Using the SEND Ranges

0-25 years

Guidance 2020

A focus on inclusive practice and removing barriers to learning

As part of its commitments under articles 7 and 24 of the United Nations Convention of the Rights of Persons with Disabilities, the UK Government is committed to inclusive education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education.

The Equality Act 2010 and Part 3 of the Children and Families Act 2014 interact in a number of important ways. They share a common focus on removing barriers to learning. In the Children and Families Act 2014 duties for planning, commissioning and reviewing provision, the Local Offer and the duties requiring different agencies to work together apply to all children and young people with SEN or disabilities.

(SEN COP 2014 paragraphs 1.26 and 1.33)

The vision for the significant changes brought about by the Children and Families Act 2014/2015 represents a transformation of our services. The key areas of focus for the reforms are based on the following principles:

- High expectations and aspirations for what young people can achieve
- Aspirations of the young people and their parents and carers that are in place at the centre of everything we do
- Early identification of needs and integrated early help
- Integrated assessment and planning from 0-25 years focused on long term outcomes, bringing together education, health and care support.
- High quality provision organised with clear pathways and providing choice to families
- Excellent outcomes achieved through the knowledge, skills and attitude of everyone working with the children and young people with SEND.

Specific Characteristics of Effective Provision for Children and Young People (CYP) with SEND 0-25

- Development of a personalised pathway where the CYP is at the heart of all that is done.
- Transition is effective across all settings 0-25 and there are clear expectations regarding the sharing of information and planning for the next stage.
- The school/setting follows the SEND Code in terms of the graduated response of Assess, Plan, Do and Review in all aspects of their work and this can be clearly evidenced
- Curriculum modifications are made and documented in short and medium-term planning
- The management and monitoring of teaching and learning standards in schools/settings has a focus on high quality differentiation and the golden thread of all teachers are teachers of SEND.
- Settings have made reasonable adjustments to their curriculum and they can evidence this change through planning, observations, learning walks, scaffolding and scrutiny of CYP's work.
- There is a clear and well documented training plan across the whole school/setting for staff in terms of understanding and meeting the needs of CYP with SEND.
- Parents and CYP are involved at all stages
- TAs/support staff are routinely involved with planning, assessment and evaluation of CYP's progress
- There are clear baseline assessments on entry and exit of all the interventions
- Target setting is SMART (Simple, Measurable Achievable, Realistic and Time Limited) and can be followed through in terms of input and impact
- Timetables are personalised
- Leaders and managers regularly scrutinise the work of CYP with SEND, observe lessons and undertake focused learning walks. This is then fed back to the governor for SEND who comes into the school on at least a 6-weekly basis to report to the Governing Body on the progress of CYP with SEND and those who are vulnerable. A report is given to the SEND governor by the SENDCO which includes information on key areas of SEND practice, data on outcomes and developments in school/setting.
- The learning environment is conducive to the needs of CYP with SEND and is communication friendly
- The resources, and in particular ICT, enable CYP with SEND to access the curriculum

The SEND ranges

The SEND range descriptors are based on national best practice in determining and describing the needs of CYP with SEND. They are based on the four areas of the SEND Code of Practice (2014/15) and on the 'golden thread' of the graduated approach – of assess, plan, do and review that pervades all best practice.

The following will be the focus of this new pupil need led approach using the SEND Ranges 0-25: -.

- Greater emphasis on accountability and targeting of 'Notional SEND' budgets and funding from the ''High Needs Block to meet each pupil's needs

- An evidence base of the assessment of need, the range of interventions in place and the impact and outcome
- Schools/settings to provide evidence of interventions through a provision map for the pupil/class/group/school/college
- Schools/settings to demonstrate that they are following the SEND Code of Practice: interventions should be based on the graduated approach of assess, plan, do and review. Evidence of interventions whether successful and/or unsuccessful must be recorded.
- Interventions should be clearly defined, and have specific timescales and outcomes that can be measured through quantitative and qualitative data
- Schools/settings to take account of environmental factors – routines, structure, noise levels and rooming, as well as the impact of mental health, sensory needs and emotional resilience
- An emphasis on 'Quality First Teaching' and what that looks like in practice – every teacher is a teacher of SEND.
- It is envisaged that most pupils' needs will be met at ranges 1-3 through the notional budget in the school/college, and for the higher ranges this will be funded through top up funding from the LA High Needs budget
- Schools/Colleges will need to demonstrate how they are spending the Element 1 (AWPU) and Element 2 (notional SEND based on deprivation indicators including Pupil Premium) – this currently equates to £6,000 in the notional SEND budget
- Provision maps showing the range, frequency and impact of interventions will need to be costed at all levels
- Services that are provided to schools/and other settings including Further Education and Work Based Training Providers will need to demonstrate their effectiveness and impact (including the cost) in the CYP's provision map

The SEND range descriptors will provide a core framework for all professionals working with the CYP and will give greater clarity for parents, families and carers in terms of what their child's needs are, and what each child is receiving.

These ranges have been co-produced between families, education, health, social care and SEND colleagues in other LAs. They provide a helpful reference point in relation to identifying the level of need and will support children and young people with additional needs with consistency across schools/colleges and other settings. The provisions included help provide clarity for schools/settings and families about the role of schools/settings and education for children and young people whose needs fall into the lower ranges.

The linear model of assessment and diagnosis that has been used in the development of these ranges does not correlate directly to delivery within health services. A key indicator from a health service and therapies perspective is in relation to the impact of the condition, disability, impairment and/or need on the functional ability of the child or young person in relation to their day to day life and learning opportunities, which could vary significantly within all the ranges, even within the lower ends of the scale.

There may be an identified need for input and intervention with children and young people, by health services, at any time within any of the ranges depending on the level of impact on the child or young person.

These ranges therefore serve the helpful purpose of providing a framework to support the allocation of educational and SEND resources and support by providing a simplified indication of health resources that could potentially be required.

The provision map will give clarity as to when assessments should take place, the specific interventions which have been put in place and the impact they have had, as well as the outcomes. This evidence will be the basis for any additional funding that may be required over and above that which is provided by the school/colleges SEND budget. A school/setting would also need to include any support and the impact of that support that they have bought into outside of LA services.

Interventions provided by the school/setting or by specialist staff employed by the LA, the NHS or the school/setting should be planned in terms of input at ***universal, targeted and specialist*** levels.

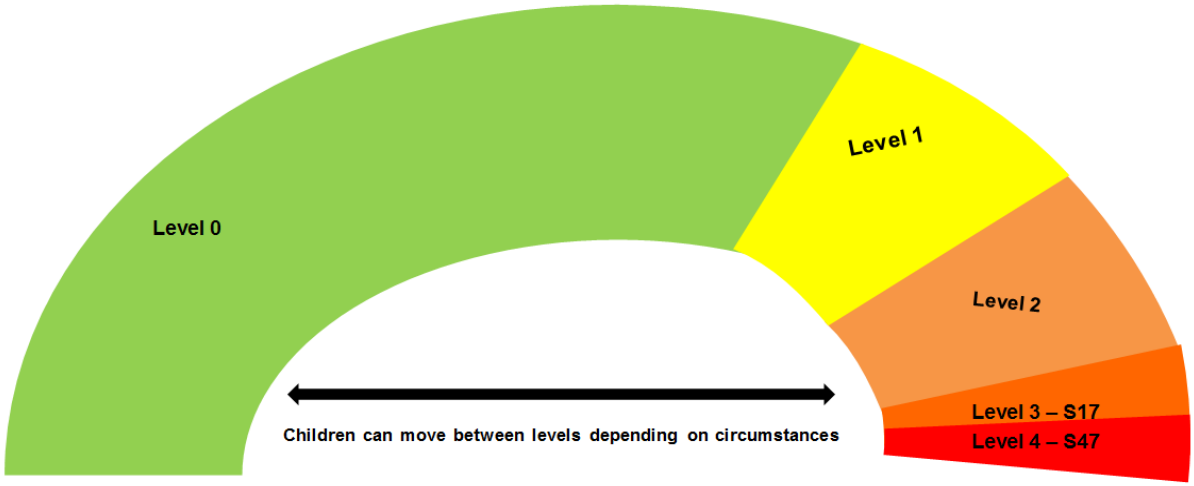
Those pupils who have 1:1 support and/or small group work and interventions should be closely monitored on a half or termly basis through a provision map with the intention that the interventions move/de-escalate to targeted then universal support – thus moving towards greater independence and emotional resilience wherever appropriate.

LA officers will be well versed in the interpretation and implementation of the ranges. The Ranges will be used across all aspects of the SEND provision, systems and practices including SEND and Resource panels, the deployment of SEND Support services and will be applied across mainstream and specialist settings.

The Sunderland SEND Ranges and their links to Early Help processes, the Children with Disabilities Team and Safeguarding Thresholds

The Sunderland SEND Ranges should be read alongside the 'Multi-Agency Guide to our Thresholds of Need' https://www.safeguardingchildrensunderland.com/p/professionals-information-and-resources-1/how-to-make-a-referral-to-childrens-services

Services for children, young people, and families in Sunderland are based on the recognition of a continuum of need (the "windscreen" model) where needs may move between levels:



Level 0	Level 1	Level 2	Level 3 – S17	Level 4 – S47
No need that cannot be met through a single agency response	Children who have emerging issues and unmet needs requiring an Early Help Assessment and potentially a multi-agency Team Around the Family response	Children who have clear unmet needs requiring an Early Help Assessment and a multi-agency Team Around the Family response	Child in Need - a child who is unlikely to achieve or maintain a reasonable level of health and development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled	Child Protection – reasonable cause to suspect a child is suffering significant harm

As far as possible, we have aligned the Ranges to the multi-agency Thresholds of Need. However, just because a child may have been identified as having SEND at a Range this does not mean that an Early Help Assessment has to take place – the two are different processes. SENDCO's need to read and understand the Multi-Agency Guide to our Thresholds of need and to make a judgement as to when an Early Help Assessment might be warranted.

Threshold is a point at which something happens, stops happening or changes for the child or family. Thresholds are a way of describing transitions between the levels of need and types of services and support. They are also ways of identifying the points at which professionals should engage in dialogue with each other and with families to assess what has happened and what if anything needs to happen next or happen differently.

Professionals should refer to both documents at the same time where there is a need to support a child with SEND and his/her family. This is particularly relevant when:

- A child in the Early Years has a recognised disability that will require ongoing support; the Early Years SEND pathway should be followed https://search3.openobjects.com/mediamanager/sunderland/fsd/files/send_pathway_for_early_years_12_12_18.pdf
- A child or young person has a substantial or life-limiting disability which may require the support of the Children With Disabilities (CWD) Team https://www.togetherforchildren.org.uk/what-we-do/concerned
- A child or young person and their family are likely to require support from a multi-agency Team Around the Family as referred to in the SEND Ranges; an Early Help Assessment should be completed https://www.togetherforchildren.org.uk/professionals/early-help
- A child or young person is being considered for a neurological pathway referral (e.g. ASD, ADHD); these pathways require a parenting assessment and/or intervention to be completed first and this will almost always be part of an Early Help Plan https://www.togetherforchildren.org.uk/professionals/early-help
- A child or young person has identified SEMH or behavioural difficulties and may require alternative educational provision; consideration should always be given to a multi-agency approach via an Early Help Assessment https://www.togetherforchildren.org.uk/professionals/early-help or
- A child or young person is at risk of abuse due to their level of vulnerability or disability; the Thresholds of Need should be used to determine the level of risk and a safeguarding referral made if appropriate https://www.togetherforchildren.org.uk/what-we-do/concerned

These examples are not exclusive and there will be other situations which require professionals to consider the SEND Ranges alongside the Thresholds of Need.

For advice in relation to the SEND Ranges, please contact Janet Appleby, Sue Cutting and Anne Hayward
For advice in relation to carrying out an Early Help Assessment please contact the Early Help Advice and Allocations Team on 0191 561 4084 or EHAAT@togetherforchildren.org.uk.

Preparation for Adulthood (PfA)

Preparation for Adulthood (PfA) starts at the earliest stage in life through the development of early communication, feeding, making choices to becoming an independent adult. Our curriculum in early years settings and schools should be shaped around the needs of the child and young person regardless of disability. The PfA outcomes gives a clear framework for a curriculum model that can be developed 0-25 using the excellent practice that is already in our settings. It will also support effective transition across and between settings building upon the PfA outcomes, working closely with parents and in shaping EHC plans that are realistic and prepare children and young people with SEND for their next stage.

It will be important regardless of age/stage/Range to read through all the PfA outcomes 0-25 so that parents, young people and professionals can plan for the next outcome in their preparation for adulthood. Many of children and young people with SEND will have complex needs that span across several of the Ranges, so it will be important to read all the PfA outcomes to plan a bespoke pathway. The PfA outcomes are not exhaustive and parents, young people and professionals can work and plan together to expand this framework and build all the curriculum experiences both in the setting/school, at home and in the local community that will meet the needs, aspirations and wishes of the child and young person.

Suggestions in relation to PfA outcomes can be found on the following pages:

Early years	Cognition and Learning	**22**
	Communication and Interaction	**32**
	Social, Emotional and Mental Health	**41**
	Sensory and/or Physical and Medical Needs	**53**

Primary and Secondary	Cognition and Learning	**68**
	Communication and Interaction	**101**
	Sensory and/or Physical and Medical Needs	**156**
	Social, Emotional and Mental Health	**179**

Post 16	Cognition and Learning	**194**
	Communication and Interaction	**205**
	Sensory and/or Physical and Medical Needs	**222**
	Social, Emotional and Mental Health	**230**

Schools and settings will need to ensure that SENDCOs are appropriately trained and qualified. It is important that they are part of the senior leadership team and that they have access to and knowledge of the school's budget. In addition, they must have a thorough understanding of how the school spends element 1 and 2 of the notional SEND budget as well as knowledge of the additional funding that comes into the school/setting via the top up/high needs funds. The LA has put in place a detailed training plan for schools, colleges, head teachers, SENDCOs and other multi-disciplinary professionals/stakeholders/work related training providers, for the implementation of the range descriptors. There will also be ongoing training for Parent/carers and appropriate support groups.

The guidance can be found on the following pages:

Early years	General information	**10**
	Cognition and Learning	**17**
	Communication and Interaction	**23**
	Social, Emotional and Mental Health	**33**
	Sensory and/or Physical and Medical Needs	**43**

Primary and Secondary	General information	**54**
	Cognition and Learning Needs	**56**
	Communication and Interaction: ASD	**71**
	Communication and Interaction: SLCN	**83**
	Sensory and/or Physical Needs	**103**
	• Hearing Impairment	**103**
	• Visual Impairment	**119**
	• Dual Sensory Needs	**132**
	• Physical and Medical Needs	**140**
	SEMH	**158**

Post 16	General information	**181**
	Cognition and Learning	**191**
	Communication and Interaction	**197**
	Sensory and/or Physical and Medical Needs	**209**
	Social, Emotional and Mental Health	**225**

Definition of Acronyms

AAC	Augmentative and Alternative Communication
AAD	Adaptive, Assistive Devices
ALP	Alternative Learning Provision
ANSD	Auditory Neuropathy Spectrum Disorder
ARC	Additionally Resourced Centre/Provision
ARP	Additional Resource Provision
ASD	Autism Spectrum Disorder
AWPU	Age-weighted Pupil Unit (funding related)
BOO	Basket of Opportunities
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Service
CLDD	Complex Learning Difficulties and Disabilities
CVI	Cerebral Visual Impairment
CYP	Child or Young Person
CYPS	Children and Young People's Service
CSE CST	Child Sexual Exploitation Children's Sensory Team
DAF	Disability Access Fund
dB HL	Decibels Hearing Level
DfE	Department for Education
EAL	English as an Additional Language
ECAT	Every Child a Talker
EHA	Early Health Assessment
EHCP	Education, Health and Care Plan
ELKLAN	Training by Speech and Language Specialists to Education Staff
ELSA	Emotional Literacy Support Assistant
EP	Educational Psychologist
EYFS	Early Years Foundation Stage
FRIENDS	An intervention programme underpinned by the principles of Cognitive Behaviour Therapy with the primary aim of reducing participant anxiety levels.
HI	Hearing Impairment
LA	Local Authority
LI	Language Impairment
LINS	Low Incidence Needs Service
MSA	Midday Supervisory Assistant
MSI	Multi-Sensory Impairment
MAPPA	Multi-Agency Public Protection Arrangements
NatSIP	National Sensory Impairment Partnership
NC	National Curriculum
NPSLBA	National Programme for Specialist Leaders of Behaviour and Attendance
NVC	Non-Verbal Communication
OT	Occupational Therapist
PECs	Picture Exchange Communication System
PSHEE	Personal, Social, Health and Economic Education
QFT	Quality First Teaching
QTMSI	Qualified Teacher of the Multi-Sensory Impaired
QTVI	Qualified Teacher of Children and Young People with Vision Impairment

SALT	Speech and Language Therapy
SEAL	Social and Emotional Aspects of Learning
SILVER SEAL	An early intervention for children who need additional support in developing their social, emotional and behavioural skills.
SEMH	Social, Emotional and Mental Health
SENAP	Special Educational Needs Advisory Panel
SENDCo	Special Education Needs and Disability Co-ordinator
SEND	Special Education Needs and Disability
SLCN	Speech, Language and Communication Needs
SLD	Severe Learning Difficulties
SLT	Speech and Language Therapist
SMART	Specific, Measurable, Achievable, Relevant, Timebound (relating to targets)
SRE	Sex and Relationship Education
SSE	Sign Supported English
TA	Teaching Assistant
TAF	Team Around the Family
ToD	Teacher of the Deaf
VI	Visual Impairment
VOCA	Voice Output Communication Aids
YOS	Youth Offending Service

Guidance for Children with SEND in the Early Years

Early Years Best Practice: Guiding Principles

The *EYFS Stage Profile 2018 Handbook* contains the regulatory and legal framework for early childhood education and care. *Development Matters in the Early Years Foundation Stage* describes what adults do and provide to ensure all children have the best possible start in life. This includes details of provision, which enables them to develop their personalities, talents and abilities irrespective of ethnicity, culture or religion, home language, family background, learning difficulties, disabilities or gender. Every child is a unique child who is constantly learning and can be resilient, capable, confident and self-assured.

Guiding Principles in relation to best practice include the following:

- To recognise that each child is unique and learns in different ways and at different points in their development.
- To appreciate the importance of the developmental stage of the child rather than their chronological age.
- To recognise that there are going to be vast differences within each cohort. There will be differences between gender, time of birth (autumn – summer), early birth, low birth weight, pre-birth circumstances, socio-economic factors and children/families who move frequently etc.
- Children need to have the opportunity to interact, form attachments and engage in order for the setting to effectively understand/evaluate the whole child.

The environment is pivotal to all the above. It needs to be stimulating and address the children's interests and needs. Practitioners must regularly reflect on the environment and their practice to ensure that it meets the needs of the children. All Early Years practitioners/teachers understand and observe each child's development and learning, assess progress and plan for next steps. Families have a crucial role in the development and assessment of their child's education and progress. Practitioners have a professional responsibility to involve and to listen to parents at regular intervals. Monitoring children's progress throughout the Early Years Foundation Stage is essential. Decisions about a child's level of need should be part of a continuous and systematic cycle of planning, action and review within a school/setting that is clearly evidenced through relevant and fit for purpose documentation.

There are various assessment tools that settings can use. However, it is important that the setting undertake assessments that are accurate, reliable and valid. Assessments should have:

- Contributions and evidence from a range of adults including parents and from a variety of different sources.
- Observations of the child to highlight specific areas of learning and next steps where appropriate
- Links with the EYFS and Characteristics of Effective Learning
- Evidence of moderation with other professionals – in house and/or external
- A range of evidence bases which can be recorded in different ways along with the practitioners' knowledge of the child e.g. the learning support journal.

Assessment for learning informs planning for suitably differentiated teaching and learning. The key lies in effective individualised arrangements for learning and teaching. 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.

It needs to be noted that the complexity of some children's emotional and behavioural needs may not be reflected in the ranges below. However, settings must acknowledge the impact of emotional and behavioural difficulties on all aspects of the child's progress and wellbeing. The prevalence of attachment disorder and mental health related conditions/family circumstance compound the accuracy of assessment tools.

Support for children with SEND in the Early Years

Children within the Early Years Foundation Stage access their entitlement to early education from a range of providers including private, voluntary and independent settings (PVI), schools, and Nursery schools, portage and childminders. The SEND Code of Practice (2015) states that Early Years providers **must** have arrangements in place to support children with SEND, which should include a clear approach to identifying and responding to SEND that is the responsibility of all practitioners within the setting.

Where a child appears to be functioning behind age appropriate expectations, or where a child's progress gives cause for concern, practitioners should consider progress information from the setting in addition to advice and recommendations from external professionals. If a child is not making expected progress in relation to the 3 prime areas of early years development (Personal Social & Emotional, Communication & 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 & Expressive Arts and Design) through which the prime areas are strengthened and applied.

Some children can be identified as having additional needs within The Early Years Foundation Stage (birth to 5 years). It may be clearly evident what the child's primary need is; however, for the majority of children it takes time for the primary need to be established through ongoing observation and assessment.

Children with additional needs in The Early Years Foundation Stage become known to Education Services in accordance with the Local Offer: SEND Pathway for Children in the Early Years or through their early years provider/school.

https://search3.openobjects.com/mediamanager/sunderland/fsd/files/send_pathway_for_early_years_12_12_18.pdf

The Early Years Foundation Stage emphasises the importance of identifying children who require additional support as early as possible and focusses on ensuring the full involvement of the child's parents/carers 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. This includes ensuring:

- Parents/carers contribute to the assessment
- Parents/carers are invited to participate in target setting, monitoring progress and reviews, and are involved in supporting targets in the home
- That there is consistent involvement of relevant professionals as required
- That the ascertainable views of the child are taken into account

- That opportunities are available for parents/carers to learn how to support their child further

Support for a young child **does not** always require the deployment of extra staff to enable one to one support to be given to the child. Early support can take the form of training, physical or sensory adaptations, creating enabling environments, or provision planning, in accordance with recommendations within the 'Development Matters in the Early Years Foundation Stage' guidance, to enable the very young child with special educational needs to learn and progress fully.

Transition

Settings need to be mindful that on entry, children may be accessing a group setting for the first time. With this is mind, practitioners need to take into account children's previous experiences both at home and within the wider community. Practitioners **must** be sensitive to this when monitoring children's development and progress across the ranges. Children in the Early Years need time to settle and become used to routines of the setting, which for some children may be very unfamiliar.

It is important that when children start in a setting, or move on to another setting or to school, they have the best possible chance of a smooth transition and a successful placement. Transition should be seen as a process not an event. The key to successful transitions lies in the preparation and planning beforehand and the settling in, or follow up, afterwards.

Planning and preparation for transition into the setting should involve parents/carers in addition to a range of further elements which may include:

- Establishing relationships
- Sharing information
- Planned visits
- Creating continuities
- Preparation in the setting
- Training and support
- Settling in and follow up

It is the responsibility of the original setting to ensure the appropriate transfer of information to the receiving setting.

Successful transition at all stages of development and across all settings for children with SEND has its foundation in good practice for all children. Where a child's needs have been identified before they are admitted to the setting, transition is likely to require more detailed planning, the closer participation of parents and the sharing of a wider range of information. The period of planning and preparation is likely to involve the SENDCo as well as the allocated key person and, for some children, the involvement of a wider range of professionals.

Area SENDCo - School Improvement Service

Sunderland is committed to providing effective early identification and intervention for children with SEND. It is essential that all children with SEND have their needs identified as early as possible with the aim of providing early intervention to help remove barriers to learning. The service promotes inclusive practice for children aged from birth to five and

those children with Special Educational Needs and Disabilities (SEND) in order to ensure that all children are fully included within the setting. We work with settings to create a common understanding of the Code of Practice to help secure the best possible outcomes for children in their care.

Settings are supported in the context that they adhere to:

- The Equality Act 2010
- The EYFS Statutory Framework
- The Special Educational Needs Code of Practice, with reference to chapters 5 and 6
- Working positively to ensure that they are offering fully inclusive services which meet the needs of all children

Aims of the service:

- To ensure there is sufficient expertise and experience amongst local early years providers to support children with SEND through the development of a quality workforce.
- To provide advice and guidance to early years providers on the development of inclusive early learning through training, forums and individual setting support.
- To support settings in establishing links between education, health and social care to facilitate appropriate early provision for children with SEND, including transition into compulsory schooling.

Role of the service:

- Providing day to day support to practitioners and early years SENDCos in the implementation of the Code of Practice for SEND.
- Empowering all those working in early years settings to respond to and meet the diverse needs of children in their care.
- Helping early years settings to meet the needs of children with SEND as quickly as possible through advice and support.
- Disseminating high quality, inclusive practice across early years settings.
- Facilitating multi-agency working between the setting and other professionals involved in supporting children with SEND.
- Supporting the successful admission and inclusion of children with SEND.
- Providing a high quality, continuous and relevant SENDCo training programme.
- Promoting effective communication, ensuring a shared dialogue between professionals and parents.
- Providing guidance and support for referrals to additional services.
- Monitoring and reviewing progress including supporting successful transitions between settings and schools.

Should you require support or have any queries or concerns the Area SENDCo service can be contacted at

Sue.cutting@togetherforchildren.org.uk

Early Years Inclusion Funding

The Early Years National Funding Formula, introduced by the Government in April 2017, placed a requirement on Local Authorities to establish an Early Years Inclusion Fund (EYIF). The intention of the fund is to support Early Years practitioners to secure better outcomes for children with SEND.

Early years inclusion funding (EYIF) is available to 2, 3 and 4-year-old children who live in Sunderland and who have special educational needs and/or a disability. This is to enable them to have the opportunity to access an Ofsted registered Early Years setting as part of the SEND graduated approach, where their educational needs are not able to be met without additional resources. For 2-year-olds, funding is allocated on the basis of up to 15 hours of attendance and for 3 and 4 year olds on the basis of up to 30 hours attendance. Additional information, eligibility criteria and the application process for EYIF is detailed within the Early Years Inclusion Funding Guidance document.

https://www.sunderlandinformationpoint.co.uk/kb5/sunderland/directory/localoffer.page?localofferchannel=1&loboolean=1

Disability Living Allowance

Disability Living Allowance (DLA) is available to families to help with additional costs of looking after a child who is under 16 and has difficulties walking or requires much more looking after than a child of the same age who does not have a disability. Applications for DLA are made on line at https://www.gov.uk/disability-living-allowance-children

The Disability Access Fund

The Disability Access Fund (DAF) is a one-off payment of £615 per eligible child. This funding helps early years and childcare providers to make reasonable adjustments in their settings to support an individual child with a special need and/or disability. A child will be eligible for a DAF payment if they are in receipt of disability living allowance (DLA) and are receiving free early education for 3 and 4 year olds (either 15 or 30 hours). Children are **not** eligible if they are in a primary school reception class. However, children who defer their start in reception and remain in their nursery provision will continue to be entitled to a DAF payment. DAF can only be claimed once in any financial year. If a child attends more than one setting the child's parents will choose which setting will receive the funding. This preference will be recorded on the parental declaration form that all parents are required to complete which is to be found in appendix 2: pg. 25 of the Provider Agreement. If a child moves to a new provider within the financial year the new setting will not be eligible to claim a DAF payment until the next financial year. DAF applications are managed via the Childcare Provider Portal:

https://emsonline.sunderland.gov.uk/CCSProviderPortal_LIVE/Account/Account/Login

Evidence is required to support each application. This includes a completed application form signed by parents and provider and a copy of the DLA benefits award letter. The application form can be found in appendix 3: pg. 29 of the Provider Agreement. Completed documents are then submitted by the provider via the Provider Portal. Claims are handled by the

Childcare Team and are dealt with promptly at the end of each week. Payments are made the week after a successful application is received. A DAF claim may be submitted at any point in the year or term. There is no deadline submission date each term for this funding.

Early Years SEND Ranges

The following information relates to children in the Early Years Foundation Stage (EYFS) from birth to the term after their 5th birthday, who have a range of special educational needs (SEND).

For children in their Reception year in school, please read in conjunction with the relevant school age primary need descriptors for:

- Communication and Interaction: Autism Spectrum Disorders
- Communication and Interaction: Speech, Language and Communication Needs
- Cognition and Learning Needs
- SEMH Needs
- Sensory and/or Physical Needs:
  >Hearing Impairment
  >Visual Impairment
  >Dual Sensory Needs
  >Physical and Medical needs

Identifying the Range

1. Read the descriptors in each document and identify those that best describe your child. You may find it useful to print off a copy of these and highlight ones that apply.
2. Use the SEND guidance descriptor information (*Presenting Behaviours*) in the first column of each range to think about how the child's individual profile affects their access to the curriculum and setting. These statements support a decision about whether the child is mildly, moderately, severely or profoundly affected and give guidance about how contexts and support needed affect placement at a range.
3. Steps 1 and 2 above should enable professionals to make a judgement about which range the pupil is at currently. It is important to recognise that these ranges can alter either because the child's profile changes or because of context changes such as times of transition/ school/setting placement.

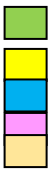
It is crucial to note that the ranges are intended as a guide for settings and that children's development across the prime areas may be difficult to map directly into the different ranges. This may be particularly true of children with certain difficulties, e.g. ASD where the child's developmental profile is 'spiky'. For example, some children may sit 'between' ranges. In these cases, professional judgement **must** be considered when reviewing the level of support that may be needed. In each of the ranges, take into account the overarching range descriptor and information in both the '*Assessment and Planning'* and the *'Teaching and Learning Strategies/Curriculum and Interventions'* sections. The child's developmental profile must not be taken in isolation.

Using the Guidance to Support Learning

Once the range has been established, professionals will find advice about how to support the learning of children at each range. It is important to recognise that Quality First Teaching will

provide a firm basis upon which to use the additional strategies identified at each range. Strategies and advice from earlier ranges need to be utilised alongside more specialised information as the ranges increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

The ranges are colour-coded throughout the Early Years section of the guidance as follows:



Range 1 – School/setting-based responses – Universal mainstream
Range 2 – School/setting-based responses – Universal/Targeted mainstream
Range 3 – School/setting-based responses – Targeted mainstream
Range 4 – Targeted/Specialist either in mainstream or specialist additional resource
Range 5 – Specialist Resource/ Special School

Cognition and Learning

Range 1 - Cognition and Learning		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay/emerging need: • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months Cognitive abilities broadly lie within age related expectations as evidenced by EYFS ages and stages however the child may be easily distracted and require prompts to remain on task, may need adult encouragement to remain engaged in play and/or may struggle to concentrate on adult directed activities (more than would be expected for a child of that age range and observed over time).	Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS Good use of Quality First Teaching with close reference to the EYFS developmental profile Use of Early Support Developmental Journal as best practice to support small step approach to learning. Possible attendance at more than one setting must be taken into consideration. Consider early referral to SALT where understanding is identified as a difficulty. Use of the ECAT assessment can identify areas of specific need in SLC which are linked.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Effective differentiation of activities, in terms of adult engagement, levels of language and visual prompts, to enable learning at a level appropriate to the child. Any planned interventions involve the parent/carer, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels Flexible grouping strategy to focus adult support where needed. Continuous provision enhanced, directed and targeted. Implementation of reasonable adjustments to the EYFS environments and curriculum ECAT/ICAN strategies.

Range 2 - Cognition and Learning		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months Child presents with some mild learning difficulty/delay, shows some difficulties with conceptual understanding. Child shows some difficulties with engagement in learning experiences Is easily distracted and requires prompts and adult intervention to remain on task May need some adult encouragement to remain engaged in adult initiated play. Unable to follow adult directed activities within a small group where child has chosen the activity.	As Range 1 SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations Refer and involve other professionals as appropriate. These professionals to attend reviews. Referral to SALT and Language and Learning. Consider EP referral. Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process. Clear assessment relating to IMPACT of the intervention strategies to guide next steps Setting to liaise with parent/carer	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased evidence of differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes from support plan. Planned interventions involve as Range 1 + SENDCo and other professionals. Clarity on support given at: • Continuous provision • Enhanced • Targeted Flexible grouping strategy, evidenced in support plan, to focus adult support where needed. Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas. Access to ICT and specialist equipment/materials. Implementation of reasonable adjustments to the EYFS environments and curriculum Staff training needs are addressed. Specific interventions. E.g. BLAST & TALKBOOST

Range 3 - Cognition and Learning		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD to MODERATE, persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below emerging 8-20 months • At 3 years functioning at or below emerging 16-26months • At 4 years functioning at or below emerging 22-36 months • At 5 years functioning at or below emerging 30 -50 months Child needs differentiated work and targeted support with conceptual understanding, and reasoning across the EYFS Child presents with a very uneven profile of early learning skills that requires a balance of small group and additional adult support Demonstrates some difficulties learning basic concepts and retaining them over time despite targeted support Limited and/or repetitive play skills, these persisting despite targeted support. Displays some difficulties with imaginative play unless supported by an adult Experiences some difficulties following adult led routines and structure	Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations. The profile may be spikey. SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies. Involvement of additional support services as appropriate. (portage/SALT) This may include Paediatrician or Educational Psychologist where relevant and additional agencies on follow up from these. Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods. Plan organises support in: • Continuous provision • Enhanced • Targeted Referral submitted for EYIF to enhance in setting provision in key areas Interventions are assessed for IMPACT on progress. Gather evidence for potential EHCP application with chronology of actions and evidence.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and monitoring assessments etc. to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. Differentiation may include deployment of additional adults to support planned interventions within: • Continuous provision • Enhanced • Targeted Interventions and staffing ratios evidenced within support plan Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Use of Makaton, intensive interaction and visual approaches to supporting the development of early learning skills Access to ICT and specialist equipment/materials. Implementation of reasonable adjustments to the EYFS environments and curriculum Staff will need access to specific specialist training. Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.

