessments, developmental checklists in the early years.
- The child or young person's SEMH difficulties impact on their ability to access the curriculum and they meet the threshold criteria set out in the cognition and learning grid.
- The child or young person's SEMH difficulties impact on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- An acute psychotic or other mental health episode has resulted in in-patient care and a return to mainstream school is unlikely in the medium to long term.

Unless there are exceptional circumstances, there should be at least two review cycles of support implemented at Specialist SEN Support. Since a child's previous experiences can play a significant part in determining the extent of a child's difficulties, a child who has recently moved from another setting should be given the opportunity to settle for at least one term before an EHCP request is initiated.

Information should be sought and provided, where possible, from current and prior setting.

## **15a Physical Needs**

### **Nature of the difficulties**

Most children with significant physical needs will be identified through developmental pre-school assessment. A small number of children may not have their physical needs identified until they reach an educational setting.

A child or young person with physical needs will experience difficulty in at least one of the following areas of functioning:

- Mobility.
- Communication or interpersonal skills (for example for children with cerebral palsy, speech may be affected).
- Independence/personal care needs.
- Fine motor skills.
- Curriculum access.
- Curriculum attainment.
- Emotional regulation.
- Social inclusion.
- Complex health and medical needs (including feeding).

### **The Graduated Response**

#### **Universal Level**

All children should have access to high quality provision at the universal level.

This includes access to a range of experiences that seek to develop fine and gross motor skills. Every Child a Mover guidance can augment the curriculum on offer in Early Years and school settings.

Reasonable adjustments can be made for all children with physical needs at the universal level, and include consideration of the following:

- Chairs and tables appropriate size for children and staff.
- Position in the classroom to prevent poor posture.
- Resources in accessible places to promote independence.
- Building in time for physical breaks for example not too much sitting.
- Recognising individual needs for movement for example fiddling.
- Access for all to PE.
- Opportunities for sport at an early age.
- Recognising the importance of physical health (issues of obesity).

## **Targeted Support**

The LA expects schools/settings to identify children/young people's needs and implement Targeted SEN support strategies as soon as possible. The children or young people may have delayed physical development, undiagnosed physical difficulties, Dyspraxia, Hemiplegic cerebral palsy (1 side affected/mild).

Assessments should inform interventions, such as through the Physical Literacy or Active Hands assessments.

Interventions may include:

- Gross Motor - Physical Literacy programme.
- Fine Motor – Active Hands are Achieving Hands (Allowing extra time for tasks.
- Presenting learning materials in an accessible way.
- Visual lists/ timetables – organisation and processing strategies.
- Differentiating PE lessons.
- Differentiating any practical subjects.
- Help to carry equipment or items, for example dinner tray or school bag.
- Consider pastoral needs, emotional health and wellbeing and social inclusion issues.
- Standard (non-specialist) equipment for example laptop, writing equipment, cooking equipment, scissors, one handed equipment, stool with arms.
- See the following website for useful ideas, resources and training [www.pdnet.org.uk](http://www.pdnet.org.uk).

## **Specialist SEN Support**

If the child/young person needs more specialised or intensive support then they will move to specialist SEN support. At this level, children and young people with severe physical disabilities are likely to require reasonable adjustments to ensure curriculum and/or physical access.

These may take the form of:

- Specialist equipment.
- Curriculum material modification.
- Teaching of specialist skills.
- Specialist support.
- Mobility training.
- Reasonable adjustments of the environment for example moving classroom location.



Moving to Specialist SEN Support should result in an external professional becoming involved, to assist with assessments, deliver training and provide advice on support, setting targets and interventions.

STePS (PI) staff will get involved if:

- The pupil's condition is degenerative.
- The pupil's condition would appear degenerative without therapy and specialist equipment.
- The pupil requires any manual handling, including hoisting.

They would also become involved if **3 or more** of the following apply:

- The pupil is a wheelchair user.
- The pupil has significant mobility difficulties in relation to their disability.
- The pupil has a diagnosed physical disability.
- The pupil requires specialist equipment in relation to their disability.
- The pupil has high/low muscle tone.
- The pupil requires assistance for intimate and personal care.
- The pupil exhibits fatigue due to their condition.