Range 4 - Cognition and Learning		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MODERATE to SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 16-26 months • At 5 years functioning at or below developing 22-36 months Moderate to severe learning difficulties, showing significant delay in problem solving/reasoning skills Limited and restricted play skills which are persistent despite targeted support Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support Experiences persistent difficulties learning basic concepts and retaining them over time despite targeted support Displays persistent patterns of repetitive play	SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and the breaking down of tasks into small steps within an adapted and individualised curriculum. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency targets and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets includes specialist advice as part of a multi-agency plan. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS.

Range 5 - Cognition and Learning		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at or below emerging 0-11 months • At 3 years functioning at or below emerging 8-20 months • At 4 years functioning at or below emerging 16-26 months Severe learning difficulties and global delay, affecting self-help and independence skills Tendency to withdraw from group learning activities which is severely impacting on learning Requires intensive support to enable the child to engage with learning. Severely limited and restricted play skills which are persistent despite targeted support Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support Experiences persistent and significant difficulties learning basic concepts and retaining them over time despite targeted support Displays persistent patterns of repetitive play Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS	As range 4. SENDCo involved in on going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and breaking down of tasks into small steps within an individualised curriculum. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCN assessment processes. Continued with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed. Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS.

Cognition and Learning: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
EY (0-4 years)	Child will engage in aspects of real-world/role play and show developing awareness of the tasks carried out by different professionals (doctor, nurse, firefighter, police officer). Child will show interest in activities and resources within the nursery environment and will engage in aspects of exploratory, functional and sensory play, demonstrating developing understanding of the world around them. Child will show developing imagination through substitution and representation of objects within play (using a cardboard tube to represent a phone, for example) Child will begin to make meaningful choices between objects and activities Child will show increased listening skills and task focus	Child will make choices between options offered at snack and mealtimes. Child will have an understanding of risk/safety within the home (hot pans, cooker top, boiling water etc.).	Child will show a developing understanding of friendships and interaction with others and will be able to name 'friends' within their nursery group.	Child will begin to recognise which foods and drinks are healthier and the importance of a healthy diet. Child will have an understanding of the importance of self-care routines to maintain good health (washing hands, cleaning teeth, having a bath etc.) Child will have a developing understanding that some substances are harmful to ingest or touch. Child will have an understanding of basic feelings and emotions
	Child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning: literacy skills, Mathematics, Understanding of the world and Expressive Art and Design http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc			
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Cognition and Learning.			

Communication and Interaction

Range 1 – Communication and Interaction		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay or emerging needs: • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months May develop spoken language at a slower rate than peers Some difficulties with understanding of language May demonstrate limited understanding of nonverbal cues Some immature speech sounds. Requires help with key words. Requires repetition from an adult May have English as an additional language Difficulty being understood by adults outside the family Some difficulties in interactions with peers; may need adult prompting May display shorter attention span in comparison to peers Range of noises and sounds in babble limited.	Assessment for learning informs planning for suitably differentiated teaching Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies Early referral to SALT to be considered Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS Good use of Quality First Teaching with close reference to the EYFS developmental profile Use of Early Support Developmental Journal as best practice to support small step approach to learning. Observation by practitioner and SENDCo to assess next steps in liaison with parent/carer Possible attendance at more than one setting must be taken into consideration	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Focus on attention and listening activities BLAST/TALKBOOST (this will filter out those children with environmental impact delay) Ensure all adult language is supported by visual prompts – photographs, pictures, Makaton Create differentiated groups for targeted attention, listening and social play skills Adults to present high quality expressive speech and adapt levels of language Effective differentiation of activities to enable learning at a level appropriate to the child. Any planned interventions involve the parent/carer, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels Flexible grouping strategy to focus adult support where needed. Implementation of reasonable adjustments to the EYFS environments and curriculum

Range 2 - Communication and Interaction		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months Child has difficulty following or understanding instructions and everyday language without visual references Adults have difficulty understanding speech without it being in context Child has poor enunciation/clarity of speech/making noises/sounds. Immaturity in socialisation. Older age range looks towards adults rather than peers. Some difficulties with social communication and interaction Lack of awareness of social space and related social difficulties Difficulties forming and maintaining friendships with peers Younger age range – not linking with an important adult. Lack of playing with sound/noise/babble.	As Range 1 SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations Refer and involve other professionals as appropriate. These professionals to attend reviews, SALT initially. SENDCo to involve other agencies in accordance with SALT based guidance Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process. Clear assessment relating to IMPACT of the intervention strategies to guide next steps Setting to liaise with parent/carer	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes. Planned interventions involve as Range 1 + SENDCo and other professionals. Clarity on support given at: • Continuous provision • Enhanced • Targeted Flexible grouping strategy, evidenced in support plan, to focus adult support where needed. Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas. Access to ICT and specialist equipment/materials. Use of Makaton, intensive interaction and visual approaches to supporting the developing of language and interaction skills Access and use of 'Autism' friendly strategies/focus upon social play and interaction skills Implementation of reasonable adjustments to the EYFS environments and curriculum Staff training needs are addressed.

		Draw on ICAN/ECAT strategies BLAST TALKBOOST

Range 3 - Communication and Interaction		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD to MODERATE and persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below emerging 8-20 months • At 3 years functioning at or below emerging 16-26months • At 4 years functioning at or below emerging 22-36 months • At 5 years functioning at or below emerging 30 -50 months Mild to moderate delay in expressive and/ or receptive language requiring regular SALT input Has reduced vocabulary both receptively and expressively impacting on learning and retention of new words May display some loss of previously demonstrated communication skills Difficulty communicating or expressing feelings or needs. Limited ability to understand the impact of their actions on others Child is becoming increasingly isolated with peers Limited initiation of social interaction – limited noises/babble, limited response to adult interactions: physical/verbal responses.	Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies. Involvement of additional support services as appropriate. This may include Paediatrician or Educational Psychologist where relevant and additional agencies on follow up from these. Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods. Plan organises support in: • Continuous provision • Enhanced • Targeted Referral submitted for EYIF to enhance in setting provision in key areas Interventions are assessed for IMPACT on progress	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. Differentiation may include deployment of additional adults to support planned interventions within: • Continuous provision • Enhanced • Targeted Increased focus on planned interventions, may continue with BLAST and TALKBOOST. As a baseline provision ICAN and ECAT strategies implemented throughout with targeted individualised interventions included in accordance with recommendations from SALT, EP AOT Interventions and staffing ratios evidenced within support plan Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Visual timetable, clear routines, preparation for change and activity transitions Use of Makaton, intensive interaction and visual approaches to supporting the development of language and interaction skills Access and use of Autism friendly strategies/ social play and interaction skills Staff may need access to specific specialist training. Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.

		Implementation of reasonable adjustments to the EYFS environments and curriculum

Range 4 - Communication and Interaction		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MODERATE to SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 16-26 months • At 5 years functioning at or below developing 22-36 months Moderate to severe language and /or speech sound disorder/ limited language or babble. Uses mix of speech and alternative communication methods such as visuals, Makaton, BSL and/or augmented communication systems Assessments show child is working at least 2 age and stages below chronological age in at most areas of language, communication and social interaction skills. Child may avoid communication or use extremely limited non-verbal communication when in a speaking situation. Child avoids interactions with others. Displays tendency to withdraw from social and group learning activities Appears unaware of others. Displays difficulties expressing emotions Persistent and significant	SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and the breaking down of tasks into small steps within an individualised curriculum. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS.

difficulties engaging in social interactions and forming relationships with others Difficulties in relation to understanding and interpretation of social interactions and social situations		

Range 5 - Communication and Interaction		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at emerging 0-11 months • At 3 years functioning at or lower than emerging 8-20 months • At 4 years functioning at or lower than emerging 16-26 months Severe delay in receptive and/ or expressive language Very limited understanding of what is said or signed Child communicates by gesture, eye pointing or symbols May display sustained loss of communication skills previously demonstrated Child is unable to speak or communicate in the setting which hasn't improved over the last 3 months and is having a significant impact on their ability to access the learning environment Frequent and significant difficulties following adult direction due to difficulties with understanding of language Withdrawal from social and group learning activities which are severely impacting on learning Significant evidence of persistent repetitive play and restricted interests Inability to form relationships / unable to tolerate social interaction other than to get needs met	As range 4. SENDCo involved in on going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and breaking down of tasks into small steps within an individualised curriculum. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCN assessment processes. Continued with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed. Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS.

Severe and persistent high anxiety levels requiring intensive support No understanding of social boundaries/ tolerating social interaction Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS		

Communication and Interaction: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
EY (0-4 years)	Child will be able to follow direction within routines and comply with simple instructions. Child will show increased listening skills, attention and task focus Child will have the communication and interaction skills to facilitate joint play with peers. Child will have the language and communication skills to support real world/role play (doctor, nurse, builder, firefighter, policeman).	Child will have the communication and interaction skills required to request objects or help as required. Child will have the language and communication skills necessary to support their understanding and ability to make choices between options offered (indoor/outdoor play, snack time, meal time, activities to access within free play etc.).	Child will have the communication and interaction skills required to support the development of shared interaction, friendships and play with peers.	Child will be able to alert an adult at times when they are hurt or feeling unwell. Child will have the communication skills required skills to convey basic feelings to others to facilitate emotional well being
	Child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning for Communication and Interaction: Listening and Attention, Understanding and Speaking http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc			
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Communication and Interaction.			

Social, Emotional and Mental Health

Range 1 – Social, Emotional and Mental Health		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months May present with some difficulties settling into setting May display emotional distress (anxiety), and seek out peer/adult support including 'detached' behaviours. Occasional and short term unwanted behavioural difficulties resulting in adult intervention. Displays some attention seeking behaviours Occasionally needs adult support in self-regulation.	Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS Good use of Quality First Teaching with close reference to the EYFS developmental profile Use of Early Support Developmental Journal as best practice to support small step approach to learning. Observation by practitioner and SENDCo to assess next steps in liaison with parent/carer May benefit from SALT referral if needs impact on SLC development. Referral for bumpy speech/dysfluency.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Effective differentiation of activities to enable learning at a level appropriate to the child. Any planned interventions involve the parent/carer, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels Flexible grouping strategy to focus adult support where needed. Implementation of reasonable adjustments to the EYFS environments and curriculum Nurture strategy activities. BLAST and TALKBOOST focus on confidence as well as SLC are useful at this point.. Signposting points to support and training e.g. Incredible Years.

Range 2 – Social, Emotional and Mental Health		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months Compared to chronologically aged peers. Frequently displays some difficulties entering in the setting and can be unsettled at periods throughout the day. Has difficulty seeking comfort from familiar adults and/or with self-soothing. Ongoing difficulties relating to separating from carer Can be highly distracted within activities and need some short term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers of the same chronological age. Does not consistently conform to routine and boundaries. Some difficulties with behaviour management Some attention seeking or avoidant behaviours, likely to show reliance on adults Some difficulties recognising and communicating emotions Some difficulties managing change to routine and transitions Frequently needs adult support in self-regulation.	As Range 1 SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations Refer and involve other professionals as appropriate. These professionals to attend reviews. Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process. Clear assessment relating to IMPACT of the intervention strategies to guide next steps Setting to liaise with parent/carer Seek informal advice from CAMHS. SALT involvement.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring. Staff trained in 'nurture programme' and 'Friends.' Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes. Planned interventions involve as Range 1 + SENDCo and other professionals. Clarity on support given at: • Continuous provision • Enhanced • Targeted Flexible grouping strategy, evidenced in support plan, to focus adult support where needed. Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas. Access to ICT and specialist equipment/materials. Implementation of reasonable adjustments to the EYFS environments and curriculum Staff training needs are addressed including attachment and behaviour management. Environment provides 'space for one' for a child to withdraw.

Range 3 – Social, Emotional and Mental Health		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD to MODERATE and persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below emerging 8-20 months • At 3 years functioning at or below emerging 16-26months • At 4 years functioning at or below emerging 22-36 months • At 5 years functioning at or below emerging 30 -50 months Compared to chronological years. Displays some unusual behaviours or changes in behaviour requiring adult intervention May display some difficulties in sharing, turn taking and social interaction May display difficulties with attention and concentration Displays some refusal to follow instructions, may run from adults May display aggressive behaviour toward adults and peers when told no Displays some tendencies to withdraw from activities and some unwillingness to engage with others Displays some difficulties forming relationships which impact upon development despite targeted intervention Concerns regarding social and emotional health that require outside agency input and has an impact on development	Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies. Involvement of additional support services as appropriate. This may include Paediatrician or Educational Psychologist where relevant and additional agencies on follow up from these. Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods. Plan organises support in: • Continuous provision • Enhanced • Targeted Referral submitted for EYIF to enhance in setting provision in key areas Interventions are assessed for IMPACT on progress. Consider referral to CAMHS. SALT involvement if necessary.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. Differentiation may include deployment of additional adults to support planned interventions within: • Continuous provision • Enhanced • Targeted Interventions and staffing ratios evidenced within support plan Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Use of Makaton, intensive interaction and visual approaches to supporting the development of interaction skills Access to ICT and specialist equipment/materials. Staff may need access to specific specialist training, particularly in attachment behaviour. Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively. Implementation of reasonable adjustments to the EYFS environments and curriculum

Displays increased levels of anxiety and may be overly dependent on 'comfort objects'. Frequently detaches from others. May display signs of hypervigilance Child only speaks or communicates a few words to a familiar adult in an altered voice such as a whisper or when withdrawn from the main group Show signs of distress when faced with new people, places, events or when unsure what is going to happen May find transitions difficult Unable to predict what will happen without adult prompts Have difficulties understanding social and physical risks. Child is becoming increasingly isolated with peers		Specialist resources for sensory breaks – 'stretch', 'pull', 'twist' etc. Referral for parents to support/training e.g. 'Incredible Years.'

Range 4 – Social, Emotional and Mental Health		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MODERATE to SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 16-26 months • At 5 years functioning at or below developing 22-36 months Compared to chronologically aged peers. Unpredictable extremes of demanding behaviour which affects the safety of self and others Severe and persistent difficulties in social interaction Severe attachment difficulties affecting development Unable to sustain activities without significant, consistent adult attention and intervention Displays considerable difficulties with attention and concentration Regular refusal to follow instructions, may run from adults Displays aggressive behaviour toward adults and peers when told no Frequently displays high levels of anxiety May display signs of hypervigilance Finds transitions difficult	SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and the breaking down of tasks into small steps within an individualised curriculum. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers. CAMHS/CYPS involvement.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS. Sensory breaks/resources etc. as at Range 3.

Displays some social withdrawal and reluctance to engage with social activities Child may have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period including CYPS referral. Have social emotional needs that significantly impact on the ability to build and maintain successful relationships with adults and peers Displays difficulties managing emotions which may lead to challenging behaviours, increased anxiety and episodes of heightened emotional state Child is known to be able to speak to familiar adults outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting Shows signs of distress over even small changes in the environment Rigid, repetitive or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression or withdrawals		

Range 5 – Social, Emotional and Mental Health		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at emerging 0-11 months • At 3 years functioning at or lower than emerging 8-20 months • At 4 years functioning at or lower than emerging 16-26 months Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk. Requires a high level of intervention from adults including specialist support to address the child's social and emotional needs Regular (daily) episodes of non-compliance Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are unpredictable, persistent and extreme in relation to the child's ages and stages of development Needs a safe designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning Child unable to function, participate and engage without direct intensive adult support or specific support mechanisms as identified in child's behaviour support/risk management plan	As range 4. SENDCo involved in on going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and breaking down of tasks into small steps within an individualised curriculum. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCN assessment processes. Continued with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed. Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS, as with previous ranges 3 & 4.

Persistent and severe social isolation Severe and persistent high anxiety levels requiring intensive support Frequent, and unpredictable, behaviours that jeopardise the health and safety of self and others		

Social, Emotional and Mental Health: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
EY (0-4 years)	Child will have the social and emotional skills and resilience required to be able to adapt to change and new environments. Child will be more able to regulate basic feelings; developing skills such as waiting to take a turn in an activity or when wanting to share news with an adult	Child will develop a growing awareness of independent living skills through real-world play (kitchens, DIY, cleaning). Child will be able to sit alongside peers to access meal times and snack times, developing the skills to pass out plates, cutlery and cups to their peers and to take a turn to serve themselves and others.	Child will have social skills necessary to facilitate shared play and interaction with peers, developing a growing awareness of friendships to support emotional wellbeing and self-esteem. Child will be able to recognise indicators of basic feelings in peers (happy and sad) and with support and modelling will respond accordingly at their developmental level (giving a hug to a peer who is crying for example) With prompting, child will begin to develop an awareness of basic social conventions in interaction with other, for example, using please and thankyou when asking for or receiving things from others	Child will attend necessary dental, medical and optical checks following parental direction and supervision. Child will cooperate with self-care and personal hygiene routines with prompting and adult support as required. Child will show awareness of basic feelings and will have the support and strategies required to promote resilience and emotional wellbeing.
	Child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Personal, Social and Emotional Prime Areas of learning: Making Relationships, Self Confidence and Self Awareness and Managing Feelings and Behaviour http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc			
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Social, Emotional and Mental Health.			

Sensory and/or Physical and Medical Needs

Range 1 – Sensory and/or Physical and Medical Needs		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months Child has a medically diagnosed sensory impairment which means that without reasonable adjustments and management the child is at risk of making less than expected progress than their peers. With these in place, child is making good progress in line with their overall development. **Vision:** Vision within normal range, including when corrected by glasses 6/6 – 6/12 **Hearing:** Child may miss-hear verbal information which requires monitoring Child may have some immaturities of speech but is understood by adults **Physical and Medical:** Physical development and general health within normal levels Child attempts all physical activities within normal day	Setting to liaise with the family/ carer and gather information relating to the child Discussion re family engagement with supporting agencies Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g. outdoors, lunchtime. Progress to be monitored for at least 2 terms Termly/ half-termly (as appropriate) review of child's progress in relation to the EYFS Good use of Quality First Teaching with close reference to the EYFS developmental profile Use of Early Support Developmental Journal as best practice to support small step approach to learning. Observation by practitioner and SENDCo to assess next steps in liaison with parent/carer Information and advice from the Children's Sensory Team would be provided on diagnosis with further information and advice on request. Any mobility issues require risk assessment for child and others. Requires Educational OT assessment and strategies for support A physiotherapy referral via medical consultant may also be required. An Educational Occupational Therapist may see children at any range due to an open referral system which may include assessment	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Effective differentiation of activities to enable learning at a level appropriate to the child. Any planned interventions involve the parent/carer, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels Flexible grouping strategy to focus adult support where needed. Implementation of reasonable adjustments to the EYFS environments and curriculum Adjustments made to learning environment both indoors and outdoors. Support may be needed for transitions. Training for staff.

May be evidence of some mild problems with fine motor skills and recording Mild problems with self-help and independence May be evidence of problems with gross motor skills and coordination often seen in physical play May have continence/ toileting issues Medical condition that impacts on time in Early Years and requires an individual health care plan. Possible conditions include, asthma, cystic fibrosis, pacemaker (chronic heart disease), arthritis, epilepsy, diabetes, chronic disease, Crohn disease.	for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. Early Intervention/ Risk assessment may be required by the Educational OT of toileting, feeding, fine and gross motor skills	

Range 2 – Sensory and/or Physical and Medical Needs		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months Child has a medically diagnosed sensory impairment which means that without reasonable adjustments and management the child is at high risk of making less than expected progress than their peers. With reasonable adjustments and appropriate management strategies the child is making satisfactory progress in line with their general development. **Vision:** Mild impairment Mild bilateral field loss or adapted to monocular vision Navigates safely in familiar environment Wears patch 1-2 hours daily. Colour blind **Hearing:** Moderate hearing impairment requiring adult support to monitor adjustments.	As Range 1 SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations Referrals made to Occupational Therapy and Physiotherapy via medical consultant as required. An Educational Occupational Therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. Children's Sensory Team will have the child on their active caseload and will support with trouble shooting for specialist equipment. They will monitor Child's progress with one or two visits annually and may generate an additional single visit/report giving advice specific to the child on request. Professionals to attend reviews where appropriate Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records, taking account of specialist advice where appropriate. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process. Clear assessment relating to IMPACT of the intervention strategies to guide next steps Setting to liaise with parent/carer. Risk assessment for learning environment. Risk assessment may be required to adhere to Health and Safety requirements May require an environmental assessment re toileting and nappy changing. Staff may require moving and handling training	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes. Planned interventions involve as Range 1 + SENDCo and other professionals. Clarity on support given at: • Continuous provision • Enhanced • Targeted Flexible grouping strategy, evidenced in support plan, to focus adult support where needed. Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas. Access to ICT and specialist equipment/materials. Implementation of reasonable adjustments to the EYFS environments and curriculum Staff training needs are addressed e.g. lifting and assisting, eating and drinking, oxygen training.

Hearing corrected through use of hearing aids **Physical and Medical:** Mild but persistent problems with hand/eye coordination, fine/gross motor skills and recording, impacting on access to curriculum Making slow or little progress despite targeted teaching approaches Continuing difficulties with continence/ toileting Continuing problems with self-help and independence Continuing problems with gross motor skills and coordination often seen in physical play Some implications for risk assessment e.g. educational visits, playground equipment Able to use mobility aid with some competence to overcome physical difficulties, e.g. walking frame or power chair Likely to have difficulties adapting to new/specific environments A medical condition that impacts on time in Early Years and requires a medical care plan Possible conditions include, asthma, cystic fibrosis, pacemaker (chronic heart disease), arthritis, epilepsy, diabetes, chronic disease, Crohn disease. May require an Educational OT assessment	May require Educational OT assessment for postural management	

Range 3 – Sensory and/or Physical and Medical Needs		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MILD to MODERATE and persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay: • At 2 years functioning at or below emerging 8-20 months • At 3 years functioning at or below emerging 16-26months • At 4 years functioning at or below emerging 22-36 months • At 5 years functioning at or below emerging 30 -50 months Child has a moderate medically diagnosed sensory impairment which has impacted on their communication, language, learning and/or social skills/self-esteem. Child will need modified activities and additional support to enable them to make good progress. **Vision:** Mild to moderate visual difficulties / visual loss with on-going input from the Sensory Support Service **Hearing:** Mild to moderate hearing loss and wears aid(s) with on-going input from the Sensory Support Service **Physical and Medical:** Physical and / or medical difficulties that require varied equipment and adapted resources Moderate physical and or medical difficulties that require close monitoring to ensure safety Moderate gross and/or fine motor difficulties Exploration, interaction and/or mobility now impacting more on access to the curriculum	Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies. Referrals made to Occupational Therapy and Physiotherapy via medical consultant as required and activities incorporated into support plan. An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. Children's Sensory Team and other medical professionals, work with education provision on an ongoing basis to set targets, carrying out specialist assessments, providing training in the care and management skills for technological equipment and advise on modifications to the curriculum and learning activities. They may provide some direct teaching for targeted areas and would have an integral part at reviews. Involvement of additional support services as appropriate. Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods. Plan organises support in: • Continuous provision • Enhanced • Targeted Referral submitted for EYIF to enhance in setting provision in key areas Interventions are assessed for IMPACT on progress	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and monitoring assessments etc. to enable monitoring Increased differentiation of activities and materials to reflect developmental levels, and a focus on key learning outcomes from support plan. Differentiation may include deployment of additional adults to support planned interventions within: • Continuous provision • Enhanced • Targeted Interventions and staffing ratios evidenced within support plan Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Use of Makaton, intensive interaction and visual approaches to supporting the developing of language and interaction skills Implementation of reasonable adjustments to the EYFS environments and curriculum Staff may need access to specific specialist training. Consideration given to the 'sensory' environment and planned sensory breaks following a three step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively. Adult support will be required for this. May require moving and handling training and access to specialist training

Need specialist input to comply with health and safety legislation; e.g. to access learning, for personal care needs, at break and meal times Increased dependence on mobility aids i.e. wheelchair or walking aid Increased use of alternative methods for extended recording e.g. scribe, ICT May require administration of life-saving medication or tube feeding, tracheotomy, oxygen, insulin etc. Physical independence is impaired and requires input and programmes from relevant professionals Experience difficulties/ unusual responses to sensory experiences (can be easily distracted, upset by noise/touch/light)	Risk assessment for learning environment. Risk assessment may be required to adhere to Health and Safety requirements May require an environmental assessment re toileting and nappy changing. Staff may require moving and handling training May require Educational OT assessment for postural management	

Range 4 – Sensory and/or Physical and Medical Needs		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has MODERATE to SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 16-26 months • At 5 years functioning at or below 22-36 months Child has a significant medically diagnosed sensory impairment which has a significant impact upon their communication, language, learning and/or social skills/self-esteem. Child will need modified activities, additional support and some alternative approaches to enable them to make good progress. **Vision:** Moderate to severe visual loss which requires continuous support for mobility and self-help skills Moderate to severe multisensory impairment with significant impact on development **Hearing:** Severe hearing loss that has a significant impact on development Severe multisensory impairment with significant impact on development **Physical and Medical:** Significant physical/medical difficulties with or without associated learning difficulties	SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and the breaking down of tasks into small steps within an individualised curriculum. Interventions and support in place in accordance with advice from occupational therapy and physiotherapy. Children's Sensory Team, OT, Physiotherapist, SLT, EP work with education provision on an ongoing basis to set targets, carrying out specialist assessments, providing training in the care and management skills for technological equipment and advice on modifications to the curriculum and learning activities. They will provide direct teaching for targeted areas and this would include children seen for blocks of time. They would have an integral part at reviews. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers. Medical Professionals contribute to planning and assessment. Risk assessment for learning environment.	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and monitoring to enable monitoring Increased differentiation of activities and materials to reflect developmental levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS. Staff may require moving and handling training and access to specialist training

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 Physical and/ or medical difficulties that require specialist equipment, adapted resources and position changes requiring a high level of adult support Significant and persistent difficulties in mobility Physical care and manual handling in order to be included Significant personal care needs which require adult support Impaired progress and attainment in all areas, or at least prime areas. Severe physical difficulties or a medical condition that requires access to assistive technology to support communication, understanding and learning High levels of self-care needs Child needs daily adult support with health care regimes Child needs daily specialist programme for co-ordination skills Experiences persistent difficulties relating to sensory experiences and regulation	Risk assessment may be required to adhere to Health and Safety requirements May require an environmental assessment re toileting and nappy changing. May require Educational OT assessment for postural management	

Range 5 – Sensory and/or Physical and Medical Needs		
Presenting Behaviour	**Assessment and Planning**	**Teaching and Learning Strategies/Curriculum and Interventions**
The child has SEVERE, persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay: • At 2 years functioning at emerging 0-11 months • At 3 years functioning at or below emerging 8-20 months • At 4 years functioning at or below emerging 16-26 months Child has a significant medically diagnosed sensory impairment which has had a severe impact on their communication, language, learning and/or social skills/self-esteem requiring alternative approaches to make good progress. **Vision:** Profound visual loss which requires continuous support for mobility and self-help skills Profound multisensory impairment with severe impact on development **Hearing:** Profound hearing loss that has a severe impact on development Profound multisensory impairment with severe impact on development **Physical and Medical:** Has limited ability to contribute to self-care therefore is highly reliant on adult support for moving, positioning, personal care including drinking eating etc. Profound long term progressive/regressive condition(s) Profound physical, long term condition/needs	As range 4. SENDCo involved in on going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation. High level modifications to learning environment and breaking down of tasks into small steps within an individualised curriculum. Interventions and support in place in accordance with advice from occupational therapy and physiotherapy. Children's Sensory Team, work with education provision on an ongoing basis to set targets, carrying out specialist assessments, providing training in the care and management skills for technological equipment and advise on modifications to the curriculum and learning activities. They will provide direct teaching for targeted areas and this would include children seen for blocks of time. They would have an integral part at reviews. The Child will be receiving the highest levels of support from the Children's Sensory Team with support for the family and direct intervention with the child as well as support for school as in Range 4. Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions Support plan with SMART targets takes account of specialist advice. Termly/ half-termly review of child's progress towards targets on individualised learning/support plan. Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity	Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and pupil learning journal alongside adult observation and assessments to enable monitoring Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan. SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed. Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches Planned adult deployment to target support within: • Continuous provision • Enhanced • Targeted Increased focus on individualised planned interventions, daily trained adult attention and support for individual/ group activities following specialist advice Grouping strategies used flexibly to enhance learning and access to the curriculum. Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids. Implementation of reasonable adjustments to the EYFS environments and curriculum Multi-sensory approaches used to support access to EYFS. Staff may require moving and handling training and access to specialist training

Require continues monitoring and support throughout the day, which includes complex medical interventions Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS	of need. Multi agency SEND support planning meeting arranged in line with EHCN assessment processes. Continued with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan Risk assessment for learning environment. Risk assessment may be required to adhere to Health and Safety requirements May require an environmental assessment re toileting and nappy changing. May require Educational OT assessment for postural management	Consideration needs to be given to specialist seating with regard to transport and specialist advice on Health and Safety during school trips.

Sensory, Physical and Medical: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
EY (0-4 years)	Child will access the EY environment and activities in accordance with their physical capabilities, to support them to make progress towards early learning goals. N.B, for some children with complex medical/physical needs, alternative feeding plans will need to be considered following guidance from relevant professionals. Child will dress and undress with increasing independence in accordance with their physical/medical needs.	Child will be able to use the toilet independently in accordance with their physical/medical needs/diagnoses. Child will participate in mealtime routines using cutlery with increasing dexterity and independence to feed themselves appropriately. N.B for some children	Child will access community-based activities/clubs/groups in accordance with their physical/medical capabilities, to facilitate shared play and interaction and to support the development of friendships with peers. Child will access visits/day trips as appropriate.	Child will attend regular medical, optical and visual checks to support good health. Child will comply with self-care routines and medical routines to support good physical health. Child will engage in regular physical exercise to maintain good physical health and support the development of gross motor skills. Child will try a range of new foods offered to support the development of a balanced and healthy diet.
	Child will have reached expected outcomes in relation to EFYS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning for Physical Development: Moving and Handling and Health and Self Care. http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc			
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Ranges Guidance: Physical, Medical and Sensory Needs.			

Guidance for School Aged Pupils with SEND: Implementation of the Ranges in Primary and Secondary settings

The ranges are a very useful guide for SENDCOs and schools/services to assess and identify the needs of pupils and to put into place the appropriate support. The ranges are from range 1 through to at least ranges 5 and 6, whilst some go beyond to 7. They describe the pupil's needs and provide suggestions for the types of interventions that will be required. Schools/settings will need to evidence all their interventions and the impact of these through a provision map- and other evidence. This is best practice nationally and Ofsted require this level of evidence of input and impact.

In time, when schools/settings have become familiar with provision maps, these will be used alongside Support Plans and One Page Profiles.

Any additional support over and above the notional SEND budget from the LA will be based on the needs as identified through the ranges and on how the school/setting has implemented their resources to meet pupils' needs in Ranges 1-4. It is expected that the SENDCO will have access to the school's SEND budget as well as be familiar with other spending, including the Pupil Premium and other similar funds, as some pupils will fall into several funding areas. It is important that the right funds are spent for the right pupils and that there is evidence to show input, impact and outcome.

The provision map should show not only school/setting-based interventions, but also those of specialists and outside agencies if they are involved. This will give an informed overview of the interventions, as well as their impact and the progress that the pupil has made as a result. The provision map should be part of a progress check every half term and a data run at the end of every term, in line with the assessment framework and process in each school/setting. Undertaking provision maps in this way will also correlate the attainment/achievements alongside other indicators such as attendance, behaviour etc.

In some cases, pupils will fall into more than one range, or will have needs in more than one area. The school/setting will need to study the ranges and to highlight where the greatest need is. This may change in time and as the pupil matures. There will be specific times such as transition where the needs may change because of the differing environments and expectations. The ranges are a guide and provide a framework for the evidence that will be required.

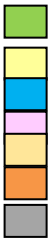
Identifying the Range

1. Read the descriptors in each document and identify those that best describe your pupil. You may find it useful to print off a copy of these and highlight ones that apply.
2. Use the SEND guidance descriptor information (*Presenting Behaviours*) in the first column of each range to think about how the pupil's individual profile affects their access to the curriculum and school/setting life. These statements support a decision about whether the pupil is mildly, moderately, severely or profoundly affected and give guidance about how contexts and support needed affect placement at a range.
3. Steps 1 and 2 above should enable professionals to make a judgement about which range the pupil is at currently. It is important to recognise that these ranges can alter either because the pupil's profile changes or because of context changes such as times of transition/ school/setting placement.

Using the Guidance to Support Learning

Once the range has been established, professionals will find advice about how to support the learning of pupils at each range. It is important to recognise that Quality First Teaching will provide a firm basis upon which to use the additional strategies identified at each range. Strategies and advice from earlier ranges need to be utilised alongside more specialised information as the ranges increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

The ranges are colour-coded throughout the school age guidance as follows:



Range 1 – Post 16 setting-based responses – Universal mainstream
Range 2 – Post 16 setting-based responses – Universal/Targeted mainstream
Range 3 – Post 16 setting-based responses – Targeted mainstream
Range 4 – Targeted/Specialist either in mainstream or specialist additional resource
Range 5 – Specialist Resource/ Special School / Specialist College
Range 6 - Special School / Specialist College
Range 7 – Highly Specialist Provision possibly 24 hours

Cognition and Learning Needs

Cognition and Learning Needs Guidance	
Range Descriptors Overview	
Range 1 **Mild**	• May be below age-related expectations • Difficulty with the acquisition/use of language, literacy and numeracy skills • Difficulty with the pace of curriculum delivery • Some problems with concept development • Evidence of some difficulties in aspects of literacy, numeracy or motor coordination • Attainment levels are likely to be a year or more delayed
Range 2 **Mild - Moderate**	• Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills • The pupil is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan • Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum • Progress is at a slow rate but with evidence of response to intervention • Support is required to maintain gains and to access the curriculum • Attainment is well below expectations despite targeted differentiation • Processing difficulties limit independence and pupil may need adult support in some areas • The pupil will have **mild** but **persistent** difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality first teaching • May have difficulties with organisation and independence in comparison to peers • Difficulties impact on access to the curriculum • Pupil will require reasonable adjustments to support them in the classroom • Self-esteem and motivation may be an issue • Possibly other needs or circumstances that impact on learning
Range 3	As above plus: • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills

Moderate	• May appear resistant to previous interventions • Pupil is operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification • Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum or assessment findings from a range of standardised cognitive assessments • Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding, sequencing and reasoning • Difficulties impact on learning and/or limit access to the curriculum • Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties • Personalised learning plan • Access to advice from a specialist • Support for reading/recording to access the curriculum at the appropriate level of understanding • Pupil will have **moderate** and **persistent** difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching • Difficulties in some aspect of cognitive processing will be present, i.e. slow phonological processing, poor working memory, and difficulties with auditory and visual processing • Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required • May require assistive technology and/or augmented or alternative communication supports • Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support • Involvement of pupil in target setting and personalised learning
Range 4a **Significant**	• Pupil will have significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching • Key language, literacy and/or numeracy skills are well below functional levels for their year group – the pupil cannot access text or record independently • Pupil has significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum • Difficulties likely to be long term/lifelong • Condition is pervasive and debilitating • Significantly affects access to curriculum and academic progress • High levels of support required which include assistive technology • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present

	• The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts
Range 4b	As Range 4a plus: • Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting
Range 5 **Severe**	• Severe learning difficulties have been identified • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills within the curriculum and out of school activities • Complex and severe language and communication difficulties • Access to specialist support for personal needs • Complex needs identified*

Range 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning strategies	Curriculum/Intervention	Resources and Staffing
The pupil will have **mild** difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality teaching. Pupil may have difficulties with some or all of the following: • Below expected rate of attainment • Below age-related and national expectations • Difficulty with the acquisition/ use of language, literacy, numeracy skills • Difficulty with the usual pace of curriculum delivery • Some problems with concept development • Evidence of some difficulties in aspects of literacy, numeracy and/or motor co-ordination • Attainment levels are likely to be a year or more delayed	**SCHOOL** • 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 **Assessment** • In addition to normal classroom assessments, the teacher will also discuss next steps with the SENDCO • As appropriate, screen for Irlen's (coloured overlays), dyslexia, dyscalculia, motor skills difficulties • Tools you might use: GL Assessment online screeners, Lucid • For concerns regarding motor skills use a motor skill check list and/or speak to the school nurse/OT • Seek advice and information from Dyslexia Guidance and Dyscalculia Guidance **Planning** • Normal curriculum plans to include QFT strategies and adjustments to activities to remove any barriers which difficulties may present • Timetable any one-to-one /small group intervention into weekly routine as appropriate (the number of sessions would be dependent on the intervention) • Monitor effectiveness of interventions ensuring clear entry and exit points and detailed provision map • Parents and children involved in monitoring and supporting their targets	• Mainstream class with flexible grouping arrangements • Consider Kagan structures • Opportunities for small group work based on identified need e.g. listening/thinking • Mainstream class with flexible grouping arrangements • Opportunities for small group work based on identified need e.g. reading, maths, motor skills • Opportunities for generic type one-to-one programmes aimed at addressing gaps – any intervention should have clear entry and exit criteria	• Quality First Teaching • Simplify level/pace/amount of teacher talk • Emphasis on identifying and teaching gaps assessment • Opportunities for skill reinforcement/revision/transfer and generalisation • Formal teaching of vocabulary and concepts	• Main provision by class/subject teacher • Mainstream class with enhanced differentiation • Regular targeted small group support, where staffing allows • Time limited programmes of small group work based on identified need • Opportunities for 1:1 /small group support focused on specific targets, with outcomes closely monitored • Pupils should be in mainstream classes and should not routinely be withdrawn and taught by a TA • All school staff should have access to regular, targeted Continuing Professional Development • 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 and problem solving • Links established between new and prior learning with support from review and overlearning techniques

Range 2 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The pupil will have **mild** but **persistent** difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality teaching. Take note of descriptors for other SEN needs, which may not be primary need. • Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills • The pupil is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through support plan • Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum • Progress is at a slow rate but with evidence of response to intervention • Support is required to maintain gains and to access the curriculum • Attainment is well below expectations despite targeted differentiation • Processing difficulties limit independence and may need adult support in some areas • May have difficulties with organisation and independence in comparison to peers • Difficulties impact on access to the curriculum and the pupil will require special arrangements and additional support in the classroom	**SCHOOL** As Range 1 plus: **Assessment** • SENDCO will use screening tools available for use in schools to establish a profile of the pupil's strengths and weaknesses. This will inform areas for intervention and adjustments/arrangements required for access to the curriculum and exams **Planning** • Teaching plans clearly show adjustments made for individual pupil to access the curriculum • This should include planning for additional adults supporting the pupil within the classroom • SENDCO to oversee planning of a personalised multi-sensory intervention. This should be time-tabled, and a private area made available • SENDCo or specialist teacher to explore SPLD factors • Regular monitoring and reviewing of interventions so they can be adapted accordingly – this should take place termly • Staff trained regularly on whole class differentiation, / scaffolding. with opportunities for peer support	• 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 As Range 1 provision plus: • 1:1 specific multisensory, cumulative, structured programmes to support the acquisition of literacy, cursive handwriting, numeracy and motor skills. • Opportunities for mixed groupings as pupil's cognitive ability is likely to be higher than their literacy skills might indicate • The child experiences success through carefully planned interventions and expectations	• Quality First Teaching • Programme includes differentiated and modified tasks within an inclusive curriculum • Modify level/pace/amount of teacher talk to pupil's 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 As Range 1 provision plus: • Differentiated curriculum with modifications that include alternative methods to record and access text. This will include ICT as appropriate e.g. word prediction, text-to-speech	• Parents are fully informed of school provision for child and involved in decisions about interventions to meet the pupil's needs • **Main provision** by class/subject teacher with support from SENDCO and advice from specialist teachers as appropriate • Additional adult**, under the direction of teacher,** provides sustained and targeted support on an individual/group basis • Include withdrawal on a time limited basis, entry and exit criteria clearly stated As Range 1 provision plus: • staff to deliver 1:1 programme for at least 30 minutes, 3 times weekly • Adults use the developmental level of language appropriate to the child in questioning and explanation • Simple Thinking Skills Activities/ Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising • Use real objects wherever possible • Individual reading • Individual maths • Alphabet arc activities • Precision teaching • Motor co-ordination programme • Busy box • 5-minute box • Visual timetables, timeline • QFT is supplemented by appropriate small group work with close monitoring in place • Individualised programmes are incorporated into provision • Clear entry and exit criteria

• Self-esteem and motivation may be an issue • Possibly other needs or circumstances that impact on learning				

Range 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The pupil will have **moderate** and **persistent** difficulties with literacy, numeracy or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality teaching • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills and appear resistant to previous interventions • Pupil operating at a level significantly below expected outcomes • Evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification • Moderate difficulties with independent working • Needs the support of an adult and a modified curriculum • Cognitive and school assessment indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding, sequencing and reasoning • Difficulties impact on learning and/or limit access to the curriculum • Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties which require a personalised support plan • Difficulties in some aspects of cognitive processing will be present, i.e. slow phonological processing, poor working memory,	**SCHOOL** • SENDCO should take advice from assessment by EP/specialist teacher • Involvement of education and non-education professionals as appropriate • Reviews should take note of evidence based needs • Curriculum plans, and progress are closely monitored by school tracker • Targets are individualised, short term and specific • Continued regular engagement of parents/carer • Involvement of pupil in target setting and personalised learning • Consideration of specific literacy/ learning difficulties evidence	• Mainstream class, predominantly working on **modified** curriculum tasks • Frequent opportunities for small group work based on identified need • Daily opportunities for 1:1 support focused on specific support plan targets • Grouping needs to be flexible and include positive peer models with input from class teacher as well as additional adults • Adults use the developmental level of language appropriate to the child in questioning and explanation	• Quality First Teaching • 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 • Alternative ways of recording as appropriate • Individualised programmes are incorporated into provision • Clear entry and exit criteria	• **Main provision** by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate • A consistent structured environment which 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 • Use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/classifying and categorising • Pupil experiences success through carefully planned interventions and expectations • SLCN activities • Motor co-ordination programme • QFT is supplemented by appropriate small group work (this can be in class with the teacher directing) with close monitoring in place

difficulties with auditory and visual processing • Difficulties will affect access to curriculum • Specialist support/advice and arrangements required • Likely to need assistive technology • Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support				

Range 4a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The pupil will have **significant** and **persistent** difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching. • Key language, literacy and/or numeracy skills are well below functional levels for their year group • Pupil cannot access text or record independently • Pupil has significant levels of difficulty in cognitive processing requiring significant alteration to the pace and delivery of the curriculum • Difficulties likely to be long term/lifelong • The condition is pervasive and debilitating and significantly affects access to curriculum and academic progress • High levels of support are required which include assistive technology • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present • The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts	**SCHOOL** • SENDCO takes advice from assessment by EP/specialist teacher and the involvement of education and non-education professionals, such as Health professionals as appropriate • Curriculum plans, and progress are closely monitored • Targets are highly individualised • Continued regular engagement of parents • Curriculum plans, classroom support and interventions and graduated approaches to achieve outcomes	• Mainstream class, predominantly working on modified curriculum tasks • Frequent opportunities for small group work based on identified need • Daily opportunities for support focused on specific support plan targets • Opportunities for multi-sensory interventions to address core difficulties will be in place • Schools may refer to Occupational therapy, or commission services where waiting lists are too long	• Quality First Teaching • Tasks and presentation increasingly individualised and modified in an inclusive curriculum • Visual cues to support auditory information at all stages of delivery • Teaching and activities are adapted to reduce the impact of processing difficulties e.g. working memory, processing speed • 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 • Tasks and presentation are personalised to the pupil's needs and monitored regularly to ensure they remain appropriate • Emphasis on literacy, numeracy, PSHEE and ICT • Access arrangements and adjustments are part of everyday learning and practice (normal way of working)	• Main provision by class/subject teacher with support from SENDCo 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 • Modified class curriculum • Pupil still included in activities wherever appropriate • Use real objects for thinking skill activities (explore the context for the objects) • Appropriate thinking skills strategies • Access to assistive technology must be made for those pupils with SPLD – e.g. Clicker 7 Text Help Read/Write, Penfriend and audio recording devices.

Range 4b Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Severe and persistent difficulties in the acquisition/use of language /literacy/numeracy skills, within the curriculum and in out of school activities • Severe cognitive impairment severely restricts access to the curriculum • Severe level of cognitive impairment that is a lifelong disability and significantly impacts on social development and independence and requires specialist teaching • Severe Learning Difficulties • Complex needs identified* • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in mainstream setting	**SCHOOL** • SENDCO takes advice from assessment by EP and the involvement of education and non-education professionals as appropriate • Targets are individualised, short term and specific e.g., using B squared/pivats to set targets • Continued regular engagement of parents • Progress is closely monitored and tracked • Utilise education and outside professionals for assessment and advice • Curriculum plans, classroom support and interventions are planned and evaluated	• Mainstream class, predominantly working on **modified** curriculum tasks • Frequent opportunities for small group work based on identified need by specialist teacher and specialist support staff • Daily opportunities for support focused on specific provision targets • The pupil experiences success through carefully planned interventions and expectations • Adults use the developmental level of language appropriate to the child in questioning and explanation • Simple language level with instructions chunked	• **Modified** class curriculum • Quality First Teaching • 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 • Emphasis on literacy, numeracy PSHEE and ICT • Tasks and presentation are personalised to the pupil's needs and as 4a monitored regularly to ensure they remain appropriate • Highly adapted teaching methods which incorporate the use of learning aids and multi-sensory teaching as standard	• **Main provision** by class/subject teacher with support from SENDCo and advice from specialist teacher and non-education professionals as appropriate • A consistent structured environment may include withdrawal, which is carefully monitored, and planned by the 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 • Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising • Use real objects wherever possible • Pupil still included in group activities wherever appropriate • Mastery learning – use of the Education Endowment Fund Toolkit to locate appropriate interventions • Precision teaching • Motor co-ordination programme • Visual timetables, timeline, cues, task plans • For those pupils with SPLD access to assistive technology must be made • QFT is supplemented by small group work with close monitoring in place • Individualised literacy/ numeracy incorporated into provision • Clear entry and exit criteria

				• 1:1 Speech and Language Therapy if appropriate

Range 5 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Severe and persistent difficulties in the acquisition/use of language /literacy/numeracy skills, within the curriculum and in out of school activities. • Moderate or severe learning difficulties have been identified • Complex and severe language and communication difficulties • Profound Learning Difficulties, which are lifelong. • Complex Needs identified *	**SCHOOL** • As 4b with long term involvement of specialist provision and appropriate non-educational professionals in accordance with the outcomes identified within the Education, Health and Care Plan, if applicable • Previous assessment informs the planning process for appropriate programmes • Targets are short-term and specific, monitored and reviewed on a short-term basis • Parents/carers are naturally involved	• Extremely modified and individualised work • Small group and 1:1 daily developing basic skills • Need for specialist intervention from time to time to model interventions for schools to follow	• As 4b plus access to aids personalised to the pupil's needs e.g. communication needs • Ensure that appropriate advice and materials are always available such as PECS, Makaton, ICT	• Staff need to be trained and have experience working with pupils with high cognition and learning needs • Access to extra staffing to support pupils in times of crisis and stress and to escort pupils on outings and trips • Appropriately trained staff to deal with medical and physical issues as appropriate • Extreme modification of curriculum • Group activities carefully monitored to ensure the pupil is not isolated or excluded • Pupil still included in activities wherever appropriate • Emphasis on using real objects and experiences for all activities • Visual support throughout • Specialist ICT hard and software • 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 in accordance with the EHC Plan, if applicable. • Information regarding Services and training will be on the Local Offer and Together for Children Website.

Cognition and learning: PfA Outcomes and provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child will have the listening skills and concentration to increase the amount of time they are able to maintain focus upon learning tasks Child will be developing early concepts of literacy and numeracy skills to enable them to lay the foundations of later learning. Child will have an awareness of 'growing up', and beginning to have some ideas of what they would 'like to be', when they are older.	Child will understand the concept of time and will develop the skills necessary to access digital and analogue clocks. Child will understand the concept of cooking and the contribution of ingredients to produce different foods.	Child will have an understanding of the concept of friendships and will be applying this in their approach to shared play with peers.	Child will understand the concept of being healthy, including the benefits of exercise and making healthy food choices and will begin to apply this in the context of mealtimes and attendance at clubs and sports activities. Child will understand the need for regular dental, vision and hearing checks to maintain good health.
Y3 to Y6 (8-11 years)	Child will understand and be able to talk about different careers and education options so that they are able to make choices about what they will do next. Child will begin to develop a profile of interests and aspirations in order to demonstrate individual strengths and skills.	Child will understand the concept of money, demonstrating awareness that different objects are of different monetary values and beginning to use money to pay for items such as snacks in school. Child will begin to understand concepts relation to travel and transport including paying for a ticket/pass, timetables, and road signs and will be aware of the role of these in facilitating independent travel.	Child will understand the importance of being safe within the local community, including online, and will begin to understand potential areas of risk, e.g. strangers, online hazards, bullying and ways to take steps to avoid these. Child will be familiar with the local area, including particular places, routes of travel to enable them to begin to understand where they are going and methods to get there.	Child will understand the purpose of vaccinations and will cooperate with these to ensure good medical health. Child will understand changes to their body associated with puberty and will be aware of self-care routines required to maintain good physical health. Child will understand minor health needs that they may have, asthma, eczema, difficulties with vision and/or hearing; they will

		Child will understand the concept of recipes relating to preparation of food and will be able to follow these with adult support to make simple foods (cupcakes, sandwiches etc.)		understand the strategies and resources to manage these.
Y7 to Y11 (11-16 years)	Child will be able to understand information relating to course options (GCSE, NVQ, Entry level qualifications, vocational options etc.) including the requirements for access to a range of HE options to enable realistic and informed choices. Child will be able to think about subject option choices alongside longer term career goals and will be able to choose subjects and course options to enable next steps in their chosen direction. Child will begin to think about and plan work experience/part-time opportunities to enable them to understand workplace demands and requirements and to gain early experience in areas of interest for future employment. Child will continue to develop a profile of interests and achievements in order to demonstrate individual strengths and skills. This will be used in accordance with careers sessions and guidance.	Child will understand monetary value, how much money they have and how much money items cost, and will be able to make decisions in relation to what they spend their money on as a first step towards financial budgeting. Child will demonstrate skills in accessing local transport services, buying a ticket/pass, understanding bus times, using these systems of travel to access school, for example. Child will understand information relating to different food groups and meal planning and will be able to understand instructions within a recipe card/book to enable them to cook simple meals with support.	Child will understand risks associated with social media, online gaming and online communities and will be increasingly competent in understanding how to keep themselves safe. Child will understand social norms and conventions in relation to a variety of friendships and relationships and will be able to use this knowledge to enable them to engage appropriately within a range social contexts. Child will understand options in relation to a range of leisure and social activities available and will be able to use this to make informed and positive choices about how they want to spend their free time. Child will show increased understanding of the wider picture and will build resistance to support emotional wellbeing.	Child will understand information relating to sex education and sexual health in preparation for adulthood. Child will understand the role of the GP and the support available to them. Child will understand the risks associated with drugs and alcohol and will apply information learned to keep themselves safe. Child will have a more active role in understanding and managing more complex health needs to facilitate greater independence.

	Child will understand supported employment options e.g. Access to Work.			
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Cognition and Learning.			

Communication and Interaction Needs

Communication and Interaction/ Autism Spectrum Disorders

The children and young people to whom this guidance relates will present with a range of communication and interaction differences which challenge their learning and social inclusion. Individual pupils display a range of differences which will vary in severity and intensity and which may change over time. It is not expected that any pupil will match all the descriptors listed below. Pupils who display social communication and interaction differences but who are not diagnosed with an autism spectrum disorder share some of the difficulties in social imagination, inflexibility of thought and sensory differences seen in pupils on the autism spectrum. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children and young people.

Children and young people with communication and interaction differences/autism have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil:

ASD Descriptors
Communication and Reciprocal Social Interaction (Social Effect)

- Difficulties recognising that they are part of a class, group or wider social situation
- Social situations present challenges resulting in emotional outbursts, withdrawal, social vulnerability and/or isolation
- Poor empathy, imagination and play skills which affect social understanding and impact on learning in subjects such as English and RE
- Unusual eye gaze or eye contact
- Facial expressions may be limited or reduced in range
- May not use or understand non-verbal communication
- Difficulties with understanding spoken language or difficulties expressing their own wishes and feelings (expressive and receptive needs)
- Speech may be delayed or unusual and have an odd intonation pattern with immediate or delayed repetition (echolalia)
- Literal interpretations of language and learning with poor understanding of abstract language
- Higher order language skills may be impaired, e.g. understanding and use of metaphor, inference and emotional language
- Issues with interpreting and understanding whole class instructions and general information
- Difficulties with the concept of time and sequencing of events significantly affect everyday activities
- Difficulties with personal space - may invade other's space or find close group work difficult
- May have little awareness of danger in comparison to children of their age
- May 'run' or 'climb' with no regard to hazards, or be unaware of hurting others

- May have coping strategies that enable successful social interaction with peers. At times of stress or anxiety, however, responses will be unusual and socially awkward

Restricted and Repetitive Behaviours

- Anxiety over even small unplanned changes in the environment or learning tasks, leading to reactions of outbursts or withdrawal
- Unusual or different behaviours or obsessions with everyday objects, people or toys, which can lead to difficulties with finishing desired activities
- May display an intense interest in a topic that is explored with a high level of frequency and/or inappropriateness to context or audience
- Difficulties managing transition between different environments or tasks
- Inability to maintain focus and concentration age appropriately
- Easily distracted or unable to switch attention easily
- Inconsistent patterns of behaviour across a spectrum from challenging or impulsive to extreme passivity

Sensory Differences

- Unusual over- or under-responsiveness to sensory stimuli e.g. touch or noise which may affect access to everyday events or activities e.g. dining halls
- Difficulties in environments with a lot of people, especially in spaces where the number is people of heightened and noise becomes expansive
- Show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing
- Display unusual sensory responses to the environment at times of heightened stress: this may present as anxiety
- Sensory differences can affect physical milestones such as toileting and eating development: these can cause high anxiety in the child/young person and those who care for them

The table below should be read alongside the lists above of

- **Communication and Reciprocal Social Interaction (Social Effect)**
- **Restricted and Repetitive Behaviours**
- **Sensory Differences**

Students may display different combinations of the outlined behaviours, even at the lower ranges.

Range 1 **Mild**	• Pupils will have communication and interaction needs that **may** affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life • The pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Students may or may not have low level sensory needs
Range 2 **Mild - Moderate**	• Pupils will have communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life • Students may or may not have low to moderate sensory needs
Range 3 **Moderate**	• Pupils will have communication and interaction needs that will **moderately** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life • This is especially true in new and unfamiliar contexts • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupils may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • Students may or may not have moderate sensory needs
Range 4a **Significant**	• Pupils will have communication and interaction needs that **significantly** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life • This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupils will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum • Pupils may or may not have a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency diagnostic team • Students may or may not have sensory significant sensory needs
Range 4b	• Pupils will have communication and interaction needs that **severely** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available

	• The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment **Pupils at range 4(b) will be in a mainstream setting:** • Pupils will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • They will require significantly more support than is normally provided in a mainstream setting • Students may or may not have sensory significant sensory needs
Range 5 **Severe**	• Pupils will have communication and interaction needs that **severely** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment **Pupils at range 5 may be in the following settings:** **Mainstream** • Pupils may have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • They will require significantly more support than is normally –provided at a universal level in a mainstream setting **Special** • Attainment profile is below expected NC performance indicators and/or PIVATs /B Squared. • They may or may not have a diagnosis of an Autism Spectrum Disorder-/ and or EHCP. • Students may or may not have severe sensory needs
	• Pupils will have communication and interaction needs identified by the range descriptors that **profoundly** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • Pupils will need an environment where interpersonal challenges are minimised by the adult managed setting • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Students may or may not have profound sensory needs • Pupils within the specialist provision need an environment where interpersonal challenges are minimised by the adult managed setting

Range 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes how the pupil is affected within school: Pupils at range 1 will have communication and interaction needs identified by the range descriptors that **affect their access to some aspects** of the National Curriculum, including the social emotional curriculum and school life. 3. If this statement accurately describes your child use the advice given in range 1. If not, you will need to consider descriptors for other levels. The pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team. **NC Level** Across the expected range with an unusual learning profile showing relative weaknesses in some areas and strengths in others.	**Assessment:** • Will be part of school/setting and class teaching and assessments **Planning:** • Curriculum plans should include individual/group targets • Family to be involved regularly and support targets at home • Pupil will be involved in setting and monitoring targets, where appropriate • Information around specific pupil will be shared with staff in setting at pupil progress meetings	• Must be included in mainstream class with specific support for targets which involve communication and interaction • Should be offered opportunities for small group work within the usual classroom planning and management	**Resources/Provision:** • The use of Quality First teaching approaches to support the development of social communication and interaction skills • Must have full inclusion to the National Curriculum • Flexibility may be required to enable the pupil to follow instructions and/or record work • Instructions may need to be supported by use of visual and written cues • Preparation for change and the need for clear routines will be required • Reduction of complex language, especially when giving instructions and asking questions, will be required	**Setting:** • Flexible use of resources and staffing available in the classroom • Staff trained in de-escalation strategies

Range 2 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
MILD NEEDS 1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes this need: At Range 2, the pupil will have communication and interaction needs identified by the range descriptors that **affect access to a number of aspects** of the National Curriculum, including the social emotional curriculum and school life. 3. If this statement accurately describes your child or young person use the advice given in Range 2. If not, you will need to consider descriptors for other levels. There may not be a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency team. **NC Level** Across the expected range but with an unusual profile showing relative weaknesses in certain areas and strengths in others.	**Assessment:** As range 1 plus: • Use of more detailed NC assessment tools e.g. B Squared/PIVATS • Could also include other assessments relating to need, advice from SLT or OT advice (where applicable • **Planning:** • Curriculum plans will reflect levels of achievement and include individually focused targets, especially in Speech, Language and communication	• Will be mainstream class-based and will have opportunity for small group and individual work to target specific needs relating to communication and interaction needs • May need adaptations to the working environment such as a quiet area within the classroom for individual work As range 1 plus • The use of *Quality First* teaching approaches to support the development of social communication and interaction skills • Flexibility will be required to enable the pupil to follow instructions and/or record work • Clear use of visual and written cues will be useful to support instructions • Preparation for change and the need for clear routines will be required • Reduction of complex language, especially when giving instructions and asking questions, will be required	As range 1 plus: • Curriculum access will be facilitated by using a structured approach to provision which should involve: using visual systems or timetables; reducing language for instructions/ information giving • Teaching approaches should take account of difficulties identified within the range descriptors	As range 1, plus: **Setting:** • Will need additional professional support from skilled colleagues, e.g. SENDCO, to aid curriculum modifications • Should consider staff training to ensure that they are trained to meet the needs of the students in their class • Will need additional professional support from skilled colleagues to develop strategies to address social interaction, social communication and social understanding • Will need use of additional school support to implement specific materials, approaches and resources as appropriate • Staff trained in de-escalation strategies. • Schools are encouraged to have an ASD Champion in their setting- training and advice is provided by AOT.

Range 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
MODERATE NEEDS 1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes how the pupil is affected within school: At Range 3, pupils will have communication and interaction needs identified by the range descriptors that **will moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life.** This is especially true in new and unfamiliar contexts. 3. If this statement accurately describes your child use the advice given in Range 3. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. The pupil may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate clinical team. **NC Levels** Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.	**Assessment:** As range 1 and 2 plus: • More specialised assessment tools in relation to specific descriptors such as: PSE p-level assessments; TALC; Motivational Assessment; STAR behavioural analysis • Accurate and up to date assessment of independent levels (NC/P-Levels) must be kept as a working document to aid planning and to share with family • Assessment includes a profile of sensory needs **Planning:** • Curriculum plans will reflect levels of achievement and must include individually focused targets • Planning may need to incorporate adaptations such as rest breaks, time allocated to sensory difficulties and processing needs	As range 1 and 2 plus: • Inclusion within the mainstream classroom. However, there will be a need for an enhanced level of individual support • Targeted support will be needed which may include unstructured parts of the day, e.g. start and end of school day, breaks, lunchtimes and trips out of school • Support for areas of sensory needs which may include 'time out' space and other environmental adaptations to reduce stress and anxiety As range 1 and 2 plus: • The use of Quality First teaching approaches to support the development of social communication and interaction skills • Flexibility will be required to enable the pupil to follow instructions and/or record work • Clear use of visual and written cues will be useful to support instruction. • Preparation for change and the need for clear routines will be required • Reduction of complex language, especially when giving instructions and asking questions, will be required • Staff will need to implement recommendations made by the Autism lead	As range 1 and 2 plus: • Will need to make noticeable adaptations to the curriculum to aid access and reduce anxiety • Will need differentiation by presentation and/or outcome • Will need enhanced PSHCE teaching to ensure skills embedded	As range 1 and 2 plus: **Setting:** • Advice/ training information from Early Bird/Early Bird Plus/1st Steps and Jigsaw/ Local Offer. Training will be sought • Teaching approaches must take account of difficulties identified within the range descriptors • Staff working directly with pupils must have knowledge and training in good practice when working with pupils with communication and interaction needs/Autism • Schools should consider using the Autism Education Trust staff competencies to support development of specialist skills • Schools should consider ELKLAN Communication Friendly Schools training to enhance skill levels in working with pupils with these needs • Staff trained in the use of de-escalation strategies

Range 4a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources & Staffing
SIGNIFICANT NEEDS 1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes how the pupil is affected within school: At Range 4a, pupil will have communication and interaction needs identified by the range descriptors that **significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life**. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available. 3. If this statement accurately describes your child or young person use the advice given in Range 4a. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. The pupil will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum. **NC Level** Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.	As range 1 – 3 plus: **Assessment:** • Should include assessment advice from other agencies, e.g. SLT/OT • Assessment should include details about sensory needs **Planning:** • Increased level of understanding by teaching and support staff will require plans for developing whole school understanding of pupil's needs • To include all setting staff that come into contact with pupil on a daily basis • Shadowing staff in specialist settings • Planning must include adaptations to curriculum to ensure the development of independent learning and life skills	As range 1 -3 plus: • Robust planning to meet objectives defined in support plans	As range 1- 3 plus: Must implement recommendations of AS /AOT Support As range 1 -3 plus • Significant adaptations to curriculum, teaching methods and environment needed to access the curriculum. These will include: conceptual understanding of everyday language and subject specific vocabulary; pace of delivery; significant pre-learning and over learning of concepts and functions and use of alternative recording methods • Where appropriate an alternative curriculum must be offered to develop independence and life skills • Will need enhanced PSHCE and SRE programmes to ensure skills embedded; these are likely to need some element of individual work	As range 1 – 3 plus: **Setting:** • All staff aware of de-escalation strategies • Key staff trained in Team Teach approaches • Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding

Range 4b Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources & Staffing
SEVERE NEEDS 1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes how the pupil is affected within school: At Range 4b, pupil will have communication and interaction needs that **severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life**, even in known and familiar contexts and with familiar support/people available. 3. If this statement accurately describes your child or young person use the advice given in range 4b. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. **Pupils at range 4b may be in a mainstream setting/Resource Base.** Pupils may have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. They will require significantly more support than is normally provided in a mainstream setting. **NC Level** Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.	**Assessment:** As ranges 1 – 4a plus: • Must include detailed assessment for PSHCE, life skills and sensory needs • Risk assessments must be carried out and shared with all staff and family **Planning:** • Where needed, positive behaviour plans must be completed and shared with family • Must include planning for whole day, including unstructured times • Planning must consider learning styles, identified strengths and learning needs	As ranges 1 – 4a plus: • Robust planning to meet objectives defined in Support Plan/EHCP • Access to a quiet area within the classroom must be available when needed to offer opportunities for distraction free learning • A variety of groupings must be used to ensure learning, including time in a quiet, distraction free environment	As ranges 1 -4a plus: • Curriculum modifications must be selected to engage with C&I needs/Autism in relation to curriculum content and peer group • Therapeutic approaches will be integral to curriculum delivery and used to support the emotional wellbeing of pupil • Planning for unstructured times must be provided	As ranges 1 – 4a plus: **Setting:** • Flexibility of staffing available to accommodate need, especially during unstructured times such as start and end of day, breaks and lunch and trips out of setting • Key staff must have accredited training in Autism/C&I needs such as Elklan, or through the Autism Education Trust. • Additional training of mainstream staff to support specific curriculum modifications in relation to needs identified in the range descriptors As range 1-4a plus: • Specialist staff to devise strategies which will be shared with mainstream staff and implemented into planning

Range 5 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
PROFOUND NEEDS 1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes how the pupil is affected within school: At Range 5, pupils will have communication and interaction needs identified by the range descriptors that **profoundly affect their access to the National Curriculum, including the, social emotional curriculum and all aspects of school life**, even in known and familiar contexts and with familiar support/people available. 3. If this statement accurately describes your child use the advice given in Range 5. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. **Pupils at range 5 may be in the following settings:** ***Mainstream*** The pupil may have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. They will require significantly more support than is normally provided in a mainstream setting. **Special** Attainment profile is below expected NC key performance indicators.	As range 1 – 4 plus • Must include detailed assessment for PSHCE, life skills and sensory needs • Assessment of behaviour and medical needs to inform the planning process where required • Where needed, risk assessments, behaviour support plans and positive handling plans must be carried out and shared with all staff and family • Must include planning for whole day, including unstructured times • Accurate and up to date assessment of independent levels (NC/P Levels) must be kept as a working document to aid planning and to share with family • Long term involvement of education and non-education professionals is likely to be needed	As range 1– 4 plus • Robust planning to meet objectives in the support plan/ EHCP if applicable • A variety of groupings must be used to ensure learning, including time in a quiet, distraction free environment • Daily opportunities to manage their own anxieties by graded access to a range of environments	As range 1– 4b plus: • Curriculum modifications must be selected to engage with C&I needs/Autism in relation to curriculum content, peer group etc. • Therapeutic approaches must be part of the curriculum and used to support the emotional wellbeing of the pupil • Access to specialist approaches and equipment as part of a holistic package to meet the individual's sensory, social communication and understanding needs • Use a range of alternative augmentative communication to support social and functional communication skills to enhance interaction and understanding (e.g. PECS, Makaton, electronic voice output communication aids (VOCA)	As range 1– 4b plus: **SETTING:** • Flexibility of staffing available to accommodate need, especially during unstructured times • Key staff must have advanced training in C&I needs/Autism • Additional training of mainstream staff to support pupil specific curriculum modifications in relation to needs identified in the range descriptors

Complex Needs Identified * **NC Level** • Across the expected range with an unusual learning profile showing relative weaknesses in some areas and strengths in others • For pupils in special school settings, attainment profile is below expected NC levels.				