Although often already involved in the most complex cases, Occupational Therapy and Physiotherapy professionals' referral criteria and form can be located via the website below:

[www.derbyshirehealthcareft.nhs.uk/services/childrens-services/childrens-paediatric-and-physiotherapy-therapy](http://www.derbyshirehealthcareft.nhs.uk/services/childrens-services/childrens-paediatric-and-physiotherapy-therapy)

### **Education, Health Care Plan**

Children and young people with the most complex and persistent difficulties whose needs cannot be met at Specialist SEN Support will require an EHCP.

The key indicator for statutory assessment will be that the child's physical need has long term and significant implications for access and learning and the child/young person will require a higher level of support that can be reasonably be expected at Specialist SEN Support.

The school should consider whether it has made appropriate adaptations under the Equality Act (2010) before making a request for a statutory assessment. There must be clear recorded evidence of multi-professional concern that the child's physical impairment may, if appropriate action is not taken, have a marked impact on overall progress.

Children and young people will only be considered for statutory assessment if their diagnosed physical disability is, or is likely to be, ongoing and/or permanent and it has long term and significant implications for access and learning and whose needs cannot be reasonably met at Specialist SEN Support.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in **PDC**.
- The child or young person's physical disability impacts on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- The child or young person's physical disability means that they struggle to respond to the social demands of school/setting and or struggle to manage their emotions and meet the criteria set out in the **SEMHQ**.
- The child or young person's physical disability impacts on their ability to access the curriculum and they meet the threshold criteria set out in the **cognition and learning grid**.

## **16a Visual Impairment**

### **Nature of the difficulties**

Visual impairment describes a range of medically diagnosed eye conditions which result in reduced vision (not corrected to within the normal range by glasses/contact lenses). This reduction can range from mild to profound/blindness.

Children with severe visual impairment are normally identified at pre-school stage and their needs met early. However, some severe deteriorating conditions are not necessarily evident in pre-school children and will require proactive intervention and support, as well as a possible 'fast track' to statutory assessment.

Visual impairment has widely differing implications for a child's education. In some cases visual impairment is one aspect of multiple disabilities. Whatever the cause of the child's visual impairment, the major issue in identifying and assessing the child's SEN will relate to the degree and nature of functional vision and the child's ability to adapt socially and psychologically, as well as to progress in an educational context.

There may be cases where the visual impairment places the pupil under a great deal of stress, presented as withdrawn or frustrated behaviour.

Some or all of the following areas of functioning will be affected:

- Concept development.
- Communication (verbal and non-verbal).
- Visual skills and strategies.
- Mobility and orientation skills.
- Inter-personal skills.
- Independence.
- Curriculum access.
- Attainment.
- Social and emotional development.

### **The Graduated Response**

#### **Universal Level**

All children and young people require access to high quality health support and education at the universal level. This should include pre-school vision checks for everyone and regular optician assessments if concerns are raised about their vision. If a child or young person needs to wear glasses, as prescribed by a professional, then staff should support children and young people to do so, and should encourage them to take responsibility for looking after and wearing their glasses when appropriate. Parents or carers should ensure that glasses are sent to nursery or school every day and any required repairs or replacements carried out as soon as possible, so as not to disadvantage their child.

## **Targeted Support**

There will be many visually impaired children, without any additional needs, who require the provision of specialist equipment, reasonable adjustments to the school environment or some additional adult support in order to gain access to the curriculum.

Reasonable adjustments available through the notional budget might include:

- Modification of the classroom and school environment to ensure a safe and accessible environment, for example seating and lighting.
- Teaching strategies to enable access to the curriculum.
- Supervision on health and safety grounds in some practical lessons.
- Some modification and adaptation of normal print and other teaching materials, to include provision of:
  - Visual resources – clear, bold, contrasting, quality, size, sufficient child's eye view.
  - Signage, displays, colours.
  - Reduced clutter – environment and resources.
  - Personal screen or whiteboard next to the pupil to reduce fatigue from tracking a large board.