Range 6 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources & Staffing
1. Use the first section of this document to identify the relevant descriptors for the child with whom you are working. 2. Consider whether the following statement describes how the pupil is affected within school: At Range 6, pupils will have communication and interaction needs identified by the range descriptors that **profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life,** even in known and familiar contexts and with familiar support/people available. 3. If this statement accurately describes your child, use the advice given in range 6. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. Pupils within the Communication and Interaction specialist setting, or enhanced DSP setting need an environment where interpersonal challenges are minimised by the adult managed setting. Complex Needs Identified *	**Assessment** • Targets must be individualised, short term, specific & reviewed • Detailed pre-NC assessments (e.g. PIVATS, B-squared) to inform planning/target setting • Ongoing teaching assessments including social communication skills, emotional wellbeing and life skills, including preparation for adulthood • Long-term involvement of educational and non-educational professionals as appropriate in assessment and planning • Assessment of emotional regulation, sensory needs, individual behaviour needs and medical needs must be used to inform the planning process • Curriculum planning closely tracks levels of attainment and incorporates individual targets and therapy programmes • Individual care plan/protocol to be in place • Positive handling plan • Behaviour Support Plan and risk assessment	• Robust planning to meet the objectives in the EHCP • Small groups within a specialist provision for communication and interaction needs • Specialist educational setting • Daily opportunities for small group and 1:1 teaching and learning • Where possible, graded access to mainstream learning activities and leisure opportunities	• Curriculum access will be facilitated by using a predictable approach which may involve using visual systems or timetables and reducing language for instruction/information giving • Teaching strategies should consider difficulties with transfer of skills; teaching approach should take account of difficulties in understanding the social rules and expectations of the classroom • Use a range of alternative augmentative communication to support social and functional communication skills to enhance interaction and understanding (e.g. PECS, Makaton, electronic voice output communication aids (VOCA)) • Use of adapted teaching materials and resources to support teaching and learning for those with sensory and/or physical impairment • Enhanced PSHCE/life skills and SRE programmes to ensure skills embedded	• High staffing ratio to support teaching and learning with sustained opportunities for 1:1 support • All staff trained and experienced in working with pupils with ASD • Additional staffing to escort pupils and support at times of crisis and stress • All staff trained and experienced in Team Teach approaches • Consistent staff team experienced in working with students who present with a range of needs because of their ASD diagnosis • Access to specialist approaches, equipment and therapeutic services as part of the curriculum

Communication and Interaction Needs

Speech, Language & Communication Needs

Guidance for children and young people with Speech, Language and Communication Needs

Introduction

The term SLCN is used in this guidance to refer to children and young people with speech, language and communication needs as described below.

There are four distinct and overlapping reasons for pupils to have SLCN[1]:

1. **Primary need**: a persistent developmental difficulty specific to the speech and language systems associated with speech sounds, formulating sentences, understanding, social interaction or fluency.
2. **Secondary need**: primary developmental factor related to autism, physical, hearing or cognitive impairments which affect speech, language and communication.
3. Reduced developmental opportunities meaning that language is impoverished or delayed; mainly linked to social disadvantage.
4. Speaking and understanding English as an additional language (EAL) does not in itself constitute a SLC difficulty. The varied structures and phonologies of different languages however cause ***initial short-term*** difficulties. It is important to recognise that children with EAL may also have the above 3 reasons for their SLCN.

Identification:

- There is wide variation in children's early development meaning that SLCN is not often identified before the age of 2, unless due to secondary factors present pre-natal or from birth
- The nature of SLCN can change over time
- A range of interventions, screening, observation and assessment over time, involving both health and education professionals, are necessary to establish the nature of the difficulty
- Depending on the nature of the difficulty, pupils' performance levels range between 'well above average' to 'well below average'

[1] Effective and Efficient use of resources in services for C&YP with SLCN (Lindsay, Desforges, Dockrell, Law, Peacey ad Beecham) DCSF 2008 ISBN 978 84775 218 5

This document provides guidance regarding provision, staffing and identification for pupils at ranges 1-4. However, for all the reasons above, when planning provision and personalised learning, it is essential that the strengths and needs of individual pupils are considered rather than a diagnostic category of need. As such, this guidance should be used flexibly with regard to an individual's need at any one time. For example, a child at Range 1 may require aspects of provision at Ranges 2/3 for a measured period of time.

All pupils need to be taught in a communication-friendly learning environment, reflected in the whole school ethos:

- An understanding of the importance of language skills on social development and attainment
- Structured opportunities to support children's speech and language development
- Effective and positive adult-child interaction
- High quality verbal input by adults

Children may have a specific speech and language difficulty classed as a primary need if they are attending a speech and language Additional Resourced Provision. Where applicable, guidance for pupils with autism, physical, cognition and learning, hearing and behavioural and emotional difficulties should also be consulted.

At Ranges 5 and above, SLCN would be a secondary need.

Speech Language Communication Needs Guidance	
Range Descriptors Overview	
Range 1 **Mild**	Pupil will have communication and interaction needs which **may affect access** to some aspects of the National Curriculum, including the social emotional curriculum and school life: • Pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. Phonological awareness (speech sound awareness) difficulties impact on literacy development. • 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 pupil needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • Social interaction could be limited and there may be some difficulty in making and maintaining friendships • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • May present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present
Range 2 **Mild - Moderate**	Pupil will have communication and interaction needs that **affect access** to a number of aspects of the National Curriculum, including the social emotional curriculum and school life: • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context. • The child's speech may have some immaturities or use of more unusual sounds within their talking, 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 and explanations • Pupil needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • May rely heavily on non-verbal communication to complete tasks (adult's 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 SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • Pupil is likely to present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases more consistently
Range 3 **Moderate**	Pupil will have communication and interaction needs that will **moderately affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupils may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • Persistent delay against age related speech, language and communication • Persistent difficulties that do not follow normal developmental patterns (disordered) **Speech** • Speech may not be understood by others i.e. parents/family/carers where context is unknown. Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility • Speech sound difficulty may lead to limited opportunities to interact with peers • May be socially vulnerable • May become isolated or frustrated • Phonological awareness (Speech sound awareness) difficulties impact on literacy development. Expressive • The pupil may have difficulty speaking in age appropriate sentences and the vocabulary range is reduced. This will also be evident in written work • Talking may not be fluent • May have difficulties in recounting events in a written or spoken narrative **Receptive** • Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations • Needs regular and planned additional support and resources • Difficulties with listening and attention that affect task engagement and independent learning • May not be able to focus attention for sustained periods • May appear passive or distracted

	• Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action **<u>Social Communication</u>** • Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability • Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures • Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others • Anxiety related to lack of understanding of time and inference • Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences
Range 4a **Significant**	Pupil will have communication and interaction needs that **significantly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. **This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.** • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Pupil will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • Pupil may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency diagnostic team • Could communicate or benefit from communicating using Augmented and Alternative Communication • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). **Must have an identified Speech, Language and /or Communication Delay/Disorder** This could be difficulties in: • Understanding and/or using language. • Speech Sound development • Social Interaction **Identification** • Diagnosed by a Speech and Language Therapist • Pupils with Developmental Language Disorder (DLD) may have associated social communication difficulties

	• Pupils with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling • Pupils with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning
Range 4b	Pupil will have communication and interaction needs that **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available.** • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Could communicate or benefit from communicating using AAC • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). **Must have a diagnosis of Developmental Language Disorder (DLD)** **The main categories are:** • Mixed receptive/expressive language disorder • Expressive only language disorder • Higher order processing disorder • Specific Speech Impairment **Identification** • Diagnosed by a Speech and Language Therapist • Pupils with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours • Pupils with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling, problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum • Pupils with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory
Range 5 **Severe**	Pupil will have communication and interaction needs that **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available.**

Range 6 **Profound**	Pupil will have communication and interaction needs that **profoundly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available. Pupils at range 6 will need an environment where interpersonal challenges are minimised by the adult managed setting.** • ***For those who have needs which are identified as being at Range 7 please refer to the additional SEN guidance information.***

Range 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
SLCN may be an emerging but not yet clearly identified primary area of need; the pupil has some difficulty with speaking or communication. Pupils will present with some/all of the difficulties below and these will ***mildly*** affect curriculum access and social development: • Pupil does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. Speech sound difficulties may impact on literacy difficulties. • 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 pupil needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • Pupils may rely on simple phrases with everyday vocabulary • Social interaction could be limited and there may be some difficulty in making and maintaining friendships • Behaviour as an indicator of SLCN: difficulties with independent learning,	**School must:** • Identify evidence that the pupil's language is delayed • Use EYFS profile, cognition and learning baseline assessment and checklists as a system of identification and monitoring • Ensure the pupil is part of normal school and class assessments • SENDCO and class teacher could be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty • Other assessment tools schools use: Welcome, Speech/Language Link, Communication Trust Progression Tools, One Step at a Time • School to consider whether other professionals need to be involved • Schools could use www.talkingpoint.org.uk to help define if the issues are mild or moderate	• Mainstream classroom with attention paid to position in the classroom and acoustics • Flexible pupil groupings; positive peer speech and language models • Groupings reflect ability with modifications made to ensure curriculum access • Opportunity for planned small group activity focusing on language and communication	**School:** • Literacy tasks may require some modification • Instructions supported by visual and written cues • To support pupils in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition • 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 shows opportunities for language-based activities • Family supports targets at home • Pupil involved in setting and monitoring their own targets	***School*:** • Main provision by class/subject teacher with advice from SENDCO • Additional adults routinely used to support flexible groupings, small group activities and differentiation under the guidance of the teacher • Adults actively support pupils by modifying teacher talk and scaffolding/modelling responses • Adults provide support to enable pupils 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 • Adults provide pre and post tuition to secure key and specific vocabulary at the start of a topic ***Resources:*** • Refer to The Communication Trust **What Works for Pupils with SLCN** database • Quality First Teaching strategies ***Interventions such as:*** • Talk across the Curriculum • Talking Partners@primary • Talking Partners@secondary • Nurturing Talk • TalkBoost (Communication Trust) • Talking Maths • Colourful Stories • Chatterbox

poor listening and attention, frustration, stress, lack of engagement • Pupils may present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present **NC Level** Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and/or literacy and social skills.				

Range 2 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
SLCN is identified as the primary area of need; pupil has some difficulty with speaking or communication. Pupil will present with some/all of the difficulties below and these will ***mildly/moderately*** affect curriculum access and social development. • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context. • The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction. Speech sound difficulties may impact on 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 and explanations • Pupil needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses	**School must:** • Identify evidence that the pupil's language is delayed • Use EYFS profile, cognition and learning baseline assessment and checklists as a system of identification and monitoring • Ensure the pupil is part of normal school and class assessments • Actively monitor behaviour as an indicator of SLCN • SENDCO and class teacher should be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty • Other assessment tools schools use: Welcome, Speech/Language Link (Primary), Communication Trust Progression Tools, One Step at a Time • School to consider whether other professionals need to be involved	• Mainstream classroom with attention paid to position in the classroom and acoustics • 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	**School:** • Instructions supported by visual and written cues • To support pupils in attending to / understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition • 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/individual work based on identified need • Planning shows opportunities for language-based activities • Family supports targets at home • Pupil involved in setting and monitoring their own targets • Literacy tasks require regular modification • Support and intervention can be offered from the language and learning team	**School:** • Main provision by class/subject teacher with advice from SENDCO • Adults routinely used to support flexible groupings and differentiation under the guidance of the teacher • Adults actively support pupils 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 pupil should have knowledge and training in good practice for teaching and planning provision for children with SLCN **Resources:** • Refer to The Communication Trust **What Works for Pupils with SLCN** database • QFT strategies ***Interventions such as:*** • Talk across the Curriculum • Talking Partners@primary • Talking Partners@secondary • TalkBoost (I CAN)) • Early TalkBoost (I CAN)) • Talking Maths • Nurturing Talk • Colourful Stories • Chatterbox • ICT support: Clicker 7 voice recorder, talk to text, communication apps • Splingo •

• Social interaction could be limited and there may be some difficulty in making and maintaining friendships • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • Pupil is likely to present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases more consistently **NC Level** Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and /or literacy and social skills.				

Range 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
SLCN 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. Will present with some/all of the difficulties below and these will ***moderately*** affect curriculum access and social development: • Persistent delay against age related speech, language and communication • Persistent difficulties that do not follow normal developmental patterns (disordered) **Speech** • Speech may not be understood by others where context is unknown. • Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility • Speech sound difficulties impact on literacy development • Speech sound difficulty may lead to limited opportunities to interact with peers • May be socially vulnerable • May become isolated or frustrated. • Phonological awareness (speech sound awareness) difficulties may impact on literacy development. **Expressive** • The pupil may have difficulty speaking in age appropriate sentences and the vocabulary range is reduced. This will also be evident in written work – sometimes children can write well but not speak well. • Talking may not be fluent	**As for ranges 1 & 2 plus:** • Provide evidence of monitoring and identification of pupil needs before making a referral for assessment and advice from a specialist teacher • SENDCO provide evidence of monitoring and identification of pupil needs before making a referral for assessment and advice from a Speech and Language Therapist (parental permission must be obtained) • Reviews should consider the evidence base if there is a need to consider specialist resources and provision	• Mainstream classroom with attention paid to position in the classroom and acoustics • Flexible pupil groupings; positive peer speech and language models • Groupings reflect ability with modifications made to ensure curriculum access • Regular, focused, time limited small group/individual interventions	**As for ranges 1 & 2 plus:** • Planning identifies inclusion of and provision for individual targets • Additional steps are taken to engage families and the pupil in achieving their targets • Mainstream class predominantly working on modified curriculum tasks • Frequent opportunities for time limited small group and individual work based on identified need • Attention to position in the classroom and acoustics • Tasks and presentation personalised to pupil needs • 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	**School** • Main provision by class/subject teacher with advice from SENDCO • Additional adult support informed by differentiated provision planned by the teacher • Could include advice from Speech and Language Therapist to implement specific classroom-based strategies and to inform planning • Additional adult support focused on specific individual targets and any SLT advice as appropriate • Staff working directly with the pupil must have knowledge and training in good practice for teaching and planning provision for children with SLCN-sometimes the Therapist leaves programmes for staff to follow. **Other resources:** • Refer to The Communication Trust 'What Works for pupils with SLCN' database • Advice sheets ***Interventions:*** As range 1&2

• May have difficulties in recounting events in a written or spoken narrative **Receptive** • Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations • Needs regular and planned additional support and resources • Difficulties with listening and attention that affect task engagement and independent learning • May not be able to focus attention for sustained periods • May appear passive or distracted • Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action **Social Communication** • Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability • Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures • Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others • Anxiety related to lack of understanding of time and inference				

• Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences **NC Level** Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and/or literacy and social skills.				

Range 4a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
SLCN 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. Will present with some/all of the difficulties as described at Range 3 and these will ***severely*** affect curriculum access and social development. • Could communicate or benefit from communicating using Augmented and Alternative Communication • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult to understand for all listeners when out of context and sometimes where it is known. Must have an identified Speech, Language and /or Communication Delay/Disorder. This could be difficulties in: • Understanding and/or using language • Speech Sound development • Social Interaction **Identification** • Diagnosed by a Speech and Language Therapist • Pupils with DLD may have associated social communication difficulties • Pupils with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling	**As for ranges 1 - 3 plus:** • Provide an appropriately trained teacher or teaching assistant to implement the advice of the SLT • Where there is a diagnosis of Language Impairment or Speech Impairment the pupil's individual academic potential should not be underestimated. However, planning must include a significant level of additional adult support and significant personalised differentiation to ensure curriculum access • Planning, targets and assessments must address pastoral considerations relevant to the individual pupil's emotional well-being as well as social and functional use of language	• Mainstream classroom with attention paid to position in the classroom and acoustics • Flexible pupil groupings • Positive peer speech and language models • Groupings reflect ability with modifications made to ensure curriculum access • Regular, focused, time limited small group/individual interventions	**As for ranges 1 - 3 plus:** • Mainstream class predominantly working on modified curriculum tasks • Individual targets following advice from SLT/specialist teacher must be incorporated in all activities throughout the school day • Whole school understanding of the pupil's individual needs through training such as ICAN Communication Friendly Schools and/or training from SLT service • Additional training of mainstream staff to support curriculum modifications • Use of staff to implement specific materials, approaches and resources under the direction of the SLT • Daily opportunities for individual / small group work based on identified need • Provide 1:1 support focused on specific individual targets and any SLT advice as appropriate • Pay attention to position in the classroom and acoustics • Provide systematic and intensive mediation to facilitate curriculum access • Ensure specific structured teaching of vocabulary and concepts, in context • Provide support for social communication and functional language use • Provide specialist support with recording and communication • Provide specific programmes to develop independent use of ICT, recording skills and communication through AAC as appropriate	• Main provision by class/subject teacher with advice from SENDCO which must include advice from specialist teacher and/or Speech and Language Therapist • Additional adult 1:1 support focused on specific individual targets and any SLT advice as appropriate • Staff working directly with the pupil must have knowledge and training in good practice for teaching and planning provision for pupils with SLCN • Additional training of mainstream staff to support curriculum modifications • Speech and Language Therapist • Additional adult support informed by differentiated provision planned by the teacher • Could include advice from Speech and Language Therapist to implement specific classroom-based strategies and to inform planning

• Pupils with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning **NC Level** Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and literacy, social skills.				

Range 4b Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
SLCN 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. Will present with some/all of the difficulties as described at Range 3 and these will ***severely*** affect curriculum access and social development to the extent that needs cannot usually be met in a mainstream setting, and a Designated Resourced Provision. • Could communicate or benefit from communicating using AAC • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties making speech difficult to understand out of context **Must have a diagnosis of DLD** **The main categories are:** • Mixed receptive/expressive language impairment/disorder • Expressive only language impairment/disorder • Higher order processing impairment/disorder • Severe Speech Impairment **Identification** • Diagnosed by a Speech and Language Therapist • Pupils with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours	**As range 4a plus:** • Provide an appropriately trained teacher or teaching assistant to carry out SLT programmes for at least 15 minutes daily • Planning must adhere to the targets and include reasonable adjustments to support the mainstream classroom where possible • Where there is a diagnosis of Developmental Language Disorder (with or without associated speech impairment) or where there is a severe speech impairment, the pupil's individual academic potential should not be underestimated. However, planning must include a significant level of additional adult support and significant personalised differentiation to ensure curriculum access • It must be recognised that language impairment is a persistent, severe and lifelong disability • Planning, targets and assessments must address pastoral considerations relevant to the individual pupil (emotional well-being) as well as social and functional use of language	• Flexible pupil groupings • Positive peer speech and language models • Groupings reflect ability with modifications made to ensure curriculum access	**As range 4a plus:** • Small class sizes • Daily targeted speech intervention • Access to regular speech and language therapy • Possible Outreach support • Interventions need to be embedded not used in isolation.	**School** • Should have a placement with access to specialist teaching and non-teaching support within the classroom and wider setting to facilitate access to the curriculum and social communication • These staff will support mainstream staff in planning and delivering appropriate, inclusive and structured interventions and a differentiated curriculum • Ensure additional training is available for mainstream staff to support curriculum modifications • ELKLAN Materials can be used.

• Pupils with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling, problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum • Pupils with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory Pupils with DLD often have behavioural, emotional and social difficulties due to impoverished peer interactions, poor listening, attention and understanding. **NC Level** Across or below expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and literacy skills.				

Communication and interaction: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child will have the communication and interaction skills required to meet with adults from a range of careers and obtain information, appropriate to the child's age and developmental level, in relation to different jobs to enable them to begin to think about what they may like to do in the future. Child will engage with real world visits (fire stations, farms, etc.) and be able to communicate with adults present to obtain information relating to any questions they may have.	Child will have the communication and interaction skills required to enable them, with adult supervision support and modelling, to ask for things that they would like (ordering juice in a coffee shop, asking for a toy or food item at a shop counter etc.)	Child will be able to interact and communicate appropriately with peers to enable participation in teams and games, after school clubs and weekend activities. Child will have the communication and interaction skills required to begin to develop friendships with peers.	Child will have the language, communication skills required to gain the attention of an adult at times when they feel unwell in order to access appropriate medical care as required. Child will have the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.
Y3 to Y6 (8-11 years)	Child will be able to articulate their ideas in relation to different career and education options and will have the communication skills required to ask questions to support them in moving towards making choices. Child will be able to engage with career related role models/sessions on different career paths from visitors in school to further increase their understanding of potential options/areas of interest.	Child will have the communication and interaction skills required to enable them to ask for things that they would like, to pay for things in a shop or school lunch hall, as step toward independent living. Child will have the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/guidance where required.	Child will have the communication and interaction skills required to develop and maintain friendships with peers. Child will be able to interact and communicate appropriately with peers to enable participation in team games, youth and after-school clubs. Child will have the language and communication skills required to outline any issues relating to bullying or safety online to an adult.	Child will have the language and communication skills required to explain the issue to an adult at times when they are hurt or feel unwell in order to access appropriate medical care as required. Child will have the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.

Y7 to Y11 (11-16 years)	Child will be able to engage with structured careers advisory sessions, communicating their thoughts and ideas relating to potential career choices and having the interaction skills to talk with adults to obtain additional information/guidance as required to enable them to make informed choices. Child will have the communication and interaction skills (written or verbal) required to facilitate the building of a personal/vocational profile within careers sessions, moving towards building a CV for application for further education/training or employment. Child will have the communication and interaction skills required to function within a workplace environment, either with respect to work experience/voluntary work or part time employment to enable them to gain work related experience and explain areas of interest.	Child will have the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/guidance where required. Child will have the communication and interaction skills required to enable them to socialise with peers (unsupervised) within the community and to access activities within the local community in accordance with their preferences.	Child will have the language, communication and interaction skills to develop and maintain friendships with peers and to integrate successfully into a range of social groupings and situations. Child will be able to interact appropriately via social media, online games and within the online community to maintain personal safety and lessen potential vulnerability.	Child will have the language and communication skills required to ask questions in order to obtain additional information relating to sex education managing more complex health needs, risks related to drugs and alcohol and support for mental health and wellbeing as required. Child will be able to communicate, with adult support/prompting, any health needs or concerns to a GP to obtain appropriate medical care or support as required.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Communication and Interaction, SLCN and ASD.			

Sensory and/or Physical and Medical Needs

Including guidance for Children and Young People with:
Hearing Impairment
Visual Impairment
Dual Sensory Needs
Physical and Medical Needs

Guidance for Children and Young People with Hearing Impairment

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the Sunderland Children's Sensory Team and through the New-born Hearing Screening Programme. When a referral has been made, support is offered by specialist staff from the team to children, families and schools/settings. For a pre-school child, home visits are made to families and for those in a setting, advice is provided to staff and parents. Support from Teachers of the Deaf and specialist staff is offered, based on the NatSIP Eligibility Framework. All hearing-impaired children on caseload are offered regular opportunities to socialise with other deaf children – this is certainly our aspiration and we have opportunities for our babies and parents and 3 -11 year olds.

It is acknowledged that other conditions occur alongside hearing loss; for example, degrees of learning difficulty, Autism Spectrum conditions, physical difficulties, visual impairment. Advice on these is not specifically made within this guidance. Professionals find other guidance produced in this information set useful in these cases. This may affect the presentation as reflected when using the range descriptors.

Note: Colleagues consulting this guidance for children up to the end of the Foundation Stage need to use the guidance in conjunction with the document in this set, 'SEND Inclusion in the Early Years'.

Glossary

Types of Deafness

Conductive Hearing Loss: when sound can't pass efficiently through the outer and middle ear to the cochlea and auditory nerve. The most common type of conductive deafness in children is caused by glue ear – when fluid builds up in the middle ear. For most children this is a temporary condition and clears up by itself. For some children, the problem may be a chronic or permanent problem and they may have grommets inserted or be fitted with hearing aids.
Sensorineural deafness: when there is a fault in the inner ear or auditory nerve. Sensorineural deafness is permanent.
Mixed hearing loss: a combination of conductive and sensorineural hearing loss.
Auditory Neuropathy Spectrum Disorder (ANSD): occurs when sounds are received normally by the cochlea but become disrupted as they travel to the brain.

Degrees of Deafness

The British Society of Audiology descriptors are used to define degrees of hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear (where no response is taken to have a value of 130 dBHL).

Mild hearing loss	Unaided threshold 21-40 dBHL
Moderate hearing loss	Unaided threshold 41-70 dBHL
Severe hearing loss	Unaided threshold 71-95 dBHL
Profound hearing loss	Unaided threshold in excess of 95 dBHL

The Sensory Team provides Teachers of the Deaf and specialist nursery nurse support to children and their families. The NatSIP (National Sensory Partnership) Eligibility Framework is used to determine appropriate levels of support The Team includes ESL as an additional factor when considering support levels required as this can have a significant impact on outcomes for Children with a hearing impairment.

Children who have received Cochlear Implants function at different levels. Some who have been implanted early and have had successful intervention programmes are achieving alongside their hearing peers when they reach school age use spoken English as their preferred language and function as mild hearing loss. Others continue to struggle and even with implants need or prefer a visual approach to learning. NATSIP uses the phrase 'Cochlear implanted functioning as a mild/moderate hearing loss'. This is not to say that these children do not need careful monitoring as there is evidence that despite appearing to be in lines with their hearing peers

at school entry they still struggle with aspects of learning frequently writing and social emotional. However, there still needs to be a differentiation in the ranges to reflect the severity of the impact of the managed hearing loss.

Hearing Impairment Descriptors – Overview of Ranges

The children and young people to whom this guidance relates will present with a range of hearing loss which affects their language and communication development. The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children.
Children with hearing impairment have differences in the areas identified below. Use these descriptors to identify the needs of an individual pupil. Highlight the descriptors which are appropriate to an individual child and compare this to the range models.

Guidance for Children and Young People with Hearing Impairment	
Range Descriptors Overview	
Range 1 **Mild**	• Children who are not aided (see previous proposed descriptor). Local Authority Assessment may be carried out at the request of Audiology/ENT to support decisions. • Unilateral/bilateral hearing loss greater than 20dBHL • This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided.
Range 2 **Mild - Moderate**	• Bilateral mild long term conductive or sensorineural hearing loss • May have Auditory Neuropathy Spectrum Disorder • Mild to moderate permanent unilateral (moderate or greater hearing loss) • Hearing aids used • Moderate difficulty with listening, attention, concentration, speech, language and class participation
Range 3 **Moderate**	• Bilateral moderate long term conductive or sensorineural hearing loss • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language; likely language delay • May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring • Moderate difficulty with listening, attention, concentration and class participation
Range 4a **Significant**	• Bilateral moderate or severe permanent hearing loss with no additional learning difficulties • Severe difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Auditory Neuropathy Spectrum Disorder and may have hearing aids • Difficulties with attention, concentration, confidence and class participation

Range 4b	• Bilateral moderate/severe or severe/profound permanent hearing loss • May have additional language/learning difficulties associated with hearing loss • Will have hearing aids or cochlea implant • Will have a radio aid • Auditory Neuropathy Spectrum Disorder and may have cochlea implants • Speech clarity may be affected • Severe difficulties with attention, concentration, confidence and class participation • Significant difficulty accessing spoken language and therefore the curriculum
Range 5 **Severe**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • British Sign Language (BSL) or Sign Supported English (SSE) may be needed for effective communication • Will have hearing aids or cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum without specialist intervention • Speech clarity may be profoundly affected • Will have significant difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional language/learning difficulties associated with hearing loss
Range 6 **Profound**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language/learning difficulties associated with hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • May use BSL/SSE or augmentative communication to communicate • Will have hearing aids/cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be affected • Difficulty with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional difficulties and learning needs not associated with hearing loss

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
• Aided or • Chronic temporary conductive or • Unilateral/bilateral minimal average <20dBHL • Local authority assessment carried out Advice offered to schools if the service is informed about the child.	• Part of school and class assessments • Curriculum plan must reflect levels of achievement and include individually focused support plan **LA** • May receive assessment and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria	• Mainstream class • Must have attention to seating, lighting and acoustics **LA** • Speech testing and other specialist tools may be used to assess access to spoken language	• Full inclusion within National Curriculum	• Main provision by class/subject teacher • Support and Advice from Children's Sensory Team. .

Range 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Hearing loss: • Chronic fluctuating or fixed conductive • Bilateral mild sensorineural or permanent unilateral • Hearing aids will be required for clear access to speech and without these the individual will struggle to hear spoken language clearly. • Use of one or two hearing aids has been recommended • Auditory Neuropathy Spectrum disorder functioning as a mild hearing loss but needing monitoring. • Functional listening evaluations indicate child is able to discriminate speech sounds clearly using prescribed amplification (hearing aids/cochlear implant: • May struggle to access spoken language in other contexts especially if not wearing aids or using radio aid if issued. This is likely to impact their wider (incidental) learning • May have difficulties with listening, concentration, speech, language and class participation/Social interaction. • A speech and language referral may also be considered.	**Assessment** • Part of school and class assessments Referrals to Speech and Language and Language and Learning if appropriate. • Speech testing and other specialist tools may be used to assess access to spoken language as part of LA responsibilities. • Assessment and provision of mobility and habitation training. **Planning** • Curriculum plan must reflect levels of achievement and include individually focused support plan **LA** • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility framework • Speech testing and other specialist tools may be used to assess access to spoken language • Teacher of the Deaf will monitor hearing aid management	• Mainstream class • Must have attention to seating, lighting and acoustics • Teaching methods which facilitate access to the curriculum, social/emotional development and class participation	• Full inclusion within National Curriculum	• Main provision by class/subject teacher • Class teacher/TA should attend • A radio aid system/streaming system should be considered. • Advice and Support from Services.

Range 3	Assessment and Planning	Teaching and learning Strategies	Curriculum/Intervention	Resources and Staffing
• Bilateral Chronic Conductive or Moderate Sensorineural hearing loss • Hearing aids will be required for clear access to speech and without these the individual will struggle to hear spoken language. • Auditory Neuropathy Spectrum Disorder functioning as a mild loss. • Cochlear Implant user functioning as a Mild hearing loss. • Functional listening evaluations indicate child is able to discriminate speech sounds clearly using prescribed amplification and assistive technology (hearing aids/cochlear implant: radio aid) • May struggle to access spoken language in other contexts i.e. not wearing aids or using radio aid if issued. This is likely to impact their wider (incidental) learning • May have delays/gaps in their language development. • May have delays in their phonological awareness. • May need longer to process language and struggle with longer instructions. • May have difficulty with listening, attention, concentration and class	**Assessment** ● Should be part of school and class assessments ● May require modification to the presentation of assessments **Planning** ● Curriculum plan must reflect levels of achievement and include individually focused support plan **LA** ● Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria ● Teacher of the Deaf will monitor and set hearing aid/radio aid management targets	• Mainstream class • Must have attention to seating, lighting and acoustics • Opportunities for 1:1 and small group work	• Full inclusion within National Curriculum • Differentiation by presentation and/or outcome • Opportunities for explanation, clarification and reinforcement of lesson content and language • Specific interventions for speaking, listening and teaching of phonics **LA** • May be referred to and have access to speech and language and communication interventions for deaf children • Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills • Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity	• Main provision by class/subject teacher • Speech testing and other specialist tools must be used to assess access to spoken language carried out by a qualified Teacher of the Deaf • All school staff should undergo Deaf Awareness Training as provided by Children's Sensory Team. • Child should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained.

participation/social skills development. • Child is making expected progress given appropriate management strategies and service monitoring and advice • A referral to Speech and Language should be considered.				

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing

• Bilateral moderate, severe or profound permanent hearing loss with no additional learning difficulties
• Hearing aids will be required for clear access to speech. May be implanted.
• Cochlear implant user functioning as a mild/moderate hearing loss.
• Auditory Neuropathy Spectrum Disorder
• Uses spoken language as preferred form of communication but may require visual cues to support understanding.
• Functional listening evaluations suggest child has difficulty discriminating some speech sounds clearly even when using prescribed amplification and assistive technology (hearing aids/cochlear implant: radio aid)
• ESL in addition to hearing loss
• Radio aid
• Significant difficulty accessing spoken language and therefore the curriculum.
• Likely to have significant gaps/delays in understanding of concepts/wider knowledge and learning.
• More significant language delays associated with hearing loss.
• Difficulties relating to auditory processing and memory and/or sequencing.
• Speech clarity may be affected
• Will have difficulties with attention, concentration, confidence and class participation
	Assessment
	• Part of school and class assessments
	• Must have modifications to the presentation of assessments
	
	Planning
	• Curriculum plan reflects levels of achievement and must include individually focused support plan
	
	LA
	• Speech testing and other specialist tools must be used to assess access to spoken language
	• Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria
	• The school will make a referral for Assessment of SEND and monitor via annual reviews -
	• Teacher of the Deaf will monitor and set hearing aid/radio aid management targets
	• Assessment and provision of mobility and habitation training.
		• Mainstream class
		• Must have regular opportunities for 1:1 and small group work based on identified need
		• Must have attention to seating, lighting and acoustics
		
		LA
		• Should have systematic application of speech and language and communication assessment tools for deaf children
			• Full inclusion within National Curriculum
			• Differentiation by presentation and/or outcome
			• Regular opportunities for explanation, clarification and reinforcement of lesson content and language
			• Specific interventions for speaking, listening and teaching of phonics
			• Access to SALT
			• May be referred to and have access to speech and language and communication interventions for deaf children
			• Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills
			• Teacher of the Deaf may set curriculum targets to help reduce the gap in attainment
			• Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity
				• Main provision by class/subject teacher with advice from Teacher of the Deaf
				• Clear direction of TA with appropriate training in working with deaf pupils, under the direction of the teacher and with the advice from the Teacher of the Deaf to:
				  • Reinforce lesson content
				  • Deliver modified curriculum tasks
				  • Support language development
				
				• Access to a quiet room for small group and 1:1 sessions
				• School staff should undergo Deaf Awareness Training as provided by the Children's Sensory Team
				  • child should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained

• Language and communication require targeted support from Specialist Teachers in order for the learner to make expected progress and to access the curriculum • May have a negative self-image relating to their hearing loss.				

Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
• Bilateral moderate, severe or profound permanent hearing loss with no additional learning difficulties • Hearing aids will be required for access to speech, may be implanted. • Cochlear implant user functioning as a moderate hearing loss. • Auditory Neuropathy Spectrum Disorder functioning as Moderate or severe • Uses spoken language as preferred form of communication but may require visual cues to support understanding, or may use alternate mode of language (BSL, SSE) • Functional listening evaluations suggest child has difficulty discriminating some speech sounds clearly even when using prescribed amplification and assistive technology (hearing aids/cochlear implant: radio aid) • ESL in addition to hearing loss • Radio aid • Significant difficulty accessing spoken language and therefore the curriculum. • More significant language delays associated with hearing loss. • Difficulties with auditory processing, memory and sequencing. • Speech clarity is affected	**Assessment**: • Must be part of school and class assessments • Must have modification to the presentation of assessments **Planning**: • Curriculum plan must closely track levels of achievement and all support plan targets are individualised, short term and specific incorporating advice from the Teacher of the Deaf • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria • Speech testing and other specialist tools must be used to assess access to spoken language	• Mainstream class with flexible grouping arrangements • Must have ongoing opportunities for 1:1 support focused on specific support plan targets • Must have frequent opportunities for small group work based on identified need • Must have particular attention to seating, lighting and acoustics • Should have systematic application of speech and language and communication assessment tools for deaf children	• Must have differentiation by presentation and/or outcome personalised to pupil identified needs • Must have opportunities for explanation, clarification and reinforcement of lesson content and language • May be referred to and have access to speech and language and communication interventions for deaf children • Access to SALT • Direct Teaching/ Intervention by the Teacher of the Deaf to support vocabulary development and listening and discrimination skills • Teacher of the Deaf may set curriculum targets to help reduce the gap in attainment • Teacher of the Deaf may deliver specialist intervention to promote positive deaf identity	• Must have main provision by class/subject teacher with support from Teacher of the Deaf • Must have additional adults with appropriate training under the direction of the teacher and Teacher of the Deaf to: o Reinforce lesson content o Deliver modified curriculum tasks o Support language development • Should have specialist support staff with appropriate communication skills • School staff should undergo Deaf Awareness Training as provided by Low Incidence Needs • Access to a quiet room for small group and 1:1 sessions. • Child should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained

• Significant/gaps delays in their understanding of concepts, wider knowledge and learning. • Will have difficulties with attention, concentration, confidence and class participation • Significant gaps/delays in learning related to their hearing loss. • May be showing Social/Emotional and Mental Health difficulties related to their self-image of an individual with a hearing loss. • Language and communication require targeted support from Specialist Teachers in order for the learner to make expected progress and to access the curriculum				

Range 5	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
• Bilateral Moderate/Severe or Profound Permanent Hearing Loss • Auditory Neuropathy Spectrum Disorder functioning as a Severe Hearing Loss. • Hearing aids/cochlear implants will be required for access to speech. • May use spoken language as preferred form of communication but require visual cues to support understanding. • May use a visual/gestural language as preferred mode of communication (BSL, SSE) • Functional Listening Evaluation indicates continued difficulties with sound discrimination even in good listening conditions and using amplification (hearing aids/cochlear implant). • Significant language delays associated with hearing loss • Will have a radio aid • May be ESL • Speech clarity is affected • Significant difficulties with attention, concentration, confidence and class participation. • Profound language delay and communication difficulties impact the development of appropriate social and emotional health. • Learner is making less than expected progress, or is at risk of making less than expected progress, and requires a high level of intensive support from the service curriculum	**Assessment**: • Must be part of school and class assessments • Must have modification to the presentation of assessments **Planning**: • Curriculum plan must closely track levels of achievement and all support plan targets are individualised, short term and specific • Assessment monitoring and advice from a qualified Teacher of the Deaf, as determined by the NatSIP eligibility criteria • Assessment and provision of mobility and rehabilitation training.	• Must have mainstream class with flexible grouping arrangements • Must have ongoing opportunities for 1:1 support focused on specific support plan targets • Must have frequent opportunities for small group work based on identified need • Must have particular attention to seating, lighting and acoustics • Speech testing and other specialist tools must be used to assess access to spoken language • Should have systematic application of speech and language and communication assessment tools for deaf children • Access to SALT	• Must have opportunities for explanation, clarification and reinforcement of lesson content and language • Must have differentiation by presentation and/or outcome personalised to pupil identified needs (school planning) re	• May have access to a specialist provision • Main provision by class/subject teacher with support from Teacher of the Deaf • Must have ongoing assessment of needs. • School staff must undergo Deaf Awareness Training as provided by Hearing Impaired Service • Must have access to a quiet room for small group and 1:1 sessions Provision needs to include SALT. Not sure what NC guidance would be. Delete Section 'Must have ongoing assessment of needs using specialist and NC guidance,' and substitute 'Must have ongoing specialist assessment of needs'. Need to include – Must have timetabled teaching support directly from a Specialist Teacher of the Deaf/Hearing Impaired (Teacher of the Deaf) as determined by the NatSIP eligibility criteria. Need to include child should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained

Range 6	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
• Primary Need is hearing loss and is bilateral moderate, severe or profound and permanent or Auditory Neuropathy Spectrum Disorder functioning as a moderate or more severe hearing loss.. • Additional difficulties and needs not associated with hearing loss • Profound language/learning difficulties associated with hearing loss. • Learner is making less than expected progress, or is at risk of making less than expected progress, and requires a high level of intensive support from specialist service curriculum • BSL/SSE or augmentative communication may be needed for effective communication • Hearing aids will be required for access to speech. • A radio aid will be needed if there is background noise or if the speaker is further away or is quietly spoken. • Delays in language mean that it is difficult for them to access the curriculum. • Hearing loss has had a significant impact on their speech. • Profound language delay and communication difficulties impact the development of	**Assessment**: • Must be part of school and class assessments • Must have modification to the presentation of assessments **Planning**: • Curriculum plan must closely track levels of achievement and all support plan targets are individualised, short term and specific • Speech testing and other specialist tools must be used to assess access to spoken language • Must have systematic application of speech, language and communication assessment tools for deaf children • Must have assessment by education and non-education professionals as appropriate	• Must have mainstream class with flexible grouping arrangements • Must have ongoing opportunities for 1:1 support focused on specific support plan targets • Must have frequent opportunities for small group work based on identified need • Must have particular attention to seating, lighting and acoustics • Support and advice from a Teacher of the Deaf • Access to SALT	• Must have opportunities for explanation, clarification and reinforcement of lesson content and language • Must have differentiation by presentation and/or outcome personalised to pupil identified needs (school and Teacher of the Deaf planning) • School staff must undergo Deaf Awareness Training as provided by Hearing Impaired Service	• Must have timetabled teaching support directly from Teacher of the Deaf as determined by the NatSIP eligibility framework • Must have additional adults with appropriate training under the direction of the teacher and Teacher of the Deaf to: • Reinforce lesson content • Deliver modified curriculum tasks • Support language development • Access to deaf adults and peers • 1:1 support from specialist support staff with appropriate BSL/ communication skills and skills in supporting additional needs in all lessons • Specific deaf-related training for staff • SALT may be involved. • Child/young person should be assessed for benefits of assistive listening technology (radio aid/sound field system) and where this is shown to be positive system provided and maintained

appropriate social and emotional health.				

A child with a profound loss, identified at birth, implanted at an early age and using the implant effectively and had high quality intervention previously may well be functioning at age related expectations with reasonable adjustments and modifications including access to small groups and pre- and post-tutoring; whereas a child another child with a moderate loss who has not developed good listening skills and/or had the same level of support for language development may need much higher levels of support. This is where the NatSIP guidance is so useful.

Guidance for Children and Young People with Visual Impairment

Below is a summary of the offers for children with a visual impairment, aged 5 – 19 attending mainstream and special school settings. Separate guidance is available for young children aged 0 – 5, at home and in a range of pre-school and early years settings.

Universal offer

All **new referrals** from parents, settings/schools, health and other professionals will receive an initial assessment, to include:

- Assessment of visual functioning, including classroom observations, by a Qualified Teacher of children and young people with Visual Impairment (QTVI)
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from child/young person

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources
- Provide a means of identifying the levels of support required
- Provide entry and exit criteria

The above assessment, including visits, report writing and admin time, will be expected to take 8 hours. The outcome of the assessment will be an initial report written by the QTVI and Habilitation Officer if required, to reflect all the above, and to be shared with all stakeholders.
The report will allocate a VI range and make recommendations on support, advice and teaching, in line with range descriptors and the funding of SEND provision. The cost of the first £6.000 is within the delegated school budget.

Targeted offer

Range 1- 3

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who do not have an Education, Health and Care Plan, by the school, and by the Local Authority Vision Impairment Teacher.

These descriptors are intended to be general indicators of a visual impairment which may be affecting learning. All the descriptions of visual functioning assume the pupil is wearing glasses if these have been prescribed, i.e. the visual acuities are based on the best achievable vision.

Some conditions are not correctible with glasses. Some pupils have reduced vision in 1 eye only or have variable vision. Some pupils have deteriorating vision, and this should be monitored on a regular basis.

Specialist offer

Range 4 and above

These descriptors outline the support and provision that must be made available to pupils with a visual impairment who are eligible to have an Education, Health and Care Plan.

Guidance for Children and Young People with Visual Impairment	
Range Descriptors Overview	
Range 1 **Mild**	**Mild Visual Impairment** • Pupils find concentration difficult • Pupils peer or screw up eyes • Distance vision approximately 6/18. This means that the pupil 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, as well as others can see from the back of the room Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures • Pupils who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Pupils who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.
Range 2 **Mild - Moderate**	**Moderate Visual Impairment** • Pupils find concentration difficult • Pupils peer or screw up eyes • Pupils move closer when looking at books or notice boards • Pupils make frequent “copying” mistakes • Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures
Range 3 **Moderate**	**Moderate to Significant Visual Impairment** • Pupil will find concentration difficult • Pupil will peer or screw up eyes • Pupil will move closer when looking at books or notice boards • Pupil will make frequent “copying” mistakes • Pupil will have poor hand - eye coordination • Pupil will have a slow work rate

	• Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board without approaching to within 1 metre of it • Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures • Pupils may have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties
Range 4a **Significant**	**Cerebral Visual Impairment (CVI)** • CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being. • All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both. Dorsal stream difficulties include: • Difficulties seeing moving objects • Difficulties reading • Difficulties doing more than one thing at a time (e.g. looking and listening) Ventral Stream Difficulties include: • Inability to recognise familiar faces • Difficulties route finding • Difficulties with visual clutter • Lower visual field loss
Range 4b	**Severe Visual Impairment** • Pupils likely to be registered severely sighted/Visually Impaired or blind but still learning by sighted means • Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects. • Pupils would be unable to work from a white board in the classroom without human/technical support. • Near vision: likely to have difficulty with any print smaller than 24 point. Print sizes must be in a range from 24 – 36, and materials will require significant differentiation and modification.
Range 5	• Usually pupils who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly • Some pupils may also be continuing to use print at point 48

Severe	• Some pupils will be making the transition from print to Braille • These pupils will usually be registered blind and learning by tactile methods • Some may have little or no useful vision, and very limited or no learning by sighted means
Range 6 **Profound**	• Usually pupils who are born with severe visual impairment, who are identified early on as being tactile learners • Pupils who are new to the country, with severe visual impairment • These pupils will usually be registered blind and learning by tactile methods; they will have little or no useful vision, and very limited or no learning by sighted means • Pupils with severe learning difficulties as a prime need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need • Distance vision: difficulty identifying any distance information • Near vision: will have difficulty responding to facial expressions at 50 cm

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Mild visual impairment • Pupil finds concentration difficult • Pupil peers or screws up eyes • Distance vision approximately 6/18: this means that the pupil 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 as well as others can see from the back of the room • Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures	• Full inclusion within the Mainstream class • Attention to seating position in classroom • The school must make the QTVI report available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect **LA** • An initial functional vision assessment from QTVI that will indicate NatSIP criteria and level of need • A QTVI will ascertain what the pupil knows about their visual condition and their visual needs. The QTVI will give input if needed and set targets to enable to pupil to confidently advocate their needs within a range of situations. • The QTVI may use one of the following ways to identify the pupil's social and emotional needs: ○ questionnaire ○ observations ○ pupil voice • QTVI will carry out visual efficiency assessments to find out how the pupil uses their vision • 1:1 input may be given	• Additional adults are deployed appropriately to increase pupil success and independence	• Resources made available from within school • Learning materials must be selected for their clarity	• Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • ICT is used to increase access to the curriculum, where appropriate • Advice for the school on teaching styles and possible equipment through a report and a one-page vision profile • Training from a QTVI will be offered to the school

	• Activities may be provided to be delivered by school • QTVI will set targets if needed			

Range 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Moderate visual impairment • Pupil finds concentration difficult • Pupil peers or screws up eyes • Pupil moves closer when looking at books or notice boards • Pupil makes frequent "copying" mistakes • Distance vision: approximately 6/24. This means that the pupil needs to be about 1.5 metres away to see what fully sighted pupils can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures	• The school must make the QTVI report available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect **LA** • An initial assessment from QTVI that will indicate NatSIP criteria and level of need • Possible one to one sessions with pupil for short program to help develop visual efficiency, effective use of low visual aids, use of assistive technology e.g. CCTV or iPad • Advice for the school if required	• Full inclusion within the mainstream class • Attention to seating position in classroom • Teachers to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans • There should be no visual clutter displayed • Teachers to ensure pupils can access work displayed on interactive white boards in the method identified by the QTVI e.g. handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software • Teachers to ensure large amounts of handwritten work on a white board is accessible to the pupil by either providing handouts or use of a camera so the pupil can view what is being written at their desk on an iPad or laptop at the same time as their peers • Teachers to use dark coloured white board pens and avoid light colours or pens which are running out	• Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School staff make basic adaptations to curriculum delivery and materials to facilitate access for a visually impaired pupil, e.g. oral descriptions of visual materials • ICT is used to increase access to the curriculum, where appropriate	• Additional adults are deployed appropriately to increase pupil success and independence • Resources made available from within school • Learning materials must be selected for their clarity • Equipment may include 2B or 4B pencil, large print ruler, large print protractor, low vision aids • A reading slope or writing slope may be appropriate • Large print materials provided by school, as appropriate **LA** • QTVI to give advice on equipment, IT assessment, touch typing if appropriate • Habilitation/mobility training if required

Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Moderate to significant visual impairment. • Pupil will find concentration difficult • Pupil will peer or screw up eyes • Pupil will move closer when looking at books or notice boards • Pupil will make frequent "copying" mistakes • Pupil will have poor hand-eye coordination • Pupil will have a slow work rate • Distance vision: approximately 6/36. This means that the pupil needs to be about 1 metre away to see what fully sighted pupils can see from 6 metres. • Will not be able to see details on a white board without approaching to within 1 metre from it • Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures • Pupil may also have Cerebral Visual Impairment (CVI) – these pupils have normal or near normal visual acuities but will display moderate to significant visual processing difficulties	• The school must make the QTVI report available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • Planning must be based on current visual performance and prognosis of possible changes **LA** • The school must monitor pupil progress in this respect • An initial assessment from QTVI that will indicate NatSIP criteria and level of need • Possible one to one sessions with pupil for short program to help develop effectiveness of vision • Advice for the school if required • Training for staff	• Full inclusion within the mainstream class • Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate • Attention to seating position in classroom	• Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School staff make adaptations to curriculum delivery to facilitate access for a visually impaired pupil, e.g. oral descriptions of visual materials • School staff provide some modification / differentiation of learning materials to facilitate access e.g. attention to speed of lesson delivery and speed of working of VI pupil • ICT is used to increase access to the curriculum, where appropriate • Copyholder, electronic magnification, laptop as appropriate to meet assessed needs • Large print materials provided by school, as appropriate	• Additional adults are deployed appropriately to increase pupil success and independence • Resources made available from within school • Learning materials must be selected for their clarity • Equipment may include large print protractor, large print ruler, low vision aids, writing slope, reading slope, CCTV, iPad or laptop as appropriate to meet assessed needs • Large print materials provided by school, as appropriate • Diagrams, graphs and picture sources modified as needed **LA** • Advice from a QTVI on equipment and touch typing if appropriate • Advice on providing large print materials • QTVI to give advice on providing large print resources, modifying diagrams, graphs and providing captions for picture sources • Habilitation/mobility training if required

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Cerebral Visual Impairment (CVI). Range 4a will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties. • CVI must be diagnosed by an ophthalmologist. The pupil will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil's well-being. • All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect • The pupil has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both • Dorsal stream difficulties include: o Difficulties seeing moving objects o Difficulties reading o Difficulties doing more than one thing at a time (e.g. looking and listening) • Ventral stream difficulties include: o Inability to recognise familiar faces o Difficulties route finding o Difficulties with visual clutter o Lower visual field loss • This is not an exhaustive list, and difficulties may be mild, moderate or severe	• The school must make the QTVI report from the VI teacher available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect • Planning based on previous visual performance and / or prognosis of possible changes • The school will make a referral for Assessment of SEND and monitor via annual reviews **LA** • Advice and training for staff	• Additional support from a teaching assistant in class and around school, as indicated by assessment, to facilitate inclusive and independent learning, for preparation of resources, and to ensure safety	• Quality First Teaching • Full inclusion within mainstream class • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School staff make substantial adaptations to curriculum delivery and materials to facilitate access for a child with CVI • School staff provide modification/differentiation of learning materials to facilitate access e.g. attention to speed of lesson delivery and speed of working of VI pupil • ICT is used to increase access to the curriculum, where appropriate • Significant modification of learning materials and curriculum delivery to facilitate learning and inclusion	• Low vision aids, electronic magnification, laptop with software as appropriate to meet assessed needs • Large print and differentiated materials to meet assessed needs

Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Severe Visual Impairment: • Pupil likely to be registered partially sighted or blind but still learning by sighted means • Distance vision: 6/36 or 6/60 or worse. This means that the pupil can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects. • This pupil would be unable to work from a white board in the classroom without human/technical support • Near vision: likely to have difficulty with any print smaller than 24 point • Print sizes be a in a range from 24 – 36, and will require significant differentiation and modification	• The school must make the QTVI report available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately • The school must monitor pupil progress in this respect • Planning based on previous visual performance and / or prognosis of possible changes • The school will consider referral for an EHC Needs Assessment and monitor via annual reviews **LA** • An initial assessment from QTVI that will indicate NatSIP criteria and level of need • One to one sessions with pupil to help develop effectiveness of vision and support in learning • Training and advice for staff working with the pupil • QTVI to carry out assessment to assist decision between print and/or Braille • QTVI to develop tactile skills including teaching of Braille or moon	• Full inclusion within mainstream class • Individual and group work, as appropriate, to meet curriculum access and safety needs for individual skills teaching, and to facilitate inclusion and access	• Quality First Teaching • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation • School staff make substantial adaptations to curriculum delivery and materials to facilitate access for a severely visually impaired pupil • School staff provide modification/ differentiation of learning materials to facilitate access, e.g. attention to speed of lesson delivery and speed of working of VI pupil • ICT is used to increase access to the curriculum, where appropriate • Significant modification of learning materials and curriculum delivery to facilitate learning and inclusion	• Additional support from a teaching assistant in class and around school, as indicated by assessment, to facilitate inclusive and independent learning, preparation of resources, and to ensure safety • Low vision aids • Electronic magnification • Laptop with software as appropriate to meet assessed needs • Large print and differentiated materials to meet assessed needs **LA** • QTVI to give advice on IT and touch typing if appropriate • Habilitation and mobility training if appropriate • Advice from a QTVI on sourcing large and tactile print materials • Support and advice from a QTVI on producing tactile materials • Support from a QTVI to develop Braille literacy across the curriculum

Range 5	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
EITHER Pupils who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly. OR Pupils who are born with severe visual impairment, who are identified early on as tactile leaners • Some pupils may be continuing to use print at point 48 • Some pupils will be making the transition from print to Braille • These pupils will usually be registered blind and learning by tactile methods • Some may have little or no useful vision, and very limited or no learning by sighted means	• The school must work with the VI teacher to facilitate assessment and planning across the curriculum • The school must make the QTVI report available to all appropriate staff • The school must ensure that all staff are aware that the pupil will be experiencing severe visually related learning difficulties, and provide support to enable teachers to plan appropriately • Schools must take account of prognosis of possible change • Opportunities in place for regular reviews of planning • The school must monitor pupil progress in this respect • The school will make a referral for Assessment of SEND and monitor via annual reviews **LA** • An initial assessment from QTVI that will indicate NatSIP criteria and level of need • One to one sessions with pupil to help develop effectiveness of vision and/or tactile learning skills - support in learning • Training and advice for staff working with the pupil • Develop tactile skills including teaching of Braille or moon • Support with transition into the specialist base within school	• Mainstream class • Individual/dual and group work as appropriate, to meet curriculum access and safety needs, for individual skills teaching, and to facilitate inclusion and access	• Quality First Teaching • Full inclusion within the mainstream curriculum made accessible for an educationally blind pupil • Presentation of learning materials in alternative formats, including Braille, tactile diagrams, audio/speech • All school staff must be responsible for providing lesson and curriculum content ahead of the lesson, so it can be produced in an alternative format • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and class participation • Skills teaching as appropriate for an educationally blind pupil: cognitive, language, social/emotional, tactile, mobility, independence, careers • School to facilitate attendance and inclusion with VI curriculum, and at sport and leisure activities	• VI pupils are on roll of school, and have access to the whole school community • Additional support from a teaching assistant in class and around school as indicated by assessment, to: ○ facilitate inclusive and independent learning ○ provide in-class support ○ prepare specialist / tactile resources ○ follow up rehabilitation training • Day to day ICT for the pupil and for staff to produce Braille and other tactile resources • Braille and other tactile learning materials **LA** • Advice on IT and touch typing if appropriate • Habilitation and mobility training if appropriate • Advice on sourcing large print or tactile materials • Support and advice from a QTVI on producing tactile materials

Range 6	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Pupils with severe learning difficulties as a primary need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need. • Distance vision: difficulty identifying any distance information • Near vision: will have difficulty responding to facial expressions at 50 cm	• The school must make the report available to all the appropriate staff • School must ensure that all staff are aware of strategies, interventions and resources • School must monitor pupil progress **LA** • Advice and training for the staff	• Special school class • Small group teaching	• Special school curriculum, with multi-sensory approach	• School must provide teaching assistant support for on-going visual assessments and interventions • Access to multi-sensory equipment, e.g. sensory pool, trampoline, light room

Guidance for Children and Young People with Dual Sensory Impairment*

**Dual sensory impairment may also be referred to as multi-sensory impairment or deaf blindness*

Dual Sensory Impairment Guidance	
Range Descriptors Overview	
Range 3	• **MILD** loss in both and making good use of at least one modality • May have hearing aids and/or Low Visual Aid (LVA) • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely match potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs • Have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment
Range 4	• **MODERATE** loss in one modality and **MILD/MODERATE** in the other • May have hearing aids and/or LVAs • Non-progressive condition • May have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • May have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 5	• **SEVERE/PROFOUND** loss in one modality and **MODERATE** in the other or has a late diagnosed or recently acquired MSI • Uses hearing aids and/or LVAs • Non-progressive condition • May have delayed development in some areas of learning and difficulties generalising learning and transferring skills • May have difficulties coping with new experiences and have underdeveloped independence and self-help skills

	• Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significant difficulties with attention, concentration, confidence and class participation • Significantly slower pace of learning • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 6	• **PROFOUND/SEVERE** loss in one modality and **MODERATE/SEVERE** in the other and/or progressive condition • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Range 7	• **PROFOUND/SEVERE** loss in both modalities • Likely to use hearing aids and/or LVAs • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication

	• May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • May be tactile defensive/selective and highly wary of new experiences • May have difficulties developing relationships and lack social awareness leading to social isolation • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment

Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
MILD loss in both and making good use of at least one modality. • May have hearing aids and/or LVAs • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely match potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs • May have Auditory Processing Disorder/Auditory Neuropathy/ Cerebral Visual Impairment	• Part of school and class assessment • Requires modification to presentation of assessment • Curriculum plan reflects levels of achievement and includes individually focused support plan targets	• Mainstream class • Attention to seating, lighting, visual environment and acoustics • Opportunities for 1:1 and small group work	• Full inclusion within National Curriculum • Teaching methods which facilitate access to the curriculum, social/emotional development and class participation • Opportunities for explanation, clarification and reinforcement of lesson content and language	• Main provision by class/subject teacher • Additional adults are deployed appropriately to ensure pupil access • Appropriate learning materials made available from within school including low vision aids and electronic magnification

Range 4	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
MODERATE loss in one modality and **MILD/MODERATE** in the other. • Have hearing aids and/or LVAs • Non-progressive condition • Have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • Have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • Have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	• Planning and assessment modified to take into account the sensory needs of the pupil • Information and advice is shared with all appropriate staff • Support plan targets are specific and incorporate advice from QTMSI	• Flexible class groupings with frequent opportunities for small group and 1:1 work in a quiet environment • Particular attention to seating, lighting, visual environment and acoustics	• Adaptations to curriculum delivery to ensure access to the curriculum, social/emotional development and class participation • Additional time to experience new activities, complete work, preview and review lessons	• Additional targeted support for explanation, clarification and reinforcement and to accommodate slower pace of learning • Access to a quiet room for small group and 1:1 sessions • Appropriate learning materials including low vision aids and electronic magnification. • Ensure liaison with SALT services.

Range 5	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ intervention	Resources staffing
PROFOUND/SEVERE loss in one modality and **MODERATE** in the other or has a late diagnosed or recently acquired MSI. • Uses hearing aids and/or LVAs • Non-progressive condition • May have delayed development in some areas of learning and difficulties generalising learning and transferring skills • May have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Significant difficulties with attention, concentration, confidence and class participation • Likely to require some individual support to access learning and social interactions and to develop life skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significantly slower pace of learning • May have additional learning needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	• Planning and assessment modified to take into account the sensory needs of the pupil • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from QTMSI	• Daily opportunities for small group work and individual support to ensure access to new experiences and afford opportunities to complete work, preview and review lessons	• Significant modification to learning materials and curriculum delivery • Individual mobility and independence/life skills programmes • Additional time to experience new activities, complete work, preview and review lessons	• Daily access to individual support, trained to meet the needs of pupils with MSI • Input from other educational and non-educational professionals as appropriate • Need for balanced approach to support and intervention to facilitate social inclusion As appropriate to assessed needs: • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Low vision aids, electronic magnification, laptop with software, large print materials. • Ensure liaison with SALT services.

Range 6	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
PROFOUND/SEVERE loss in one modality and **MODERATE/SEVERE** in the other and/or progressive condition. • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life skills • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	• Planning and assessment appropriate to the needs of a student with severe dual sensory impairment • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from QTMSI	• High level of individual support within small class groupings	• Individual curriculum to facilitate learning through tactile and experiential approaches and using alternative or augmentative communication systems • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills	• Individual support, trained to meet the needs of pupils with MSI • Access to a qualified/ experienced Deafblind Intervenor Need for balanced approach to support and intervention to facilitate social inclusion As appropriate: • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Tactile resources • Materials to support development of alternative communication systems • Sensory stimulation resources

Range 7	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
PROFOUND/SEVERE loss in both modalities. • Likely to use hearing aids and/or LVAs • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication • May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • May be tactile defensive/ selective and highly wary of new experiences • May have difficulties developing relationships and lack social awareness leading to social isolation • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	• Individual planning and assessment appropriate to the needs of a student with severe dual sensory impairment • Information and advice is shared with all appropriate staff • EHCP targets are specific and incorporate advice from specialist staff	• Individual support within small class groupings	• Individual curriculum to facilitate learning through sensory and experiential approaches and using alternative or augmentative communication systems • Individual sensory stimulation programmes • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills	• Individual support from a qualified/experienced Deafblind Intervenor as required • Need for balanced approach to support and intervention to facilitate social inclusion As appropriate: • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Tactile resources • Materials to support development of alternative communication systems • Sensory stimulation resources

Physical/Medical Guidance Range Descriptors Overview	
Range 1 **Mild**	• Some mild problems with fine motor skills and recording • Mild problems with self-help and independence • Some problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have continence/ toileting issues • Possible low levels of self-esteem • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An Educational Occupational Therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.* • *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Educational Occupational Therapy and availability of drop-in sessions/telephone consultations* • *Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*
Range 2 **Mild - Moderate**	• Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • Continuing problems with self-esteem and peer relationships • Continuing problems with self-help and independence • Continuing problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have medical condition that impacts on time in school and requires a medical care plan • May have a condition that requires assessment for equipment and resources. ***The NHS notes:*** • *An Educational Occupational Therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.*

	• *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Educational Occupational Therapy and availability of drop-in sessions/advice/telephone consultations* • *Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*
Range 3 **Moderate**	• Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility 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 • Increased dependence on seating to promote appropriate posture for fine motor activities/feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT • May have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT ***The NHS notes:*** • *An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.* • *It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited* • *These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow* • *The school/setting may require moving and handling training.* • *Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio*
Range 4a **Significant**	• Significant physical/medical difficulties with or without associated learning difficulties • 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 • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite with specialist equipment • May have developmental delay and/or learning difficulties which impact upon access to curriculum • Will require or will have an Education, Health and Care Plan • Primary need is identified as physical/medical

	The NHS notes: • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*
Range 4b	• Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • 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 • A need for high level support for all personal care, mobility, daily routines and learning needs – this may include specialist equipment. • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.* • *Children in this category may require specialist equipment via physio/OT services* • *The school/setting may require moving and handling training* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*
Range 5 **Severe**	• A level of independent mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day. This would require a specialist educational assessment via the educational occupational therapist. • Furniture and/or extensive adaptations to the physical environment of the school via assessment through an educational occupational therapist.

	• Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition which impacts on independence ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An Educational Occupational Therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.* • *Children in this category may require specialist equipment via physio/OT services* • *The school/setting may require moving and handling training* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* • *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children may remain quite independent through most of their childhood years and may only require a lower range*
Range 6 **Profound**	A permanent, severe and/or complex physical disability or serious medical condition. The pupil will present with many of the following: • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need

	• Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition • May have intervention from Occupational Therapist/ Physiotherapist • May require specialist equipment via physiotherapist/ Occupational Therapist ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral.* • *Children in this category may require specialist equipment via physio/OT services* • *The school/setting may require moving and handling training* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children may remain quite independent through most of their childhood years and may only require a lower range*

Range 1	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **mild** physical disability or medical condition. The pupil will present with many of the following: • Some mild problems with fine motor skills and recording • Mild problems with self-help and independence • Some problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have continence/toileting issues • May require access to equipment e.g. fine motor/gross motor, handwriting, toileting and feeding via educational OT. • Possible low levels of self-esteem • A medical condition that impacts on time in school and requires a medical care plan **NC Level** Across expected range with an unusual profile showing relative strengths and weaknesses.	**Assessment** • Part of continual school and class assessment • Monitoring of developmental goals in line with National Curriculum • SENDCO awareness if no progress apparent after targeted teaching approach • Risk assessment carried out if necessary by school, with referral to risk assessment guidance • Referral to school nurse to check hearing, sight or for possible medical condition • May require referral to educational OT for advice re fine/gross motor assessment **Planning** • Range 1 universal provision • Normal curriculum planning including group or individual targets • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets	• Mainstream class with occasional additional individual or small group support • Attention to positioning in classroom • First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals	• Quality First Teaching • Follow school handwriting scheme with slight modifications • Refer to Sensory/Physical Team information on the website on adapted equipment/aids if necessary • Some differentiation to PE curriculum if appropriate • Access to appropriate ICT provision i.e. accessibility options on Windows • Staff awareness training of relevant medical conditions on a 'need to know' basis	• Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention • Main provision by class subject teacher with some age appropriate programmes delivered one to one or in small groups • Input needed from health professionals via SENDCO e.g. specialist nurse/ school nurse • An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. • Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition / early intervention to achieve more successful outcomes **Resources/Provision** • Differentiated writing materials and equipment • Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery via educational OT assessment. • Provide supportive / correctly sized standard school chair & table - this should be available to children in range 1 to support their postural stability i.e. a chair and table surface that fit the child – feet supported, table at the correct height etc.