## **Specialist SEN Support**

If the child/young person needs more specialised or intensive support then they will move to specialist SEN support. It is highly likely that they will have STePS (VI) involvement at this level of need.

STePS (VI) usually get involved with:

- Children and young people (0 – 25) with a diagnosed visual impairment, defined as 'reduced vision not corrected by glasses'.
- During patching depending on level of vision.
- Not those with monocular vision.
- Not usually those with focussing errors or squints only.

## **Education, Health Care Plan**

For the vast majority of visually impaired children who are registered (or eligible for registration) as Severely Sight Impaired, the graduated response is not solely appropriate. The level of support they require, from the Early Years onwards, will be greater than that which can be provided from a school's notional budget.

Children and young people will only be considered for statutory assessment if their diagnosed visual impairment is, or is likely to be, ongoing and/or permanent and it has long term and significant implications for access and learning and whose needs cannot be reasonably met at Specialist SEN Support.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in **VIC**.
- The child or young person's visual impairment impacts on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- The child or young person's visual impairment means that they struggle to respond to the social demands of school/setting and or struggle to manage their emotions and meet the criteria set out in the **SEMHQ**.
- The child or young person's visual impairment impacts on their ability to access the curriculum and they meet the threshold criteria set out in the **cognition and learning grid**.

## **17a Sensory and Physical Development - Hearing Impairment**

### **Nature of Difficulties**

Children with permanent hearing impairment are likely to be identified pre-school and their initial needs assessed. Hearing impairment describes a continuum of difficulty with widely differing Implications for a child's communication and access to learning. They have difficulties in some or all of the following areas:

- Communication.
- Attention and focus.
- Speech discrimination.
- Speech intelligibility.
- Comprehension.
- Expression.
- Independence.
- Interpersonal skills.
- Curriculum access.
- Attainment.
- Social inclusion.
- Emotional well being.

Children may also present with:

- A significant discrepancy between language abilities and other abilities.
- Difficulties with spoken and written comprehension, and with communicating thoughts and feelings to others.
- Stress, with associated withdrawn or frustrated behaviour.

### **The Graduated Response**

#### **Universal Level**

All children and young people require access to high quality health support and education at the universal level. This should include hearing checks at birth and regular audiology assessments if concerns are raised about their hearing. If a child or young person needs to wear a hearing aid, then staff should support children and young people to do so. Parents or carers should ensure that hearing aids are in good working order and sent to nursery or school every day and any required repairs or replacements carried out as soon as possible, so as not to disadvantage their child.

All schools and settings should promote a positive listening environment.

## **Targeted Support**

The LA would expect schools/settings to identify additional needs and implement targeted SEN support strategies as soon as possible and follow the assess-plan-do-review cycle. The kind of support implemented might include:

- Provision of specialist equipment.
- Modification of the classroom in order to improve the acoustic environment.
- Teaching strategies and communication systems which take into account the impact of the child's hearing impairment on his or her learning.
- Flexible teaching arrangements.
- Appropriate seating.
- Good listening conditions.
- Access to alternative forms of communication.
- Access to additional amplification systems.
- Access in all areas of the curriculum through specialist aids, equipment or adaptations.
- Regular access to specialist support (hearing impairment teacher).
- Visual reinforcement and help with acquiring, comprehending and using chosen means of communication in structured and unstructured situations.
- Structured targeted support for developing literacy skills.
- Using chosen means of communication confidently and competently
- Organising and coordinating oral, written and British sign language (subject to funding being secured).

## **Specialist SEN Support**

If the child/young person needs more specialised or intensive support then they will move to specialist SEN support. Children and young people with a diagnosed hearing impairment will be eligible for support from the STePs HI team. They work with children and young people who have:

- Moderate to profound permanent childhood hearing losses.
- Auditory neuropathy.

The team does not get involved with children and young people who have:

- Unilateral hearing loss.
- Conductive hearing loss – unless permanent.
- Permanent mild bilateral hearing loss.

Settings may wish to also apply for additional funding to implement the support advised (Locality Funding).