Range 2	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **mild - moderate** physical disability or medical condition. The pupil will present with many of the following: • Continuing mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches Continuing difficulties with continence/ toileting Continuing problems with self-esteem and peer relationships • Continuing problems with self-help and independence • Continuing problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • Have medical condition that impacts on time in school and require a medical care plan **NC Level** Across expected range with an unusual profile showing relative strengths and weaknesses.	**Assessment** • As for range one but SENDCO to be involved in more specific assessments and observations • SENDCO may seek advice from health professionals • SENDCO involvement if no progress apparent after targeted teaching approach • Educational OT assessment for feeding, toileting, fine/gross motor equipment. • Moving and handling training may be required. **Planning** • Range 1 universal provision • Normal curriculum planning including group or individual targets • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Alternative ways of recording to minimise handwriting • Involve parents regularly to support targets at home • Pupil involved in monitoring and setting targets	• As above but will be working on modified curriculum tasks • Small group or one to one adult input to practice skills • Buddy system • Attention to position in classroom • First line strategies, based on advice and strategies given in training packages delivered by Educational OT and via drop-in sessions / telephone consultations with health professionals	• Quality First Teaching • Follow school handwriting scheme with further modifications and extra time for reinforcement • Some differentiation to PE curriculum • Opportunities to practice dressing and undressing skills • Access to appropriate ICT provision	• Main provision from class teacher or subject specialist with support from SENDCO • 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 to support outside play and lunch time • Advice to be sought from Health Professionals E.g. Physiotherapist, Occupational Therapist • An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. • Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • Physio may intervene with children who have mild - moderate physical issues to prevent further deterioration / reduce impact of condition / early intervention to achieve more successful outcomes • Staff awareness training of relevant medical conditions on a 'need to know' basis **Resources/Provision** • Differentiated writing materials and equipment • Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope cutlery, via Ed OT

Range 3	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **moderate** physical disability or medical condition. The pupil will present with many of the following: • Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility now impacting more on access to the curriculum • 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 • Increased dependence on seating to promote appropriate posture for fine motor activities / feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT **NC Level** Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.	**Assessment** • SENDCO seeks advice from HI/VI Team and health care professionals in order to discuss next steps Need handwriting/ fine motor advice from OT • Personal care and manual handling assessment in conjunction with HI/VI Team, Educational Occupational Therapy, Physiotherapy and Health Professionals • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility. **Planning** • Range 1 universal provision • Normal curriculum planning including group or individual targets • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Alternative ways of recording to minimise handwriting – assessment available through educational OT • Individual targets on support plan following advice from HI/VI Team /OT and health professionals • Modified planning for PE/outdoor play curriculum is likely to be needed • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets	• Mainstream classroom setting • Small group or one to one adult input to practice skills • Individual skills-based work may need to take place • Nurture group input may be necessary to help with low self-esteem • Buddy system • Attention to position in classroom	**Need the following:** • Quality First Teaching • Programme to support the development of handwriting skills as advised by Occupational Therapy • Differentiated writing materials and equipment • A programme to develop fine motor skills • Further differentiation to PE curriculum in conjunction with Physiotherapy (Physio needs would be based on assessment on a case by case basis) • Dressing and undressing skills programme in conjunction with Educational OT and Health OT for strategies. • More dependence on appropriate ICT for recording • Schools would make referral to OT if first line strategies / advice and programmes have been trialled and evidenced but achievement is limited • These children may form the basis of targeted assessment – assessment and advice to home and school with programme / strategies to follow	• Main provision from class teacher or subject specialist with support from SENDCO and/or HI/VI Team • Flexible use of classroom support to access curriculum and develop skills in recording up to 16.5h/ week • An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. • Children in this category may require specialist equipment via physio/OT services • The school/setting may require moving and handling training • . **Resources/Provision** • ICT equipment to aid recording • Furniture and equipment assessed jointly by HI/VI Team and Occupational Therapy • Adapted site may be necessary to physically access the building – assessment by educational OT will be required. • Hygiene / medical room may be necessary • May need specialist low tech seating and/ or furniture and equipment

Range 4a	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **significant** physical disability or medical condition. The pupil will present with many of the following: • Significant physical/medical difficulties with or without associated learning difficulties • Physical and/or medical condition will have a significant impact on the ability to access the curriculum, through a combination of physical, communication and learning difficulties • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • Developmental delay and/or learning difficulties which impact upon access to curriculum • Primary need is identified as physical / medical • 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 pupil's academic potential should not be underestimated	**Assessment** • SENDCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate • Personal care assessment • Manual handling assessment • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility **Planning** • Range 1 universal provision • Modified curriculum in some or all areas • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets • Alternative ways of recording to minimise handwriting • Individual targets on support plan following advice from OT and health professionals • Modified planning for PE/outdoor play curriculum is likely to be needed • Interventions should be incorporated across all activities throughout the school day	• Mainstream classroom setting • Individual skills-based work needs to take place • Small group or one to one adult input to practice skills as advised by HI/VI Team /OT • Nurture group input will be necessary to help with low self-esteem • Physiotherapy/ Occupational Therapy programme to be done in school • Attention to position in classroom • Buddy system • Specialist speech and language sessions (via health professionals) • Moving and handling training to be in place if required.	**Will need one or more of the following:** • Programme to support the development of handwriting/ fine motor skills • Access to appropriate ICT for recording purposes • Differentiated writing materials and equipment • Differentiation to PE curriculum • Dressing and undressing skills programme • Delivery of physio programme/postural management by trained school staff	• Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 16.5 h/ week to 27h/ week • May need individual adult support for mobility and personal care needs as advised by HI/VI Team / Occupational Therapy, Physiotherapy and Healthcare Professionals • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An educational occupational therapist may see children at any range due to an open referral system which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral • Children in this category may require specialist equipment via physio / OT services **Resources/Provision** • ICT equipment to aid recording • Specialist seating, furniture and equipment can be applied for under the Specialist Equipment Policy Process • Physio needs would be based on assessment on a case by case basis. • Adapted site will be necessary to physically access the building • Hygiene room/facilities • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil • Site adaptations/sling/hoisting to be considered in consultation with the Local Authority and Educational OT.

Range 4b	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **significant** physical disability or medical condition. The pupil will present with many of the following: • Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • 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 • May require an Education, Health and Care Needs assessment • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury **NC Level** 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	**Assessment** • SENDCO and specialists continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy • Personal care assessment • Manual handling assessment • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility • **Planning** • Range 1 universal provision • Modified curriculum in some or all areas • Care plan in place, if appropriate, written with specialist nurse/ school nurse • Involve parents regularly to support targets at home • Pupils involved in monitoring and setting targets • Alternative ways of recording to minimise handwriting • Modified planning for PE/outdoor play curriculum is likely to be needed • Interventions should be incorporated across all activities throughout the school day	• Will attend a suitably equipped mainstream school, Designated Special Provision or special school • Will follow OT strategies/programmes in school	Will need some or all of the following: • Programme to support the development of physical (fine and gross motor) skills • Differentiated writing materials and equipment • Differentiation to PE curriculum • Independent life skills programmes • Delivery of physio programme/postural management by trained school staff	• Will need 1:1 support to access aspects of the curriculum and to develop skills in recording of between 27.5h/ week to 35+h/ week • May need individual adult support for mobility and personal care needs as advised by HI/VI Team /OT and Healthcare Professionals • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills • Access to specialist resources including specific teaching programmes and systems • These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, recording skills etc. • Accessibility of the whole school site, with facilities and practices that maintain the dignity of each pupil • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers • Site adaptations to be considered in consultation with the Local Authority and educational OT environmental assessment. • A suitably equipped room(s) in which therapies can be carried out with appropriate hoisting facilities, therapy bench, parallel bars and height adjustable writing table • A time out area for rest periods where pupils 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 seating, standing

individual's academic potential should not be underestimated.				frames, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary • Some pupils are likely to require specialist support in communication and recording with an emphasis on developing pupils 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 pupils. • Postural management requires regular review by Educational OT. • Slings for hoisting will be via Educational OT.

Range 5	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **permanent**, **severe** and/or **complex** physical disability or serious medical condition. The pupil will present with many of the following: • A level of mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day • Furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition **NC Level**	**Assessment** • Formal assessment will have taken place or be in process • Detailed PIVATS or similar assessments used to inform planning • The assessment of physical, sensory / medical and learning needs to inform the planning process, including moving and handling and therapy programmes • Risk assessments for: moving and handling, egress, movement around school and school trips • Educational OT assessment for postural management, feeding, toileting, fine/gross motor needs • May require environmental assessment re accessibility **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 into account routine daily welfare and behaviour needs • Individual care plan/ protocol to be in place • Behaviour care plans in place if appropriate • Plans in place for egress, moving and handling	• Small group teaching in a specialist provision for whole school day • Have specialist speech and language sessions • Grouping for access to a total communication environment • Will attend a specialist provision in mainstream or a special school • Moving and handling training in place. • Strategies in place from Health and Educational OT.	Will need some or all of the following: • Curriculum access will be facilitated using a structured approach which will take account of ○ Individual learning styles ○ Personalisation to pupil needs ○ Small steps approach within the context of an appropriate sensory experiential curriculum • Curriculum delivered at a pace that allows pupils time to assimilate information and then to respond appropriately • Constant reinforcement and generalisation of skills is an essential priority • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g. PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs) • 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 pupils need to accept and develop pre-requisite skills required to access communication and learning	• Individual specialist support for mobility and personal care needs • High staffing ratio with specialist teaching and specialist non-teaching support to facilitate pupil access to the curriculum • Staff trained and 'signed off' in medical / physical interventions, postural management and strategies as appropriate • Access to regular nursing support and advice • Access to specialist services e.g. educational psychologists, SEN services and health professionals • OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning • Access to specialist resources including specific teaching programmes and systems e.g. technological aids, ICT programmes, AAC • Specialist seating, furniture and equipment advice from Educational OT • Accessibility assessment by the Educational OT of the whole school site, with facilities and practices that maintain the dignity of each pupil and staff member • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers • A suitably equipped room(s) in which therapies can be carried out including a height adjustable therapy bench and hoist and slings • A time out area for rest periods where pupils can spend time out of their

Attainment levels will range from P scales in Primary to NC levels in Secondary.	• Parents involved regularly and support targets at home • Pupils involved in monitoring and setting targets as much as possible			wheelchairs, for example, away from other activities whilst having regard for their dignity • An equipment room where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary • Will have access to specialist hydrotherapy/water based activities with advice and guidance from the physiotherapist • Will have access to sensory room • Postural management to be regularly reviewed • All the above to be regularly reviewed by the staff from the South Tyneside and Sunderland NHS Foundation Trust.

Range 6	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
A **permanent**, **severe** and/or **complex** physical disability or serious medical condition. The pupil will present with many of the following: • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation and their vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition **NC Level** • Likely to be attaining within the p scales in all Key Stages	• As at Range 5 addressing the severe or complex learning difficulties	• As at Range 5 but likely to require more 1:1 support	As at Range 5, plus will need some or all of the following: • Programme to support the development of physical (fine and gross motor) skills • Differentiated writing materials and equipment • Differentiation to PE curriculum • Independent life skills programmes	• Flexible use of classroom support to access curriculum and develop skills in recording • Training and advice from specialist support service and Educational OT for teaching and support staff • Individual specialist support for mobility and personal care needs • Specialist teaching and specialist non-teaching support within the classroom and wider settings to facilitate pupil access to the curriculum • 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 pupil's potential in attainment/ achievement • Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis 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 pupil and staff member • Access to specialist resources to meet the personal care and mobility needs of each pupil • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers • A suitably equipped room(s) in which therapies can be carried out including therapy bench and hoist • A time out area for rest periods where pupils 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 seating, wheelchairs, walkers, physiotherapy equipment can be stored • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary • Staff trained in physio intervention and postural management programmes.

Sensory, Physical and Medical: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child will cooperate with self-care routines and medical routines, including those associated with any physical or medical conditions/diagnoses. Child will access regulatory activities to support them to concentrate and maintain focus in the classroom.	Child will cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses	Child will be able to participate in team games, after-school clubs and weekend activities in accordance with their physical and medical capabilities.	Child will attend relevant health, dental, optical and hearing checks as required to promote good physical health. Child will cooperate with self-care routines and medical routines including those associated with any physical or medical conditions/diagnoses. Child will participate in sport and physical exercise in accordance with their physical/medical capabilities.
Y3 to Y6 (8-11 years)	Child will be able to access careers information, opportunities to meet role models/talks from visitors to school through adaptions and formats which consider physical, sensory or medical needs as appropriate to individual circumstances.	Child will be able to move around the school environment as required. Child will begin to develop age-appropriate life skills to include basic cooking skills, awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their physical and medical capabilities.	Child will be able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical and medical capabilities.	Child will be able to manage minor health needs. Child will make healthy eating choices and will engage in physical exercise in accordance with their physical/medical capabilities.
Y7 to Y11 (11-16 years)	Child will be able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and formats which consider physical, sensory and/or medical needs as appropriate to individual circumstances.	Child will be able to move around the school or work-based environment as required. Child will demonstrate age-appropriate independent living skills to include cookery, access to local transport, money and time	Child will be able to access transport options within their physical and medical capabilities to facilitate independence and community participation. Child will be able to access community-based groups/activities in	Child will be more independent in managing more complex health needs in accordance with their physical and mental capabilities. Child will attend their annual health check with their GP if registered as having a learning disability.

	Child will understand supported employment options e.g. Access to Work Child will be able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.	management in accordance with their physical and medical capabilities.	accordance with their physical and medical capabilities.	
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Physical, Medical and Sensory Needs: HI, VI, Dual Sensory Needs, Physical and Medical Needs.			

Social, Emotional & Mental Health Needs

Social, Emotional, Mental Health Descriptors

The children and young people to whom this guidance relates will present with a range of features of social, emotional and mental health difficulties which impact on their learning and social inclusion. Individual pupils may display a range of these features which will vary in severity and intensity and which change over time. It is not expected that any pupils will match all the descriptors listed below. The descriptors may be used to support the identification and assessment of the needs of an individual pupil. It is imperative that the school has an inclusive environment and culture and demonstrates that each pupil's needs are of paramount importance. The voice of the pupil and family must be identified at an early stage and support given by the school and other agencies to the family to enable then to support outcomes and their child at home.

From September 2019 OFSTED will introduce a 'behaviour and attitudes' judgement which will assess whether leaders are creating a calm and orderly environment, where bullying is tackled effectively by leaders when it occurs.

As the severity of mental health difficulties increases, the impact on the child's functioning and ability to access educational environment and activities increases as they move through the ranges'.

Social

Pupil may

- Be socially vulnerable, withdrawn or isolated within their peer group
- Have immature social skills, or may not have had the opportunity to develop resilience and positive social and emotional skills needed within a whole school environment
- Follow some but not all school rules/routines in the school environment
- Have difficulties in social interactions/relationships with both adults and peers
- Have difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance
- Struggle to maintain positive relationships with peers and adults
- Be slow to develop age appropriate self-care skills due to levels of maturity or degree of learning difficulties
- Refuse to engage, be abusive towards staff and peers, may present as disengaged with the curriculum and routines of the school
- Damage property

Emotional

Pupil may:

- Show signs of stress and anxiety and/or difficulties managing their emotions
- Have difficulty identifying their emotions or triggers and may need support to self-regulate, or self-regulate in self-harming or anti-social ways
- Have fluctuating moods which might indicate depression or boredom, or heightened states such as excitement or hyperactivity, and be unable to prevent these from affecting their ability to positively socially interact with their peers
- Exhibit crises which may be one off, prolonged or regular responses to anxiety, or they may be learned responses to undesired or stressful situations
- Be at risk of leaving the school premises or absconding during the school day
- Show patterns of stress or anxiety related to a specific context or a specific time of the day
- Have difficulties expressing empathy or be emotionally detached
- Engage in high risk-taking activities both at school and within the community
- Need to be in control exhibiting bullying behaviours either as victim or perpetrator
- Be over-friendly or withdrawn with strangers and at risk of exploitation
- Be provocative in appearance and behaviour, and there could be evidence of over sexualised language or behaviours. This is not blaming the pupil but describing what they might present as a result of their SEMH

Mental Health

Pupil may:

- Be unpredictable and may exhibit patterns of behaviour that impact on learning and inclusion
- Be disruptive or overactive and lack concentration in the classroom setting
- Be under assessment for mental health difficulties; acute anxiety or attachment needs may have been identified
- Have a tendency to hurt others, self or animals
- Have issues around identity and belonging
- Experience acute anxiety, fear, isolation, bullying or harassment, leading to controlling behaviours
- Present with self-harming behaviour
- Have attempted suicide
- Engage in persistent substance abuse

Presenting behaviour may also include:

- A preference for own agenda and reluctance to follow instruction
- Presenting with different behaviour with different members of staff
- Patterns of regular school absence
- Disengaged from learning and significantly under-performing
- Verbally and physically aggressive
- Subject to neglect, with basic needs unmet or they may be preoccupied with hunger, illness, lack of sleep
- Identified as being at risk of CSE

The school will need to demonstrate that the provision, systems and training that are in place are effective in meeting the needs of pupils with SEMH. Consistency of approach in supporting positive behaviour is essential. Communication between staff and joint strategies in a behaviour/personalised plan must be in evidence. The school must have a graduated response to working with pupils with SEMH so that low level behaviour does not escalate into high level behaviours too quickly thus causing an inappropriate response.

RESOURCES AVAILABLE TO SCHOOLS:

iCAMHS

The iCAMHS training is delivered by mental health professionals working within Community CAMHS. The training covers a range of basic Child and Adolescent Mental Health information useful for all professionals but particularly those working in the school environment. The information covered includes:

- Risk and protective factors
- Child development models
- Attachment styles
- Mental Health problems, disorders and interventions

We aim to relate the theory to participants' workplace and practice.

This training package consists of four x 1 and a half hour sessions and can be undertaken in twilight sessions or delivered in one full day of training. It can be commissioned by a school, or part of a school, to be delivered in the workplace. We also run iCAMH as a stand-alone course, which can be accessed by individual staff members. For further information and enquiries please contact; CAMHS.Training@stft.nhs.uk

Mental Health Charter

With the change in the national agenda to promote mental health in schools (Mental Health and Behaviour in Schools Departmental Advice March 2016,) the new OFSTED framework and the desire of Child and Adolescent Mental Health Service (CAMHS) to work in a new way to support schools (Thrive The AFC –Tavistock Model of CAMHS 2014) there was an opportunity to develop innovative ways of working and a Mental Health Charter was devised to embed good practice in schools in Sunderland.

The Mental Health Charter is split into three sections:

Culture and Ethos

- Leadership & Management
- Ethos & Environment
- Staff Development

Education and Curriculum

- Teaching & Learning
- Targeted Support
- Need & Impact

Families and Communities

- Parents & Carers
- Student & Staff Voice

There are standards across these areas which are divided into bronze, silver and gold levels. Evidence is gathered to demonstrate standards have been met. Much of this work is already taking place in schools and can be highlighted as good practice. The charter can also guide schools to enhance their practice. The examples of evidence which are listed in the charter are not exclusive and can be extended. For more information visit:

https://www.togetherforchildren.org.uk/mental-health-charter-mark

SEMH Ranges Guidance	
Range Descriptors Overview	
Range 1 **Mild**	**MILD** • Children will have been identified as presenting with some low-level features of behaviour, emotional, social difficulties • They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration • They may follow some but not all school rules/routines around behaviour in the school environment • They may experience some difficulties with social /interaction skills • They may show signs of stress and anxiety and/or difficulties managing emotions on occasions
Range 2 **Mild - Moderate**	**MILD – MODERATE** Difficulties identified at range 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 interventions being in place. • SEMH continues to interfere with pupil's social/learning development across a range of settings and pupil does not follow routines in school consistently • Pupil beginning to be at risk of exclusion and may have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions • Pupil may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge • Pupil may show patterns of stress/anxiety related to specific times of the day • Pupil may have a preference for own agenda and be reluctant to follow instructions • Pupil may have begun to experience short term behavioural crises
Range 3 **Moderate**	**MODERATE** Difficulties identified at range 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 and 2 interventions being in place. • SEMH interfere more frequently with pupil's social/learning development across a range of settings and pupil does not follow routines in school without adult support • Pupil may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions • Pupil remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning

	• Pupil patterns of stress/anxiety related to specific times of the day have become more common • Pupil 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
Range 4a **Significant**	**SIGNIFICANT** Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex, and which necessitate a multi-agency response. • Pupil is more likely to have experienced fixed term exclusion from school • Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning
Range 4b **Severe**	**SEVERE** Pupil continues to present with severe and persistent levels of behaviour, emotional, social difficulties which continue to be complex and long term, and which necessitate a continued multi-agency response. • Pupil is at increased risk of permanent exclusion • Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure progress with learning • Complex Needs identified *
Range 5 **Severe**	**SEVERE** Severe and increasing behavioural difficulties, often compounded by additional needs and requiring provision outside the mainstream environment, including: • Moderate/ severe learning difficulties, mental health difficulties, acute anxiety, attachment issues • Patterns of regular school absence • Incidents of absconding behaviour

	• Disengaged from learning, significant under-performance • Verbally and physically aggressive • Reliant on adult support to remain on task • Struggles with change – both to routines and relationships • Regular use of foul and abusive language • Engaging in high risk activities both at school and within the community • Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals • Issues around identity and belonging • Needing to be in control, bullying behaviours (victim & perpetrator) • Difficulties sustaining relationships • Over-friendly or withdrawn with strangers, at risk of exploitation • Provocative in appearance and behaviour, evidence of sexualised language or behaviours • Slow to develop age appropriate self-care skills due to levels of maturity or degree of Learning Difficulties • Physical, sensory and medical needs that require medication and regular review • Complex needs identified *
Range 6 **Profound**	**PROFOUND** Continuing profound and increasing behavioural difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: • Significant challenging behaviour • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS) • Unable to manage self in group without dedicated support • Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours • Consistent use of foul and abusive language • Involved in substance misuse either as a user or exploited into distribution/selling • Poor attendance, requires high level of adult intervention to bring into school, even with transport provided • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive • Regular absconding behaviour • Significant damage to property • Requiring targeted teaching in order to access learning in dedicated space away from others • Health and safety risk to self and others due to increased levels of agitation and presenting risks • Sexualised language and behaviour, identified at risk of Child Sexual Exploitation (CSE)

	• Complex needs identified *
Range 7	Continued long term and complex behavioural, emotional, and social difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs likely to include: • Self-harming behaviour • Attempted suicide • Persistent substance abuse • Extreme sexualised language and behaviour, sexually exploited • Extreme violent/aggressive behaviour • Serious mental health issues • Long term non-attendance and disaffection • Regular appearance in court for anti-social behaviour/criminal activity • Puts self and others in danger • Frequently missing for long periods • Extreme vulnerability due to MLD/SLD • Medical conditions that are potentially life threatening and cannot be managed without dedicated support • Complex needs identified*

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Range 1 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
Pupil experiences low level / low frequency difficulties with behavioural, emotional and social difficulties which mildly affect curriculum access. Pupil may have difficulties with some or all of the following: • Following classroom routines • Complying with adult direction • Responding appropriately to social situations • Forming and sustaining relationships with peers • Immature social/ emotional skills e.g. difficulties with turn-taking, reciprocal attention, sharing resources etc. • Some social isolation e.g. tends to play alone • Low-level anxiety in social situations • Feeling sad or down.	Assessment will continue as part of normal school and class assessments. • Monitoring of the pupil's response to feedback, change in routine or environment • Assessment for learning opportunities can be used to record observations and assessment of behaviour/anxiety levels • Consideration of the pupil's learning style, including active engagement activities. • Information from the pupil regarding their views using person-centred approaches • Observations by Teacher/class Teaching Assistant /Key Stage Coordinator • School is proactive in identifying individual needs and monitors that action is taken • SENDCO may initiate more specific assessments and observations if required • SEMH training for all staff	The teacher is held to account for the learning and progress of the pupil in the mainstream class. • Quality First Teaching meets the needs of all pupil including SEMH • Flexible teaching groups • Some differentiation of activities and materials • Differentiated questioning • Use of visual, auditory and kinaesthetic approaches • Awareness that a pupil may need more time to complete tasks and that equality of access may mean that they need to do some things differently (chunking) • Resources and displays that support independence • Routine feedback to pupils • Environmental consideration to classroom organisation, seating and group dynamics • Transparent system of class/ school rewards and sanctions • Rules and expectations consistent across staff • Use of different teaching styles • Clear routines e.g. for transitions • Nurturing classroom approaches offering pupil opportunities to take on responsibilities e.g. class monitors, prefects, school council reps	The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all children and young people. • Positive whole school attendance ethos • The wider curriculum promotes positive examples of diversity • Well-planned and stimulating PSHEE/ Citizenship curriculum, differentiated to needs of cohort/class • Anti-bullying is routinely addressed and pupils are confident in reporting incidents • SEAL styled materials and interventions available for staff use in the classroom • Provision of planned opportunities to learn and practice social and emotional skills during structured activities • Restorative Practice approaches • Educational visits are planned well in advance and take into account the needs of all pupils • Close links with Parents/Carers	The pupil's SEMH needs can be managed in a mainstream class within an inclusive setting, with differentiation of task and teaching style: • Regularly updated policies for SEND, Behaviour and Anti-bullying • Regularly monitored inclusion policies are implemented consistently and underpin practice • Stimulating classroom and playground environments • Access to 'quiet areas' in school • The school employs additional adults to support the needs of all pupils e.g. Midday Supervisory Assistants (MSAs), Family Support Worker • All staff have received training in managing SEMH needs and understanding how to support pupils effectively • Staff are familiar with current DfE guidance • Staff access LA training to keep informed of meeting the needs of pupil • Designated time is allocated to TAs for planning and liaison with teachers • Use of playground buddies, peer mediators, peer mentors • Lunchtime clubs • 'Social and Emotional Learning through Circle Time' curriculum (Primary) • Staff access support e.g. via solution-focused conversations/supervision • Time to establish liaison with parents/ carers in line with school procedures e.g. parent consultation evenings • Staff 'meet and greet' their pupils daily • Structured system in place to support internal transitions • Early years learning journals at foundation stage

Range 2 **Presenting Behaviours**	**Assessment and Planning**	**Teaching and Learning Strategies**	**Curriculum/Intervention**	**Resources and Staffing**
Pupil experiences low / medium level ongoing behavioural, emotional and social difficulties which are **mild and moderate**. These may affect curriculum access. • Pupil may have a preference to follow own agenda • Difficulties following adult direction e.g. regular incidences of non-compliance/ uncooperative behaviour • Difficulties with self-regulating e.g. emotional outbursts, hyperactive, impulsivity, mood swings, feeling anxious/worried • Difficulties with appropriate learning behaviour e.g. sustaining attention and concentration, motivation to engage with work-related tasks • Low self-esteem and low general resilience • May experience difficulties responding to social situations, leading to social isolation from peers e.g. may be fearful or anxious in new situations • Hiding under furniture. • Immature social skills affecting ability to establish and maintain friendships • Reliance on adults for reassurance • Difficulties forming relationships with adults. • Confused thinking. • Problems sleeping.	As range 1 plus • More detailed and targeted observation and assessment relating to Support Plan formulation and intervention choice • Observations by SENDCO/ Pastoral Lead • Pupil involved in setting and monitoring their own SMART targets for individual provision map and review • Parents/carers involved regularly to support targets at home • Behaviour records analysed to consider triggers and patterns • 'Assess/ Plan/ Do/ Review' 'Cycle of Behavioural Change' used to give a context to behaviour • Close monitoring to identify 'hot spots'	• Information about pupils needs/difficulties is shared with relevant staff (support plan and meetings) • Sharing of advice on successful strategies and targets e.g. use of visual supports, developing organisational skills • Classroom teaching assistance is targeted towards support for specific tasks/settings, based on agreed SMART targets • Personalised reward systems covering targeted lessons/ activities • Careful consideration of group dynamics within class • Careful consideration of preferred learning style and motivational levers for the pupil when differentiating • Opportunities for small group work based on identified need • Time-limited intervention groups • Opportunities for creative play activities, drama etc.	• Access to small group support e.g. SILVER SEAL, Circle of Friends, self-esteem group • Group work to be planned and tailored to meet identified need and to include good role models • Teaching effective problem-solving skills • Individual or small group support for emotional literacy e.g. recognising emotions • Learning tasks differentiated by task and outcome to meet individual needs • Preparation for changes to activities/routines/ staffing • Supervision when moving between locations/ classrooms • Pupil encouraged to participate in extracurricular actives • Educational visits planned well in advance and contingency plans in place to meet the needs of the pupil, should they be needed	The child or young person's SEMH needs require flexible use of additional support from within school resources: • Support/advice from SENDCO/ Pastoral Lead • Personalised programme with SMART targets reviewed and updated regularly • Additional adults routinely used to support flexible groupings • Access to targeted small group work with class Teaching Assistant • Access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this • Additional adults (Teaching Assistant) for focused support during unstructured times e.g. lunchtime supervision/ targeted extra-curricular activities • Access to a quiet area for 'chill-out' time • Access to visual cues/ timetable if needed • Access to in-school support base (e.g. Nurture Group) if available • Staff access targeted LA training • Consultation with support services • Home-school communication book • Time for scheduled meetings with parents / carers on a regular basis • Self-regulation strategies such wobble cushion, stress balls and tanglers

Range 3 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The pupil experiences **frequent and persistent** difficulties with behavioural, emotional and social difficulties which will **significantly** affect curriculum access. • Incidences of non-compliant and uncooperative behaviour e.g. refusal to work, disrupting the learning of others • Difficulties self-regulating e.g. frequent emotional or aggressive outbursts, sexualised language, excessive periods of anxiety, mood swings, unpredictable behaviour, which affect relationships. • Challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service) • Inappropriate responses to fears and worries. • Significant self-esteem issues affecting relationships and behaviour patterns ('acting in' or 'acting out') • Low levels of resilience when faced with adversity. • Behaviour causing a barrier to learning e.g. pupil disengaging, may destroy own / others' work, use work avoidance strategies, concentration very limited • At risk of low level offending or anti-social behaviour. • Socialising with peers and adults e.g. lack of empathy, victim or perpetrator of bullying	Support plan with asses-plan-do-review cycles implemented. Outcomes agreed and monitored with pupil and parents/carers. • Consideration of Family Early Help Assessment • Consider further specialist assessment • 'Round Robins' to relevant staff to gain overview of behaviour to inform planning • Pastoral/Teaching Assistants/SENDCO are routinely included in planning to ensure their input is effective • Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns etc. in order to plan appropriate strategies • Consultation and assessment with Behaviour Support, Educational Psychologist, School Wellbeing Worker • Proactive assessments of potentially tricky situations to inform adaptations to learning environment • Careful planning and review of needs at transition, including effective liaison e.g. starting school, transfer to secondary or post-16 provision	• Identified daily support to teach social skills and address behavioural targets and outcomes on Support Plan throughout day • Use of key-working approaches to ensure the pupil has a trusted adult to offer support during vulnerable times • Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum • Regular/daily small group teaching of social skills • Individualised support to implement recommendations from support services • Visual systems in place: prompt cards, behaviour plans, risk assessment, diaries	• Teaching style adapted to suit pupil's learning style e.g. level/pace/amount of teacher talk reduced, access to practical activities • Personalised timetable introduced in negotiation with the pupil, parents/ carers and staff. This may include temporary withdrawal from some activities e.g. assemblies, specific non-core lessons. • Alternative curriculum opportunities at KS4 e.g. vocational/college/work placements • Time-limited intervention programmes with staff who have knowledge and skills to address specific needs, may include withdrawal for individual programmes (e.g. understanding anger, therapeutic stories) or targeted group work (e.g. FRIENDS) • More formal meetings/ conferences using Restorative Practices, to include parents/carers • Educational visits planned well in advance and risk assessments in place as appropriate and shared with key staff	The pupil is struggling to cope with aspects of his/her local mainstream school, requiring increasing levels of individual additional support from within school resources and a multi-agency approach: • School is offering provision that is additional to and different from that of peers • School feel direct involvement of support services would be beneficial • Access to 1:1 support for re-tracking, mentoring, motivational approaches etc. • Additional individual support for tricky situations and 'hotspots', in line with risk assessments • Access to small group support outside mainstream classes • Sustained access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this • Personalised timetable providing access to a Teaching Assistant / mentor staff for up to 12.5 hours per week • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies • Internal exclusion/'time-out' facilities • Specialist Staff Training (e.g. Positive Handling programmes /Team Teach). • Advice from support services e.g. Child Adolescent Mental Health Service, Social Care, Educational Psychologist, School Wellbeing Worker, Behaviour Support Worker, Youth Services • Allocation of appropriate space for professionals to work with the pupil, taking into account safeguarding issues • Multi-agency support to plan and review interventions • Access to time-limited short- term interventions in Alternative Hubs (not PRU) • Signposting parents/carers to parenting courses or offering access to drop-ins • Home-school communication book • Time for formal meetings with parents on a regular basis • Weekly mindfulness/individual wellbeing sessions • Sensory processing approaches

• May show low mood or refuse to communicate for periods of time • Difficulties forming and sustaining quality relationships with adults. • Risk of isolation or becoming socially vulnerable. • Struggling with bereavement issues, feelings of guilt. The pupil's SEMH needs may co-exist with other secondary needs.				

Range 4a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The pupil experiences **frequent and persistent difficulties with** behavioural, emotional and social difficulties which will **significantly** affect curriculum access. • Challenging behaviour requiring a continuous range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service) • Incidences of non-compliant and uncooperative behaviour e.g. refusal to work, disrupting the learning of others • Self-regulating e.g. frequent emotional or aggressive outbursts, sexualised language, anxiety, mood swings, unpredictable behaviour, which affect relationships • Significant self-esteem issues affecting relationships and behaviour patterns ('acting in' or 'acting out') • Emerging concerns around mental health e.g. self-harm, irrational fears, risk-taking, and substance misuse • Low levels of resilience when faced with adversity • Behaviour causing a barrier to learning e.g. pupil disengaging, may destroy own / others' work, may use work avoidance strategies, concentration very limited • Change in attendance patterns that requires in school interventions. • Socialising with peers and adults e.g. lack of empathy,	• Specialist assessments e.g. Behaviour Support Worker, Educational Psychologist, Primary Mental Health Worker, Youth Offending Service • Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle • Risk assessment to identify dangers and need for additional support • Use of Social Emotional Behaviour Competencies profile for measuring impact of interventions • Completion of 'pupil passport' for Behaviour & Attendance Partnership if 'managed move' or Pupil Referral Unit place needed • Personalised transition planning is prioritised (e.g. Rec/Y1, Y6/Y7, Y9, Y11/ post-16). This will include a transition plan in Y9-14, updated on a regular basis	• The class/subject teacher remains accountable for the progress of the pupil within the mainstream class • Identified individual support across the curriculum in an inclusive mainstream setting. • Daily teaching of social skills to address behavioural targets and outcomes on support plan • Use of key-working approaches to ensure the pupil has a trusted adult to offer support/withdrawal during vulnerable times • Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum • Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address pupil's specific needs; may include withdrawal • Individualised support to implement recommendations from relevant professionals	• Teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day • Targets informed by specialist assessment • Regular/daily small group teaching of social emotional and behaviour skills • Teaching style and tasks are adapted to suit the pupils' learning style e.g. level/ pace/amount of teacher talk reduced, access to practical activities • Personalised timetable introduced in negotiation with pupil, parents and staff. This may include temporary withdrawal from some activities. • Alternative curriculum opportunities at KS4 e.g. ALPs/vocational/college/ work placements • Formal meetings/ conferences using Restorative Practices, to include parents/carers • Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios • Support through solution-focused approaches, for staff working with the pupil • Where the pupil is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs	The pupil is struggling to cope in a local mainstream setting, requiring considerable individualised support / resources above the delegated SEN budget. A multi-agency approach is needed. • Pastoral Leader and/or SENDCO provides support to Teacher and Teaching Assistants and takes responsibility for arranging appropriate CPD and quality assuring the learning experience • Access to 1:1 support within school for re-tracking, mentoring/ coaching, motivational approaches, understanding anger etc. • Additional individual support in line with risk assessments, incl. unstructured times • Access to small group support outside mainstream classes • Personalised timetable providing access to a suitably trained Teaching Assistant / mentor • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies • Time to discuss, develop and review individual reward systems and report cards • Internal exclusion/'time-out' facilities • Specialist Staff Training (e.g. Positive Handling programmes/ Team Teach) • Direct involvement from support services e.g. Educational Psychologist in reviewing progress • Therapeutic intervention e.g. family therapy/ counselling/ play therapy/ art therapy if appropriate • Non-educational input e.g. YOS, and Keyworkers from the Local Area Teams to re-engage in education / training • Multi-agency support to plan and review interventions • Time and appropriate space for joint planning with pupil, parents/ carers, staff and other agencies to facilitate 'Team Around the Family' (TAF) approach • Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g. vocational/practical or college/work placements within timetable • Support for parents/carers through access to targeted evidence-based parenting programmes • Access to The Beacon of Light.

victim or perpetrator of bullying • May show low mood or refuse to communicate for periods of time • Risk of isolation, exploitation or becoming socially vulnerable • Inability to cope with day to day problems or stress. • Significant tiredness. The pupil's SEMH needs may co-exist with other secondary needs.			• Consideration to access arrangements for internal and external examinations	

Range 4b Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The pupil experiences **significant frequent and persistent** behavioural and emotional difficulties which will **severely** affect curriculum access. These difficulties require multi-agency support. • Daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent e.g. refusals to work, defiance, leaving classroom/school site on a regular basis • Behaviour causing a significant barrier to learning e.g. pupil disengaging, destroying own / others' work, work avoidance strategies, unable to show level of concentration • Socialising with peers and adults e.g. lack of empathy, victim or perpetrator of bullying • Increased risk of exclusion, exploitation, radicalisation, isolation or becoming socially vulnerable • Increasing concerns around mental health e.g. self-harm, irrational fears, risk-taking, and substance misuse • Changes in eating habits. • Poor personal hygiene. • Experiences phobias. • Difficulties with self-regulating e.g. intense emotional or aggressive outbursts / uninhibited / unpredictable outbursts • Increasing concerns around mental health e.g. self-harm, irrational fears, risk-taking, and substance misuse • The pupil does not have the social or emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day.	• Consider specialist assessment place • Use of Social Emotional and Behavioural Competencies resources for measuring impact of interventions • Completion of 'pupil passport' for Behaviour & Attendance Partnership if 'managed move' or Pupil Referral Unit place needed • May consider referral for an Education, Health and Care Needs assessment if appropriate • Personalised transition planning is prioritised (e.g. Rec/Y1, Y6/Y7, Y9, Y11/ post-16). This will include a transition plan in Y9-14, updated on a regular basis	• Time-limited targeted intervention programmes with familiar staff who have knowledge, skills and experience to address pupil specific needs, which may include withdrawal • Individualised support to implement recommendations from relevant professional • Specialist provision in mainstream may be appropriate for part of the week	• Formal meetings/ conferences using Restorative Practices, to include Parents/Carers • Personalised curriculum - pupil may be disapplied from some aspects of the curriculum • Daily access to staff with experience and training in meeting needs of SEMH pupils • Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios • Support through solution-focused approaches, for staff working with the pupil • Where the pupil is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs • Consideration of access arrangements for internal and external examinations	• Time to discuss, develop and review individual reward systems and report cards • Internal exclusion/'time-out' facilities • Specialist Staff Training (e.g. Positive Handling programmes/ Team Teach) • Direct involvement from support services e.g. Educational Psychologist in reviewing progress • Therapeutic intervention e.g. family therapy/ counselling/ play therapy/ art therapy if appropriate • Non-educational input e.g. Youth Offending Service, and Keyworkers from the Local Area Teams to re-engage in education / training • Multi-agency support to plan and review interventions • Time and appropriate space for joint planning with the pupil, parents/ carers, staff and other agencies to facilitate 'Team Around the Family' approach • Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g. vocational/practical or college/work placements within timetable • Access to time-limited Pupil Referral Unit facilities • Consideration to a 'managed move' • Support for parents/carers through access to targeted evidence-based parenting programmes

Range 5a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
The pupil experiences **significant complex, frequent and persistent** SEMH needs with an accumulation of layered needs, which could include mental health, relationships, learning, communication and sensory. This includes: • Lack of resilience when faced with challenge or criticism • Can be verbally or physically aggressive. • Levels of aggression pose serious risk to self and others. • High levels of anxiety affecting daily functioning, thoughts of self- harm. • Constant hyper-vigilance, severe mood swings and panic attacks. • Behaviour causing significant barrier to learning e.g. destroying own / others' work, deteriorating/anti-social relationships with peers and adults, lack of empathy, remorse, use of violence. • Poor attendance, requiring some level of additional external intervention to in school. • Some behaviours beyond parent/carer control. • May hurt others, self or animals.	• Specialist assessments ongoing e.g. Educational Psychologist, Child and Adolescent Mental Health Service, Forensic Psychology etc. • Long term involvement of educational and non-educational professionals as part of Education Health and Care Needs assessment and review process • Multi-agency assessments indicate that needs are highly complex and require a very high level of support – formal diagnosis pathway to be considered/identified. • Risk assessment to consider risks to self and others • Completion of 'pupil passport' for Behaviour & Attendance Partnership if 'managed move' or Pupil Referral Unit/ Education Other Than At School place needed • Personalised transition planning is prioritised (e.g. Y6/Y7, Y9, Y11/post-16). This will include a transition plan in Y9-14, updated on a regular basis. • Possible involvement of Pupil Referral Unit	• Identified highly skilled individual support across the curriculum • Daily teaching of social skills to address behavioural targets and outcomes within support plans or EHCP if applicable • Use of key-working approaches to ensure the pupil has a trusted adult to offer support/withdrawal during vulnerable times • Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum • Individualised support to implement recommendations from relevant professionals • Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address the pupil's specific needs, to include withdrawal for personalised support	• Daily small group teaching of social skills and personalised PHSE programme e.g. risky behaviour, Sex and Relationships Education, life skills • Teaching style/tasks are highly differentiated to suit the pupil's learning style • Personalised pathway is a priority to re-engage with education • Alternative curriculum opportunities at KS4 e.g. ALPs/vocational/college/ work placements • Where pupil is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs • Consideration to access arrangements for internal and external examinations • More formal meetings/ conferences using Restorative Practices, to include parents/carers • Support through solution-focused approaches and regular supervision for staff working with the pupil	• Pupil requires specialist environment • The pupil's SEMH needs present a considerable challenge to highly skilled staff • Access to 1:1 support from experienced staff for mentoring/ coaching, motivational interviewing, conflict resolution, self-harm etc. • Additional individual support in line with risk assessments • Class sizes to be small enough to allow teaching and support to be differentiated and personalised • Personalised timetable providing access to Teaching Assistant support as specified in support plans or EHCP if applicable • Formal behaviour monitoring and management systems to log and analyse incidents daily in order to review and modify strategies • Time to discuss, develop and review individual reward systems and sanctions • Specialist Staff Training including Positive Handling programmes / Team Teach – development of risk management plans. • Direct involvement from support services e.g. Educational Psychologist • Therapeutic intervention e.g. counselling/family therapy/ play therapy/art therapy if available • Non-educational input e.g. Keyworkers from the Local Area Teams to re-engage in education or training, helping the pupil to plan for the future • Involvement from voluntary sector to address needs re substance misuse, self-harm, sexual exploitation

• Is reliant on adult to remain on task				

Range 5b Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The pupil experiences **severe and increasing behavioural difficulties** often compounded by additional needs and requiring provision outside the mainstream environment. The pupil's behaviour is worrying, unpredictable and/ or severely disrupting the learning of self and others. • Extreme risk-taking behaviours e.g. arson, self-harm, sexualised behaviour, criminal activity, use of weapons, substance misuse • Verbally and physically aggressive • Increased risk of exclusion from Alternative Provision settings or intervention settings. • Levels of aggression pose extreme risk to self and others. • Provocative in appearance and behaviour • Sexualised language and behaviours • Majority of displayed behaviours beyond parent/carer control. • Totally reliant on adult support to stay on task • Slow to develop age appropriate self-care skills due to level of maturity or degree of learning difficulties • No sense of belonging to positive familiar relationships/positive role models. • Disengagement and isolation from school. • Often missing from home or school. Physical and medical needs which require regular review	• Multi-agency assessments indicate that needs can only be met in specialist placement	• The pupil is accessing specialist provision where appropriate • Small class groups with high teacher: pupil ratio and high levels of support to access curriculum	• Specialist teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day • Targets and outcomes informed by Annual Review/EHCP	• Resources required from specialist provision, which may include time-limited personalised tuition • Specialist support, alongside a multi-agency approach is essential • Access to Pupil Referral Unit facilities

Range 6a Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The pupil experiences continuing **profound and increasing behavioural difficulties**, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: • Significant challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service) • Unable to manage self in group without dedicated support • Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours • Involved in substance misuse either as a user or exploited into distribution/selling • Poor attendance, requiring high levels of additional external intervention to in school. • All displayed behaviours beyond parent/carer control. • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive • Significant damage to property • Requires targeted teaching in order to access learning in dedicated space away from others • Health and safety risk to self and others due to increased levels of agitation • Sexualised language and behaviour; identified at risk of Child Sexual Exploitation • Constantly missing from home or school. • Medical conditions, such as asthma or epilepsy, that may require particular support from specialist services • Complex needs identified • Detachment from reality (delusions) paranoia and hallucinations.	• Specialist assessments e.g. by Educational Psychologist, Child Adolescent Mental Health Service, Forensic Psychology, Youth Offending Service, etc. • Long term involvement of educational and non-educational professionals as part of statutory assessment, EHCP and Annual Review processes • Ensure that the Outcomes in the EHCP are addressed when planning the individuals' curriculum and support • Regular risk assessments to consider risks to self and others • Target pupil social skills, empathy and managing behaviour whilst staying safe in school and community • All professionals agree that the pupil needs can only be met with additional resources in specialist placement • Personalised transition planning is prioritised (e.g. Y6/Y7, Y9, Y11/post-16). This will include a transition plan in Y9-14, updated on a regular basis	• The pupil is on roll of specialist provision • School placement may be fragile • Identified highly skilled individual support required throughout the school day • Despite small class groups, with high teacher: pupil ratios and high levels of support to access curriculum, withdrawal of the pupil on a regular basis still needed to ensure safety of the pupil and others • Use of key-working approaches to ensure the pupil has a trusted adult to offer support/withdrawal during vulnerable times • Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across the curriculum • Personally tailored time-limited intervention programmes with staff who have knowledge, skills and experience to address the pupil's specific needs	• All of the previous • Requires additional /enhanced levels of highly skilled staff to re-engage and motivate the pupil	• The pupil is struggling to cope in specialist provision, despite specialist support and high staffing ratios • The pupil requires a higher ratio of staff support within specialist provision due to high level of risk and vulnerability presented by the pupil • Staff may need additional solution-focused supervision to increase resilience • Additional resources are required to avoid the need to seek an out of area/residential placement • The pupil may be returning from an out of area specialist placement • Small class groups with high teacher: pupil ratio and high levels of support to access curriculum

Range 6b Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
The pupil experiences **complex, frequent and persistent SEMH needs**. • The pupil's behaviour is unpredictable and dangerous, with intense episodes of emotional and/ or challenging behaviour, high levels of anxiety making daily life extremely difficult and severely disrupting the learning of self and others • SEMH needs may be compounded by co-existing difficulties • The pupil is extremely vulnerable and there are safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours or 'sabotage' of situations/placements • Self-harm and/or suicide ideation • Evidence of depression, OCD, eating disorders such as anorexia. • Insomnia. A multi-agency approach, including educational and non–educational professionals, is essential	EHCP is complete and pupil has been assessed as needing enhanced specialist provision Assessment will be an ongoing process to determine progress in learning, and also: • Development of social skills, empathy, managing own behaviour and emotions, staying safe in school and in the community • Involvement from a range of specialist professionals in place, such as Child Adolescent Mental Health Service, Educational Psychologist, Youth Offending Service • Multi-agency work continues, and continual assessment to feed in to the cycle of annual reviews <u>Planning</u> • EHCP and appropriate short-term targets • Risk assessment will describe procedures to keep safe the pupil, 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	• Pupil is on roll at special school • Pupil offered one to one support from an adult for some of the school day • There will be a greater ratio of adults to pupil and staff will have specialisms in managing pupils who present with challenging behaviours	• Multi-Agency Interventions • Provision is within a specialist environment with appropriate staff/student ratios • Continued daily access to staff with experience and training in meeting the needs of pupils with SEMH	• Personalised to the specific needs of the pupil • Advice available from relevant specialist services Additional teams will include any of the following multi-agency Interventions: Education Social Worker Drug and Alcohol Team Police Health Youth Offending Service Child Adolescent Mental Health Service Educational Psychologist Social Care Community Support Worker Family Intervention Families First School Nurse Careers advice Youth Service Voluntary Sector Organisations Specialist Agency Interventions: Drug and Alcohol Team Police Health Youth Offending Service (including MAPPA) Child Adolescent Mental Health Service Probation Service Social Care Community Support Worker Early Help Prevent Services

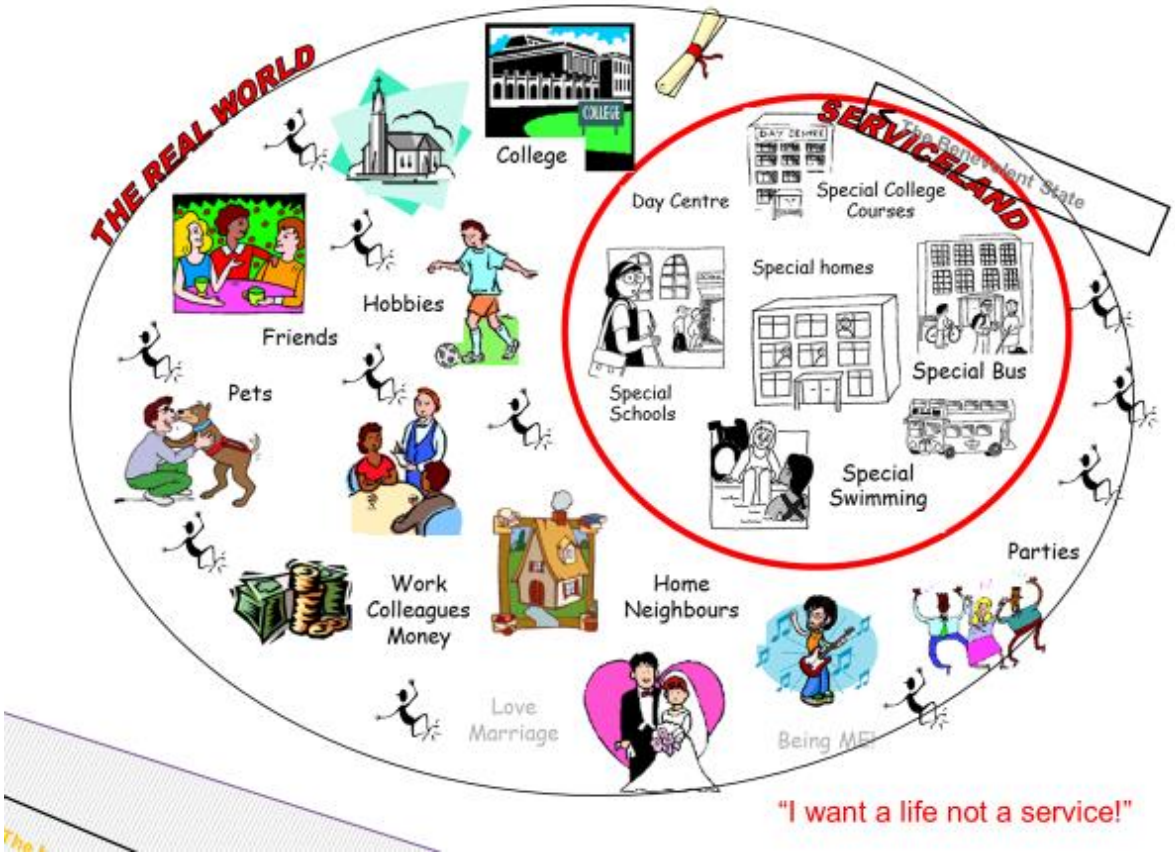
Range 7 Presenting Behaviours	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
Pupils experience all of the above but within a non-maintained educational or residential placement (Out of Area). This may include provision for identified Health and Social Care needs, including therapeutic input from specialists. Cases will be known to the Local Authority and subject to joint commissioning arrangements via Joint Panel. Continued long term and complex behavioural, emotional, and social difficulties, necessitating a continued multi-agency response co-ordinated as annual, interim or emergency SEND review and met in specialist provision. Difficulties likely to include: • Extreme Self-harming behaviour • Attempted suicide • Persistent substance abuse • Extreme sexualised language and behaviour, sexually exploited • Extreme violent/aggressive behaviour • Serious mental health issues • Long term non-attendance and disaffection • Regular appearance in court for anti-social behaviour/criminal activity • Puts self and others in danger • Frequently missing for long periods • Extreme vulnerability due to Moderate Learning Difficulty/Specific Learning Difficulty • Psychosis • Schizophrenia	EHCP is complete and pupil has been assessed as needing enhanced, or more secure specialist provision. Assessment will be an ongoing process to determine progress in learning, and also: • Development of social skills, empathy, managing own behaviour and emotions, staying safe in school and in the community • There will be involvement from a range of specialist professionals in place, such as Child Adolescent Mental Health Service, Educational Psychologist, and Youth Offending Service • Multi-agency work continues, and continual assessment to feed in to the cycle of annual reviews <u>Planning</u> • EHCP and appropriate short-term targets • Risk assessment will describe procedures to keep safe the pupil, 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	• Pupil is on roll at special school • This could be out of area and/or residential special school • Pupil offered one to one support from an adult for some of the school day • There will be a greater ratio of adults to pupil and staff will have specialisms in managing pupils who present with challenging behaviour	• Provision is within a specialist environment with appropriate staff/ pupil ratios • Continued daily access to staff with experience and training in meeting the needs of pupils with SEMH	• Personalised to the specific needs of the pupil • Advice available from relevant specialist services Additional teams will include any of the following multi-Agency Interventions: Education Social Worker Drug and Alcohol Team Police Health Youth Offending Service Child Adolescent Mental Health Service Educational Psychologist Social Care Community Support Worker Family Intervention Families First School Nurse Careers advice Youth Service Voluntary Sector Organisations Specialist Agency Interventions: Drug and Alcohol Team Police Health Youth Offending Service (including MAPPA) Child Adolescent Mental Health Service Probation Service Social Care Community Support Worker Early Help Prevent Services

Social, Emotional and Mental Health: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Reception to Y2 (5-7 years)	Child will interact with peers and begin to form friendships to support emotional wellbeing.	Child will show awareness of independent living skills (cooking, cleaning, DIY) and will extend and develop these through real world play Child will be able to access the dining hall alongside peers, following social routines in relation to seating and turn taking, and will be able to make appropriate choices in relation to meals	Child will interact with peers and begin to form friendships with peers to support emotional wellbeing. Child will maintain positive emotional wellbeing through participation in team games, after-school clubs and weekend activities. Child will begin to identify bullying in relationships and will be able to seek adult support.	Child will attend necessary dental, medical and optical checks following parental direction and supervision. Child will cooperate with self-care and personal hygiene routines with prompting and adult support as required. Child will have the support and strategies required to promote resilience and emotional wellbeing.
Y3 to Y6 (8-11 years)	Child will interact with peers, making and maintaining friendships with others to support emotional wellbeing. Child will be aware of structures in place to support social and emotional wellbeing and will access these as required. Child will show awareness of different feelings and emotions and with support will identify and apply appropriate strategies to manage these.	Child will be able to maintain friendships with peers and access community based clubs/after school clubs to promote independence and emotional wellbeing. Child will have the social skills necessary to facilitate participation in sleepovers and residential trips. Child will be able to manage their feelings and emotions, accessing support to apply strategies as appropriate.	Child will maintain friendships with peers to support emotional wellbeing and avoid isolation. Child will begin to identify bullying within relationships and will be able to identify support and strategies to manage this. Child will be able to manage social and emotional responses to change. Child will be aware of strategies and precautions to remain safe online.	Child will understand physical changes associated with the onset of puberty and will manage these appropriately, with support as required, maintaining social and emotional wellbeing. With support, child will access strategies to manage any emotional or mental health needs associated with their physical or mental health conditions/diagnoses.
Y7 to Y11 (11-16 years)	Child will have acquired the necessary social skills in order to interact with employers, clients and peers within the workplace within the context of work	Child will have an awareness of boundaries and social conventions with respect to different relationships and social situations, including online.	Child will maintain friendships with peers to support emotional wellbeing and avoid isolation.	Child will have an understanding of sex education and the social and emotional implications of intimate relationships.

	experience, voluntary work or part-time employment. Child will be able to form friendships in the context of education or employment to facilitate emotional wellbeing. Child should be aware of structures in place to support social and emotional wellbeing and will access these as required. Child will show awareness of different feelings and emotions and, with support, will identify and apply appropriate strategies to manage these.	Child will begin to show awareness of potential abusive and exploitative behaviour in others and with support and guidance will be able to make safe choices. Young person will begin to make choices to include money, food, exercise, opportunities to socialise, form relationships with others, to support the development of confidence and emotional wellbeing.	Child will maintain positive emotional wellbeing through participation in community based activities and socialisation with peers within the community in accordance with their own personal choices. Child will have an awareness of boundaries and social conventions within a range of relationships and social contexts, including online. Child will show increased awareness of the bigger picture and will build resilience to support emotional wellbeing.	The child will have strategies and resources to support them to maintain positive mental health and emotional wellbeing. The child will understand the social and emotional implications of spending too much time on electronic devices and will recognise the importance of sleep and 'down time' in supporting social and emotional health and wellbeing. Child will access strategies and support, as required, to manage any emotional of mental health needs associated with their physical or medical health conditions/diagnoses.
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Ranges Guidance: Social, Emotional and Mental Health Needs.			

Guidance for Post 16 pupils with SEND: Implementation of the Ranges in Post 16 settings



Preparation for Adulthood (PfA) should start in the Early Years and continue as a 'golden thread' through primary and secondary settings. It will be particularly important for the Post 16/19 sector to build on what has been learnt and experienced before in the PfA Outcomes and to ensure that these are fully developed and explored appropriate to the needs of the young person and their wishes.

Talking to young people and particularly those with SEND; it is apparent that they want all the things that every young person wants – a lifestyle that they can enjoy. The diagram above illustrates what young people have told us – "I want a life not a service!" So the provision and opportunities regardless of the complexity of the needs of the young person should reflect all those areas that are in 'The Real World'. To have friends and a social life is pivotal to emotional wellbeing and therefore our 'curriculum' which is everything we do, must give opportunities and creative ways in which young people can have friendship groups, access leisure facilities and become more independent both in their provision but also in their local community.

The Post 16/19 Ranges therefore have a focus on PfA outcomes alongside the specific area of need. This is not exclusive to that need as most young people with SEND will have many needs that span most of the areas of the SEND Code of Practice. We also recognise that some young people will have significant complex needs and some less complex so the PfA

outcomes will need to be implemented alongside the wishes of the young person which are pivotal, family views and the judgements of those professionals working with the young person. However, this gives an excellent framework to develop a realistic programme that will support the young person into adulthood. The framework will also support families to focus on those areas which are most important to their child and to give a common dialogue with professionals who are working alongside them.

The outcomes can be measured using a combination of quantitative and qualitative data and should be recorded on a provision map. Together for Children have an electronic provision map which needs to be completed to show the interventions, impact and outcomes alongside the costings. Specific guidance will be available to show how this will need to be completed.

The most important and pivotal aspect of the PfA work will be the involvement of the young people themselves. Professionals will need to think creatively how to ensure that all their students/employees (if in the workplace) views, feelings and wishes are listened to and acted upon on a regular and systematic basis.

This guidance document aims to provide parents and carers of young people aged 16-25 with Special Education Needs and Disabilities (SEND), attending Post 16 Providers in Sunderland, with what they can expect as a minimum standard.

Every young person has the right to expect a good education, and the support they need to become independent adults and succeed in life.

In addition to this guidance document you may wish to access the Sunderland Local Offer which sets out clearly what support is available from specialist services, and how to access it.

Once over compulsory school age, many young people with SEND move into further education (FE), such as FE and sixth form colleges and 16-19 academies or access alternative work-based providers. It is important that the young person's chosen provider becomes involved in their plans as they prepare to leave school so the provider can be prepared to meet their needs. This is often called 'Transition'. The young person should be given a chance, before they start at their new setting, to talk about their needs or disability, and how this might affect their learning. This will enable the provider to explain how they might be able to provide the right levels of support.

Statutory duties placed on colleges

Whilst this is not a legal document, it is based on the various acts, regulations and guidance. The Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014 were introduced and came into effect from 1st September 2014.

The Government published the 0-25 Special Educational Needs and Disability Code of Practice 2014 (0-25 SEND Code of Practice) which all Local Authorities and service providers across education (including colleges), health and social care, have a legal duty to follow.

As part of the Children and Families Act 2014 all colleges MUST:

- Co-operate with the Local Authority on arrangements for young people with SEND. In Sunderland we have asked all providers to prepare and publish their own “Local Offer” which aims to explain how they can support young people with SEND.
- Admit the young person, if the provider is named on their Education, Health and Care (EHC) Plan.
- Comply with the 0-25 Special Educational Needs and Disability Code of Practice 2014 (0-25 SEND Code of Practice).
- Ensure the provider does their best to plan for and secure the special educational provision.

Ensuring young people’s positive outcomes – arrangements for assessing their needs

Every young person has individual needs requiring varying levels of support that need to be planned for - this is sometimes called a Graduated Response. **The SEN ranges document will support the graduated response in the post 16 setting.** The young person’s chosen provider should help them to achieve their best. The provider will discuss and agree which course will best enable them to be more independent, find a job or whatever they choose to do next. When they start, the provider will help to set aspirational goals for the young person, in order for them to achieve the best possible outcome in their adult life – this is often called Preparing for Adulthood (PfA) (Chapter 7 SEND Code of Practice).

The provider must do its best in order to give the young person the support they need through an individual assessment. This will be provided through SEND Support. The provider may refer to this as SEND Support Stage. If, through discussions, the provider feels the young person might benefit from SEND Support, the provider will ensure you and your child are kept involved throughout the planning process, updating you with progress made. SEND Support is part of what is known as the ‘graduated approach’. Any support offered to the young person during the SEND Support Stage should take the form of a four-part cycle.

Assess

- The young person’s difficulties at the time they make their application for enrolment, so that the right support can be provided.
- The provider will ask the young person what they feel their needs are as well as speaking to others who help them. This could include their parents/carers, teacher or support worker from a previous school or college, or any other professionals who work with them.
- When they start in the setting, the young person’s tutor/ lecturer or nominated support person will regularly speak with them to see how they are getting on.

Plan

- The provider needs to plan and agree the outcomes that the SEND support is intended to achieve - in other words, how the young person is expected to benefit from the support they provide. These should be evidenced on the students support plan.
- The young person is likely to be set “outcomes” that their provider will support them to achieve each term.
- Planning sessions with their tutor should take place at least 3 times per year.
- Planning will look at the young person’s aspirations (what they want to achieve next).

Do

- Following discussions with the young person, the provider will put the planned support into place.
- The young person's tutor / lecturer or nominated support person will remain responsible for working with them on a regular basis to track their progress.
- They will check that the support that has been put in place for the young person is doing what it was intended to do, and that they are achieving their expected outcomes.

Review

- They young person will have progress meetings with their tutor/lecturer or nominated support person. At these meetings the young person's progress will be recorded on their student profile or Individual Learner Record (ILR).
- The support that has been provided should be reviewed regularly - at least 3 times per year or each term.
- Together with the young person's tutor/lecturer or nominated support person, they should decide whether the support put in place is having a positive impact.
- If either you (the parent/carer), the young person themselves or their tutor are concerned, or if the young person is falling behind, they will discuss and agree what can be done to better support the young person.

Meeting needs and recording progress

The young person's outcomes will be listed on either the SEND Support or EHC Plan. These may include the PfA goals such as finding employment, voluntary work, moving into higher education, living independently/semi independently, being as healthy as possible, making friends, participating in the local community and staying safe.

You can find out more by looking at the Preparing for Adulthood section of Sunderland Local Offer and on the National Development Team for inclusion (NDTI) website: www.preparingforadulthood.org.uk . The provider will ensure that the young person's opinions and views are considered and become a central and pivotal part of the decision making and planning process. The provider will work with them to agree and put in place a range of support that can be taken as steps towards achieving their long-term PfA outcomes.

Support opportunities could include:

- External visits
- Extra-curricular activities.
- Involvement in community enterprise or voluntary work opportunities.
- Traineeships.
- Apprenticeships.
- Supported employment/internships
- Buddy opportunities.

Equality and inclusion

The provider will have a SEN lead/SENDCo lead and additional specialist learning support staff, who will oversee the young person's support needs. The provider must do its best to meet the young person's needs. This could include:

- Ensuring that personal care needs are met.
- Providing one to one or small group learning opportunities.
- Providing training to enable more independence i.e. independent travel training.
- Ensuring tutors and learning support have the specialist skills and resources to support young people, for example information to be provided in suitable formats i.e. large print, easy read, symbols, audio etc., information is made available on coloured paper, the Student has access to the right type of assistive technology, desk top prompts e.g. key word lists, colour coded timetables and a Picture Exchange Communication System (PECS) where required.

Supporting SEND in Post 16 settings including colleges

The purpose of identification is to work out what action the college/provider should take to support young people with SEND and NOT to fit them into a category. A young person's needs might cover more than one of the areas of the Code of Practice, and they also may change over time. The college/provider will complete a detailed assessment of need and produce your individual SEND Support Plan. This is so that your full range of needs are identified, in order for the college to plan and review your SEND Support Plan, or EHC Plan if necessary.

Four broad areas of need

Listed below are the four broad areas of need that colleges should plan for in accordance with guidance set out in the SEND Code of Practice.

Communication and interaction

The young person will receive support in college if they have speech, language and communication difficulties, that:

- makes it difficult for them to make sense of what is being said to them, or
- for them to be understood by others, or
- to help them understand how to communicate more effectively

Cognition and learning

The young person will receive support in college if they:

- learn at a slower pace than others of their age
- have difficulty in understanding parts of the curriculum
- have difficulties with organisation and memory skills, or
- have a specific difficulty affecting one particular part of their learning, such as English (Literacy) or Maths (Numeracy).

Social, emotional and mental health difficulties

The young person will receive support in college, if they:

- have difficulty in managing their relationships with other people,
- are withdrawn, or if they behave in ways that may hinder or affect their own or other students' learning, or
- have a need which has an impact on their health and wellbeing.

Sensory and/or physical needs

The young person will receive support in college if they have:

- a visual and/or hearing impairment, or
- a physical need that means they must have additional ongoing support and or equipment. College support will ensure that they provide them with:
    - An inclusive learning environment.
    - High quality teaching and learning opportunities. • Social and emotional support.
    - Opportunities to achieve positive outcomes.

Careers Guidance

As part of helping the young person to prepare for their future, schools and colleges have to ensure that all young people attending education provision from Year 8 until Year 13 are provided with independent careers guidance. FE colleges also have equivalent requirements to support and provide access to careers guidance, to young people from the age of 18 – 25.

High quality study programmes for Young People with SEND

All students aged 16-19, and those with an EHC Plan up to the age of 25, should be allowed to follow a coherent study programme that provides stretch and progression, and will enable them to achieve their best possible outcome in adult life. Colleges should:

- raise career aspirations of all SEND students, and
- broaden their employment opportunities.

The college is expected to:

- Design study programmes which enable students to progress to a higher level of study than their prior attainment.
- Offer wide ranging qualifications.
- Enable them to gain basic skills such as English and maths.
- Allow them to participate in meaningful work experience and non-qualification activity.

When attending college, the young person should not be expected to repeat learning they have already completed successfully.

If they are not taking qualifications at college their study programme should:

- focus on high quality work experience, and
- provide non-qualification activity which prepares them well for - employment - independent living - being a healthy adult, and - participating in society

What next?

The vast majority of young people with SEND are capable of sustainable paid employment, providing they receive the right help and support. Having carefully understood their abilities, their college will work with them to provide them with the right type of opportunities, to help them meet their potential and aspirations.

Employment

College careers staff will discuss directly with the student which jobs they are looking for and how best to get one.

Traineeships

- Education and training programmes offering work experience.
- Focus on giving the skills and experience the student will need to get an apprenticeship or other job.
- To last a maximum of six months and include gaining key components of work preparation training i.e. English and maths (unless this is already achieved at GCSE A*-C standard) and a high-quality work experience placement.
- Available to young people aged 16 to 24, including those with EHC Plans.
- Young people with an EHC plan will retain their plan when undertaking a traineeship.

Apprenticeships

- Apprenticeships are paid jobs that incorporate training, enabling the student to gain a nationally recognised qualification.
- Young people can earn money as they learn and gain practical skills in the workplace.
- Many lead to highly skilled careers.
- Young people with an EHC Plan will retain this when they are doing their apprenticeship.