## **Education, Health Care Plan**

Children and young people with the most complex and persistent difficulties whose needs cannot be met at Specialist SEN Support will require an EHCP.

The key indicator for statutory assessment will be that the child's hearing impairment has long term and significant implications for access and learning and the child/young person will require a higher level of support that can be reasonably be expected at Specialist SEN Support.

The school should consider whether it has made appropriate adaptations under the Equality Act (2010) before making a request for a statutory assessment. An Educational Psychologist should be involved in assessing the child's educational needs.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in **HIC**.
- The child or young person's physical disability impacts on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- The child or young person's physical disability means that they struggle to respond to the social demands of school/setting and or struggle to manage their emotions and meet the criteria set out in the **SEMHQ**.
- The child or young person's physical disability impacts on their ability to access the curriculum and they meet the threshold criteria set out in the **cognition and learning grid**.



## **18. Physical and Sensory - Multisensory Impairment**

### **Nature of the difficulties**

Most children with impairment of both vision and hearing will be identified at pre-school stage and their needs met early. However, some severe deteriorating conditions may become evident in later life and require fast track intervention and support. Some may acquire a second sensory impairment later in life, either expectedly (as in the case of Usher syndrome) or unexpectedly, and need additional and changed support. In many cases deaf-blindness will be a part of multiple difficulties and disabilities.

These children and young people may have difficulties in the following areas:

### **Learning**

- Sensory access to the curriculum.
- Incidental learning.
- Development of concepts.

### **Communication**

- Development of receptive and expressive communication.
- Development of interactive skills.

### **Physical/Motor Skills**

- Motor and movement skills.
- Mobility and orientation.
- Independence skills.
- Safety.

### **Social/Independence Skills**

- Independence skills.
- Involvement in the community.
- Social isolation and adaptability.
- Self-esteem and self confidence.
- Safety.

They may also have difficulties with:

- Underdeveloped perceptual skills.
- Difficulties with behaviour or social isolation.
- Difficulties in attainment, learning and cognition due to, or in addition to, sensory impairment.
- Difficulty in concentration and attention.

## **The Graduated Response**

### **Universal Level**

The provision described in the VI and HI sections should be implemented.

### **Targeted Support**

The provision described in the VI and HI sections should be implemented.

### **Specialist SEN Support**

Children with significant multi-sensory impairment will require:

- Enhanced requirement for personal experience of concepts.
- Use of alternative and augmentative means of communication.
- Use of alternative access to printed and spoken material.
- Provision of and training in the use of, specialist equipment.
- Modification of the classroom to include visual and auditory access.
- Provision of specialist teaching programmes.
- Modification and adaptation of visual materials.
- Augmentative or alternative means of communication, for example radio aids or BSL.
- Mobility and orientation advice or training.

Please also see expected adaptations and support in the VI and HI sections for the graduated response for pupils with multiple-sensory impairment.

## **Education Health Care Plan**

The key indicator for statutory assessment will be that the child's multisensory impairment has long term and significant implications for access and learning and the child/young person will require a higher level of support that can be reasonably be expected at Specialist SEN Support.

The school should consider whether it has made appropriate adaptations under the Equality Act (2010) before making a request for a statutory assessment. An Educational Psychologist should be involved in assessing the child's educational needs.

Children will only be considered for statutory assessment if their diagnosed impairments of hearing and vision are, or are likely to be, ongoing and/or permanent and they have significant, long term implications for access and learning.

### **Threshold Criteria (at least one must be met to make an EHC request)**

- The child or young person meets the threshold criteria set out in **HIC and VIC**.
- The child or young person's multi-sensory impairment impacts on their ability to engage in meaningful social interactions and they meet the criteria set out in the **CIQ**.
- The child or young person's multi-sensory impairment means that they struggle to respond to the social demands of school/setting and or struggle to manage their emotions and meet the criteria set out in the **SEMHQ**.
- The child or young person's multi-sensory impairment impacts on their ability to access the curriculum and they meet the threshold criteria set out in the **cognition and learning grid**.