Supported Internships

- Structured study programmes for young people with an EHC Plan. The EHC Plan will remain in place whilst they are undertaking the supported internship.
- Will normally be with an employer.
- Internships normally last for a year and include extended unpaid work placements of at least six months.
- Supported internships aim to support the young person move into paid employment.
- Offers a personalised study programme which includes the chance to study for relevant qualifications, if suitable, and English and maths to an appropriate level. Higher Education (University) is one option but not the only one. Foundation programmes are equally acceptable
- For some young people, securing a place in higher education will be their aspiration or goal.
- The college should give the young person advice and guidance about their aspiration of going on to university, and how they should make a claim for Disabled Students Allowance (DSA) where eligible
- Ensure that the correct level of support is maintained or provided to help them achieve their goal.

Funding for SEND Support

The college will write the SEND Support Plan. If additional support is required, the college will liaise with Sunderland's Special Educational Needs Assessment Service (Local Authority) to fund your support. If a young person requires an EHC Plan, the information contained within their SEND Support Plan will be used to inform this alongside information from relevant professionals. Independent advice in relation to SEND processes can be obtained either by contacting the SEND Team or the SEND Information Advice & Support Service (SENDIASS).

Funding entitlements

There are 3 categories of funding:

1. Funding entitlement for 16 -18-year olds attending post 16 school provision or college is provided through Education and Skills Funding Agency (ESFA)
2. Young people aged 19-25 who previously had a Section 139 statement will transfer to an EHC Plan and be funded through the Education and Skills Funding Agency (ESFA)
3. Young People aged 19 and over who attend college and have a learning difficulty or disability, but not an EHC Plan, may be entitled to 16-19 bursary fund from ESFA, there is some useful guidance surrounding 16-19 bursaries aimed at young people.

Packages of Support across 5 days per week College provision is normally based on 540 guided learning hours, which equates to 3 days per week over an academic year. If it is agreed that the young person would benefit from, and is entitled to from 5 days education, these additional 2 days could be paid for with their Personal Budget entitlement or through Social Care funding where eligible. If they are entitled to Social Care funding the support, they should receive will be included under the Social Care section of their EHC Plan where applicable. If they have any queries with regards to their entitlement to their support for these additional 2 days, they should contact their Social Care team.

If the young person is entitled to receive a full package of provision across 5 days a week, this support provision does not have to be at one provider, it could involve amounts of time with different providers or to allow them to study independently or take part in opportunities such as:

- Volunteering or participating in the community
- Work experience
- Independent travel training and/or skills for living independently in semi-supported or independent accommodation etc.

The following guidance follows the PfA outcomes that are required from Early Years:

- Independence,
- Employment/training,
- Staying healthy
- Inclusion into the local community –making friends and having a social life.

These outcomes should be embedded from Early Years through to Post 25 within the curriculum of settings, schools and the full range of provision. Specific examples of effective PfA outcomes can be found in www.preparingforadulthood.org.uk PfA Outcomes. They are also available on the Together for Children SEND Portal https://drive.google.com/drive/folders/1bC6e31w0kc-LxUYkzgk9R5b5pueqriBn

Implementation of the Ranges in Post-16 Provision

The Post 16/Post 19 provision and practice should build on the effective SEND practice in schools and Early Years across all the SEND Ranges. Therefore, Post 16/19 providers must use the pre 16 cohort descriptors and the range of specific teaching interventions that have been successful and if appropriate in the planning of their Post 16/19 programme. The importance of transition cannot be underestimated. Transition should begin at Year 8 and with regard to the four PfA outcomes – education/employment, developing independence,

staying healthy and being included in the local community – making friends and having a social life – these should begin and be embedded from the Early Years.

Post 16/19 providers should be involved with schools and settings from Year 8/9 in understanding the needs of the young person, the curriculum that they are undertaking and how this can be built upon successfully in College, work placements, voluntary work and in shaping the 'lifestyle' that the young person wishes to have. Therefore, the Post 16/19 section of the SEND Ranges will focus in the main on the PfA outcomes with links to the specific needs and Ranges pre 16. Most young people with SEND will have been identified prior to entering Post 16 providers through the embedding of the Ranges in schools and settings, however, there will be some young people for whom their needs have not been met. It will be important for the Post 16 providers to use the Range descriptors in identifying the needs of those young people and the subsequent provision that should be in place to meet those needs.

The importance of specialist training of all staff in the Post 16/19 provision will be pivotal in achieving good and outstanding PfA outcomes. Providers will have to demonstrate, like schools, how they are spending their monies on the individual young people. They will need to demonstrate through a provision map, how they are spending the first £6K before they can access any monies from the High Needs Block. So, once embedded, there will be a seamless transition from Early Years through to 25 of accountability and transparency of spend and the impact on young people's outcomes. The SEND Ranges will provide the framework for this.

The ranges are a very useful guide for learning support staff/tutors/services to assess and identify the needs of students and to put into place the appropriate support. They describe the young person's needs and provide suggestions for the types of interventions that will be required. Providers will need to evidence all their interventions and the impact of these through a provision map and other evidence. This is best practice nationally and Ofsted require this level of evidence of input and impact.

The setting will use Support Plans and One Page Profiles to support provision. The support plan should show not only setting-based interventions, but also those of specialists and outside agencies if they are involved. This will give an informed overview of the interventions, as well as their impact and the progress that the young person has made as a result. The support plan should be part of a progress check every half term and a data run at the end of every term, in line with the assessment framework and process in each setting. Undertaking support planning in this way will also correlate the attainment/achievements alongside other indicators such as attendance, behaviour etc.

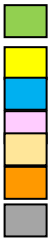
In some cases, young people will fall into more than one range, or will have needs in more than one area. The setting will need to study the ranges and to highlight where the greatest need is. This may change in time and as the young person matures. There will be specific times such as transition where the needs may change because of the differing environments and expectations. The ranges are a guide and provide a framework for the evidence that will be required. Some services that are available to schools and settings may not be available to colleges and/or have to be specifically bought in from the Element 1 and 2 or top up monies in the college

Using the Guidance to Support Learning

1. Once the young person's needs have been agreed professionals will find advice about how to support the learning of students at each range.

2. It is important to recognise that Quality First Teaching will provide a firm basis upon which to use the additional strategies.
3. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

The ranges are colour-coded throughout the Post 16 guidance as follows:



Range 1 – Post 16 setting-based responses – Universal mainstream
Range 2 – Post 16 setting-based responses – Universal/Targeted mainstream
Range 3 – Post 16 setting-based responses – Targeted mainstream
Range 4 – Targeted/Specialist either in mainstream or specialist additional resource
Range 5 – Specialist Resource/ Special School / Specialist College
Range 6 - Special School / Specialist College
Range 7 – Highly Specialist Provision possibly 24 hours

Cognition and Learning

Cognition and Learning Needs Guidance		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	• May be below age-related expectations • Difficulty with the acquisition/use of language, literacy and numeracy skills • Difficulty with the pace of curriculum delivery • Some problems with concept development • Evidence of some difficulties in aspects of literacy, numeracy or motor coordination • Attainment levels are likely to be a year or more delayed	Please refer to information contained within the Range 1 Cognition and Learning section of the School Age Guidance
Range 2 **Mild - Moderate**	• Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills • The student is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan • Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum • Progress is at a slow rate but with evidence of response to intervention • Support is required to maintain gains and to access the curriculum • Attainment is well below expectations despite targeted differentiation • Processing difficulties limit independence and student may need adult support in some areas • The student will have **mild** but **persistent** difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention and quality first teaching • May have difficulties with organisation and independence in comparison to peers • Difficulties impact on access to the curriculum • Student will require reasonable adjustments to support them in the classroom • Self-esteem and motivation may be an issue • Possibly other needs or circumstances that impact on learning	Please refer to information contained within the Range 2 Cognition and Learning section of the School Age Guidance

Range 3 **Moderate**	As above plus: • Persistent difficulties in the acquisition/use of language/literacy/numeracy skills • May appear resistant to previous interventions • Student is operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification • Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum or assessment findings from a range of standardised cognitive assessments • Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding, sequencing and reasoning • Difficulties impact on learning and/or limit access to the curriculum • Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties • Personalised learning plan • Access to advice from a specialist • Support for reading/recording to access the curriculum at the appropriate level of understanding • Student will have **moderate** and **persistent** difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching • Difficulties in some aspect of cognitive processing will be present, i.e. slow phonological processing, poor working memory, and difficulties with auditory and visual processing • Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required • May require assistive technology and/or augmented or alternative communication supports • Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support • Involvement of student in target setting and personalised learning	Please refer to information contained within the Range 3 Cognition and Learning section of the School Age Guidance
Range 4a **Significant**	• Student will have significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching • Key language, literacy and/or numeracy skills are well below functional levels for their year group – the student cannot access text or record independently • Student has significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum	Please refer to information contained within the Range 4a Cognition and Learning section of the School Age Guidance

	• Difficulties likely to be long term/lifelong • Condition is pervasive and debilitating • Significantly affects access to curriculum and academic progress • High levels of support required which include assistive technology • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present • The student may appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts	
Range 4b	As Range 4a plus: • Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting	Please refer to information contained within the Range 4b Cognition and Learning section of the School Age Guidance
Range 5 **Severe**	• Severe learning difficulties have been identified • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills within the curriculum and out of school activities • Complex and severe language and communication difficulties • Access to specialist support for personal needs • Complex needs identified*	Please refer to information contained within the Range 5 Cognition and Learning section of the School Age Guidance

Cognition and Learning: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Post 16	YP will build upon strengths and interests highlighted in personal/vocational profile. YP will achieve steps toward academic and vocational qualifications. YP will achieve A level results, or equivalent to enable progression on to university or other education/training opportunities. YP will have skills in CV writing and in applying for jobs or Higher Education.	YP will be able to manage potential income, including personal independence payments and incoming bills. YP will demonstrate skills in time management and negotiating travel/transport. YP will understand different types of living arrangements and which of these are positive or possible for each YP. YP will begin to plan for future living.	YP will understand personal budgets and how they could be spent post 16 to further PfA aspirations. YP will understand the potential risks relating to drugs and alcohol within the community and will be able to make safe choices. YP will understand how the criminal justice system works to enable them to function appropriately with the community. YP will develop increasing social awareness including understanding and reasoning skills to promote social and emotional wellbeing and reduce vulnerability within the community.	YP will have an understanding of their health needs and will be able to manage these where applicable. YP will see a GP or other health professionals as appropriate. YP will have an understanding of the importance of regular medical, dental and optical checks. YP will understand healthy choices, including healthy eating and benefits of exercise and will take steps to remain health and active.
Post 19	YP will consolidate or complete learning, achieving outcomes to enable	YP will continue to develop independent living skills	YP will show awareness of the role of adult social care and will access the service as required.	YP will manage health appointments/interventions.

	progression into employment/adult education or community learning. YP will understand processes and support in relation to job centre provision. YP will understand and access benefits where applicable.	through appropriate study programmes. YP will understand correspondence/bills and manage them appropriately. YP will have planned living arrangements in place.	YP will develop increasing social awareness including understanding and reasoning skills to promote social and emotional wellbeing and reduce vulnerability within the community.	
Provision	An adapted curriculum/ workplace-based training programme to consider difficulties in relation to independent working and personal organisation. This may require learning and work-based tasks to be broken down in to smaller stages with a higher level of adult direction. Curriculum/work-based materials and instructions which are adapted to the YP's developmental level and individual learning needs. Alterations to the pace of delivery in work-based settings in accordance with the YP's ability to process and internalise information. A regular programme of activities designed to promote the development of skills for further training/employment to	Specific programmes of teaching relating to finance, independent travel, time management, types of living arrangements, and provision of information to support the YP's understanding of these and ability to make positive choices. Supported opportunities to negotiate daily living tasks to include travel, income, bills, planning living and a future in accordance with the YP's cognitive functioning. Support to access documentation relating to health needs including NICE guidance and health check guide.	Supported opportunities to access community-based activities and to make choices in relation to participation in activities available to them. Individual programmes of support to facilitate community participation in accordance with the YP's choices and levels of cognitive function. Specific teaching in relation to community participation including potential risks, to include drugs, alcohol, criminal activity, social vulnerability, and provision of information to support the YP's understanding of these and ability to make safe choices.	Support to understand their own healthcare requirements. Support to access and understand information with regard to healthy eating and healthy lifestyle and exercise choices. Access to adult health services. Access to specialist services in line with any medical assessments.

	include skills in CV writing, interviews, job applications, understanding job-centre access and support. Provision of careers advice Access to assistive technology as required.			

Communication and Interaction Needs – Autism Spectrum

Communication and Interaction Needs Guidance Autism Spectrum		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	• Students will have communication and interaction needs that **may** affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life • The student does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Students may or may not have low level sensory needs	Please refer to information contained within the Range 1 Communication and Interaction: Autism Spectrum section of the School Age Guidance
Range 2 **Mild - Moderate**	• Students will have communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life • Students may or may not have low to moderate sensory needs	Please refer to information contained within the Range 2 Communication and Interaction: Autism Spectrum section of the School Age Guidance
Range 3 **Moderate**	• Students will have communication and interaction needs that will **moderately** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life • This is especially true in new and unfamiliar contexts • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Students may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • Students may or may not have moderate sensory needs	Please refer to information contained within the Range 3 Communication and Interaction: Autism Spectrum section of the School Age Guidance
Range 4a **Significant**	• Students will have communication and interaction needs that **significantly** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life • This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment	Please refer to information contained within the Range 4a Communication and Interaction: Autism Spectrum section of the School Age Guidance

	• Students will have an uneven learning profile but their attainment levels suggest they can access a differentiated mainstream curriculum • Students may or may not have a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency diagnostic team • Students may or may not have sensory significant sensory needs • Students will have communication and interaction needs that **severely** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment	
Range 4b	As Range 4a plus: • Students will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • They will require significantly more support than is normally provided in a mainstream setting • Students may or may not have sensory significant sensory needs	Please refer to information contained within the Range 4b Communication and Interaction: Autism Spectrum section of the School Age Guidance
Range 5 **Severe**	• Students will have communication and interaction needs that **severely** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment **Students at range 5 may be in the following settings:** **Mainstream** • Students may have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • They will require significantly more support than is normally –provided at a universal level in a mainstream setting **Special** • Attainment profile is below expected NC performance indicators and/or PIVATs /B Squared. • They may or may not have a diagnosis of an Autism Spectrum Disorder-/ and or EHCP. • Students may or may not have severe sensory needs	Please refer to information contained within the Range 5 Communication and Interaction: Autism Spectrum section of the School Age Guidance

Range 6 **Profound**	• Students will have communication and interaction needs identified by the range descriptors that **profoundly** affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available • Students will need an environment where interpersonal challenges are minimised by the adult managed setting • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Students may or may not have profound sensory needs • Students within the specialist provision need an environment where interpersonal challenges are minimised by the adult managed setting	Please refer to information contained within the Range 6 Communication and Interaction: Autism Spectrum section of the School Age Guidance

Communication and Interaction Needs – Speech, Language and Communication Needs

Communication and Interaction Needs Guidance Speech, Language and Communication Needs		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	Student will have communication and interaction needs which **may affect access** to some aspects of the National Curriculum, including the social emotional curriculum and school life: • Student does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction and may impact on 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 student needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • Social interaction could be limited and there may be some difficulty in making and maintaining friendships • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • May present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present	Please refer to information contained within the Range 1 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance
Range 2 **Mild - Moderate**	Student will have communication and interaction needs that **affect access** to a number of aspects of the National Curriculum, including the social emotional curriculum and school life: • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context. • The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy	Please refer to information contained within the Range 2 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance

	• 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 and explanations • Student needs some support with listening and responding • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive • May rely on simple phrases with everyday vocabulary • May rely heavily on non-verbal communication to complete tasks (adult's 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 SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • Student is likely to present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases more consistently	
Range 3 **Moderate**	Student will have communication and interaction needs that will **moderately affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Students may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • Persistent delay against age related speech, language and communication • Persistent difficulties that do not follow normal developmental patterns (disordered) **<u>Speech</u>** • Speech may not be understood by others i.e. parents/family/carers where context is unknown. Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility • Speech sound difficulty may lead to limited opportunities to interact with peers • May be socially vulnerable • May become isolated or frustrated	Please refer to information contained within the Range 3 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance

	• Phonological awareness (Speech sound awareness) difficulties impact on literacy development. **<u>Expressive</u>** • The student may have difficulty speaking in age appropriate sentences and the vocabulary range is reduced. This will also be evident in written work • Talking may not be fluent • May have difficulties in recounting events in a written or spoken narrative **<u>Receptive</u>** • Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations • Needs regular and planned additional support and resources • Difficulties with listening and attention that affect task engagement and independent learning • May not be able to focus attention for sustained periods • May appear passive or distracted • Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action **<u>Social Communication</u>** • Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability • Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures • Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others • Anxiety related to lack of understanding of time and inference • Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences	
Range 4a **Significant**	Student will have communication and interaction needs that **significantly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. **This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.**	Please refer to information contained within the Range 4a Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance

	• The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Student will have an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum • Student may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency diagnostic team • Could communicate or benefit from communicating using Augmented and Alternative Communication • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). **Must have an identified Speech, Language and /or Communication Delay/Disorder** This could be difficulties in: • Understanding and/or using language. • Speech Sound development • Social Interaction • **Identification** • Diagnosed by a Speech and Language Therapist • Students with Developmental Language Disorder (DLD) may have associated social communication difficulties • Students with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling Students with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning	
Range 4b	Student will have communication and interaction needs that **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available.** • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment • Could communicate or benefit from communicating using AAC • Some or all aspects of language acquisition are significantly below age expected levels • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known).	Please refer to information contained within the Range 4b Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance

	Must have a diagnosis of Developmental Language Disorder (DLD) **The main categories are:** • Mixed receptive/expressive language disorder • Expressive only language disorder • Higher order processing disorder • Specific Speech Impairment **Identification** • Diagnosed by a Speech and Language Therapist • Students with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours • Students with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling, problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum • Students with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory	
Range 5 **Severe**	Student will have communication and interaction needs that **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available.**	Please refer to information contained within the Range 5 Communication and Interaction Speech, Language and Communication Needs section of the School Age Guidance
Range 6 **Profound**	Student will have communication and interaction needs that **profoundly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available. Students at range 6 will need an environment where interpersonal challenges are minimised by the adult managed setting.**	Please refer to information contained within the Range 6 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance

Communication and Interaction: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Post 16	YP will have appropriate communication and interaction skills to facilitate successful access to apprenticeships, internships, traineeships as required. YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing. YP will demonstrate appropriate communication skills, written or verbal, to enable successful application for jobs or higher education. YP will be able to respond appropriately to questions, displaying the communication skills required to present their skills and attributes within an interview situation.	YP will have the communication and interaction skills to participate in residential and local learning options where relevant. YP will have the communication and interaction skills to facilitate independent living (shopping, travel). YP will have the communication and interaction skills to enable them to discuss their views and opinions in relation to future living arrangements. YP will be able to access information relating to travel and transport to facilitate independent travel appropriate to individual circumstances.	YP will demonstrate appropriate communication and interaction skills to be able to access community, leisure and social activities within the local community in accordance with the YP's preference. YP will be able to communicate their choices and preferences to ensure their personal wellbeing within the community. YP will demonstrate appropriate communication and interaction skills necessary to successfully engage in voluntary work and/or community based projects/initiatives. YP will be able to communicate effectively with relevant agencies and /or emergency services as required.	Young Person (YP) will access information relating to relevant health services in order to maintain good health. YP will take responsibility for dental, medical and optical appointments; communicating their needs and interacting with appropriate staff to arrange these. YP will have the communication and interaction skills necessary (in the context of individual circumstances) to articulate health concerns/needs to relevant health professionals during appointments.

Post 19	YP will demonstrate appropriate communication and interaction skills necessary to successfully engage in paid work, voluntary work or higher education.	YP will have the communication and interaction skills to enable them to arrange independent/supported living options as applicable.	YP will be able to communicate appropriately with professionals from adult social care in order to access assistance as required. YP will be able to interact effectively with others within a range of social situations, including online, in order to make and maintain appropriate reciprocal friendships and relationships.	YP will access information relating to relevant health services in order to maintain good health. YP will take responsibility for dental, medical and optical appointments; communicating their needs and interacting with appropriate staff to arrange these. YP will have the communication and interaction skills necessary (in the context of individual circumstances) to articulate health concerns/needs to relevant health professionals during appointments.
Provision	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of education/workplace information in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate. Access to appropriate strategies and resources to	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of information relating to local learning options, living provision and transport in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of information relating to community-based activities in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate. Access to appropriate strategies and resources to facilitate the YP's communication and	Clear information given to relevant others in relation to the preferred communication method of the YP. Provision of health services information in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate. Access to appropriate strategies and resources to facilitate the YP's

	facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/adapted forms of communication as required. Opportunities to interact with peers through supported social activities. Provision of information and instruction at a level appropriate to the needs of the YP. Repetition and reinforcement as required. Alterations may need to be made to the pace of delivery. Access to electronic forms of communication (phone, text, email), modified if necessary to assist workplace operation. This may include assistive technology.	Access to appropriate strategies and resources to facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/adapted forms of communication as required. Adult support to facilitate independent living as required (transport, shopping, bills). Access to electronic forms of communication (phone, text, email, social media), modified if necessary to assist accessibility. This may include assistive technology. Advice and guidance from SALT, HI team/ToD, VI team as required.	interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Community based activities/groups appropriate to the YP's age and developmental level designed to facilitate the development of friendships through communication, interaction and shared interests. Adult support to facilitate alternative/adapted forms of communication as required. Access to electronic forms of communication (phone, text, email, social media), modified if necessary to assist accessibility. This may include assistive technology. Advice and guidance from SALT, HI team/ToD, VI team as required.	communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/adapted forms of communication as required. Access to electronic forms of communication (phone, text, email), modified if necessary, to assist with the making and checking of appointments. This may include assistive technology. Advice and guidance from SALT, HI team/ToD, VI team as required.

	Advice and guidance from SALT, HI team/ToD, VI team as required.			

Sensory and/or Physical and Medical Needs - Hearing Impairment

Sensory and/or Physical Needs Guidance Hearing Impairment		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	• Young people who are not aided (see previous proposed descriptor). Local Authority Assessment may be carried out at the request of Audiology/ENT to support decisions. • Unilateral/bilateral hearing loss greater than 20dBHL • This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided.	Please refer to information contained within the Range 1 Sensory and/or Physical Needs: Hearing Impairment section of the School Age Guidance
Range 2 **Mild - Moderate**	• Bilateral mild long term conductive or sensorineural hearing loss • May have Auditory Neuropathy Spectrum Disorder • Mild to moderate permanent unilateral (moderate or greater hearing loss) • Hearing aids used • Moderate difficulty with listening, attention, concentration, speech, language and class participation	Please refer to information contained within the Range 2 Sensory and/or Physical Needs: Hearing Impairment section of the School Age Guidance
Range 3 **Moderate**	• Bilateral moderate long term conductive or sensorineural hearing loss • Will have hearing aids and may have a radio aid • Will have moderate difficulty accessing spoken language; likely language delay • May have Auditory Neuropathy Spectrum Disorder and may require frequent monitoring • Moderate difficulty with listening, attention, concentration and class participation	Please refer to information contained within the Range 3 Sensory and/or Physical Needs: Hearing Impairment section of the School Age Guidance
Range 4a **Significant**	• Bilateral moderate or severe permanent hearing loss with no additional learning difficulties • Severe difficulty accessing spoken language and therefore the curriculum • May have additional language delay associated with hearing loss • Will have hearing aids and may have a radio aid • Auditory Neuropathy Spectrum Disorder and may have hearing aids • Difficulties with attention, concentration, confidence and class participation	Please refer to information contained within the Range 4a Sensory and/or Physical Needs: Hearing Impairment section of the School Age Guidance
Range 4b	• Bilateral moderate/severe or severe/profound permanent hearing loss • May have additional language/learning difficulties associated with hearing loss • Will have hearing aids or cochlea implant	Please refer to information contained within the Range 4b Sensory and/or

	• Will have a radio aid • Auditory Neuropathy Spectrum Disorder and may have cochlea implants • Speech clarity may be affected • Severe difficulties with attention, concentration, confidence and class participation • Significant difficulty accessing spoken language and therefore the curriculum	Physical Needs: Hearing Impairment section of the School Age Guidance
Range 5 **Severe**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • British Sign Language (BSL) or Sign Supported English (SSE) may be needed for effective communication • Will have hearing aids or cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum without specialist intervention • Speech clarity may be profoundly affected • Will have significant difficulties with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder Additional language/learning difficulties associated with hearing loss	Please refer to information contained within the Range 5 Sensory and/or Physical Needs: Hearing Impairment section of the School Age Guidance
Range 6 **Profound**	• Bilateral moderate/severe/profound permanent hearing loss • Profound language/learning difficulties associated with hearing loss • Profound language delay and communication difficulties which prevent the development of appropriate social and emotional health • May use BSL/SSE or augmentative communication to communicate • Will have hearing aids/cochlear implants • Will have a radio aid • Profound difficulty accessing spoken language and therefore the curriculum • Speech clarity will be affected • Difficulty with attention, concentration, confidence and class participation • Auditory Neuropathy Spectrum Disorder • Additional difficulties and learning needs not associated with hearing loss	Please refer to information contained within the Range 6 Sensory and/or Physical Needs: Hearing Impairment section of the School Age Guidance

Sensory and/or Physical Needs - Visual Impairment

Sensory and/or Physical Needs Guidance Visual Impairment		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	**Mild Visual Impairment** • Young person may find concentration difficult • Young person may peer or screw up eyes • Distance vision approximately 6/18. This means that the young person needs to be about 2 metres away to see what fully sighted young persons can see from 6 metres • Can probably see details on a whiteboard from the front of a classroom, as well as others can see from the back of the room Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures • Young persons who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Young persons who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.	Please refer to information contained within the Range 1 Sensory and/or Physical Needs: Visual Impairment section of the School Age Guidance
Range 2 **Mild - Moderate**	**Moderate Visual Impairment** • Young person may find concentration difficult • Young person may peer or screw up eyes • Young person may move closer when looking at books or notice boards • Young person may make frequent “copying” mistakes • Distance vision: approximately 6/24. This means that the young person needs to be about 1.5 metres away to see what fully sighted young persons can see from 6 metres • Will not be able to see details on a white board from the front of classroom as well as others can see from the back • Near vision: likely to have difficulty with print sizes smaller than 14 point or equivalent sized details in pictures	Please refer to information contained within the Range 2 Sensory and/or Physical Needs: Visual Impairment section of the School Age Guidance
Range 3 **Moderate**	**Moderate to Significant Visual Impairment** • Young person will find concentration difficult • Young person will peer or screw up eyes	Please refer to information contained within the Range 3 Sensory and/or

	• Young person will move closer when looking at books or notice boards • Young person will make frequent “copying” mistakes • Young person will have poor hand - eye coordination • Young person will have a slow work rate • Distance vision: approximately 6/36. This means that the young person needs to be about 1 metre away to see what fully sighted young persons can see from 6 metres • Will not be able to see details on a white board without approaching to within 1 metre of it • Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures • Young persons may have Cerebral Visual Impairment (CVI) – these young persons have normal or near normal visual acuities but will display moderate to significant visual processing difficulties	Physical Needs: Visual Impairment section of the School Age Guidance
Range 4a **Significant**	**Cerebral Visual Impairment (CVI)** • CVI must be diagnosed by an ophthalmologist. The young person will typically have good acuities when tested in familiar situations, but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the young person’s well-being. • All young persons with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The young person has difficulties associated with dorsal processing stream, ventral processing stream or a combination of both. Dorsal stream difficulties include: • Difficulties seeing moving objects • Difficulties reading • Difficulties doing more than one thing at a time (e.g. looking and listening) Ventral Stream Difficulties include: • Inability to recognise familiar faces • Difficulties route finding • Difficulties with visual clutter • Lower visual field loss	Please refer to information contained within the Range 4a Sensory and/or Physical Needs: Visual Impairment section of the School Age Guidance
Range 4b	**Severe Visual Impairment** • Young person is likely to be registered severely sighted/Visually Impaired or blind but still learning by sighted means • Distance vision: 6/36 or 6/60 or worse. This means that the young person can see at 6m what a fully sighted person could see from 60m. It represents a difficulty identifying any distance information, people or objects.	Please refer to information contained within the Range 4b Sensory and/or Physical Needs: Visual Impairment section of the School Age Guidance

	• Young persons would be unable to work from a white board in the classroom without human/technical support. • Near vision: likely to have difficulty with any print smaller than 24 point. Print sizes must be in a range from 24 – 36, and materials will require significant differentiation and modification.	
Range 5 **Severe**	• Usually young persons who have suffered a late onset visual impairment, or where their vision has deteriorated rapidly • Some young persons may also be continuing to use print at point 48 • Some young persons will be making the transition from print to Braille • These young persons will usually be registered blind and learning by tactile methods • Some may have little or no useful vision, and very limited or no learning by sighted means	Please refer to information contained within the Range 5 Sensory and/or Physical Needs: Visual Impairment section of the School Age Guidance
Range 6 **Profound**	• Usually young persons who are born with severe visual impairment, who are identified early on as being tactile learners • Young persons who are new to the country, with severe visual impairment • These young persons will usually be registered blind and learning by tactile methods; they will have little or no useful vision, and very limited or no learning by sighted means • Young persons with severe learning difficulties as a prime need, and who are blind or partially sighted, or have a diagnosis of CVI, as a secondary need • Distance vision: difficulty identifying any distance information • Near vision: will have difficulty responding to facial expressions at 50 cm	Please refer to information contained within the Range 6 Sensory and/or Physical Needs: Visual Impairment section of the School Age Guidance

Sensory and/or Physical Needs - Dual Sensory Needs

Sensory and/or Physical Needs Guidance Dual Sensory Impairment		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 3	• **MILD** loss in both and making good use of at least one modality • May have hearing aids and/or Low Visual Aid (LVA) • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely match potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs • Have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment	Please refer to information contained within the Range 3 Sensory and/or Physical Needs: Dual Sensory Impairment section of the School Age Guidance
Range 4	• **MODERATE** loss in one modality and **MILD/MODERATE** in the other • May have hearing aids and/or LVAs • Non-progressive condition • May have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • May have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • May have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	Please refer to information contained within the Range 4a Sensory and/or Physical Needs: Dual Sensory Impairment section of the School Age Guidance
Range 5	• **SEVERE/PROFOUND** loss in one modality and **MODERATE** in the other or has a late diagnosed or recently acquired MSI • Uses hearing aids and/or LVAs • Non-progressive condition • May have delayed development in some areas of learning and difficulties generalising learning and transferring skills	Please refer to information contained within the Range 5 Sensory and/or Physical Needs: Dual Sensory Impairment section of the School Age Guidance

	• May have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significant difficulties with attention, concentration, confidence and class participation • Significantly slower pace of learning • May have additional learning needs Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	
Range 6	• **PROFOUND/SEVERE** loss in one modality and **MODERATE/SEVERE** in the other and/or progressive condition • Likely to use hearing aids and/or LVAs • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • May require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • May have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	Please refer to information contained within the Range 6 Sensory and/or Physical Needs: Dual Sensory Impairment section of the School Age Guidance
Range 7	• **PROFOUND/SEVERE** loss in both modalities • Likely to use hearing aids and/or LVAs	Please refer to information contained within the Range 7 Sensory and/or

	• Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • May require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication • May require individual support with most aspects of basic care needs and to access learning and social opportunities • May lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • May be tactile defensive/selective and highly wary of new experiences • May have difficulties developing relationships and lack social awareness leading to social isolation • May display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment	Physical Needs: Dual Sensory Impairment section of the School Age Guidance

Sensory and/or Physical Needs - Physical and Medical Needs

Sensory and/or Physical Needs Guidance Physical/Medical		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	• Some mild problems with fine motor skills and recording • Mild problems with self-help and independence • Some problems with gross motor skills and coordination often seen in PE • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have continence/ toileting issues • Possible low levels of self-esteem • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An Educational Occupational Therapist may see children at any range due to an open referral system The NHS Occupational Therapist can only be accessed by referral from a Paediatrician* • *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Educational Occupational Therapy and availability of drop-in sessions/telephone consultations* • *Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*	Please refer to information contained within the Range 1 Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance
Range 2 **Mild - Moderate**	• Continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording, impacting on access to curriculum • Making slow or little progress despite provision of targeted teaching approaches • Continuing difficulties with continence/ toileting • Continuing problems with self-esteem and peer relationships • Continuing problems with self-help and independence • Continuing problems with gross motor skills and coordination often seen in PE	Please refer to information contained within the Range 2 Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance

	• Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An Educational Occupational Therapist may see children at any range due to an open referral system The NHS Occupational Therapist can only be accessed by referral from a Paediatrician* • *It would be anticipated that schools would usually be able to implement first line strategies at this point, based on advice and strategies given in training packages delivered by Educational Occupational Therapy and availability of drop-in sessions/advice/telephone consultations* • *Physio may intervene with children who have mild-moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes*	
Range 3 **Moderate**	• Moderate or persistent gross and/or fine motor difficulties • Recording and/or mobility 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 • Increased dependence on seating to promote appropriate posture for fine motor activities/feeding • Increased dependence on mobility aids i.e. wheelchair or walking aid • Increased use of alternative methods for extended recording e.g. scribe, ICT • May have medical condition that impacts on time in school and requires a medical care plan ***The NHS notes:*** • *An Educational Occupational Therapist may see children at any range due to an open referral system – episodes of care will be implemented regardless of range.The NHS Occupational Therapist can only be accessed by referral from a Paediatrician* • *It would be anticipated that schools would make a referral to OT if first line strategies, advice and programmes have been trialled and evidenced but achievement is limited* • *These children may form the basis of targeted assessment – assessment and advice to home and school with programme/strategies to follow* • *Physio needs would be based on assessment on a case by case basis – if a child is at the level when they need a walking aid/wheelchair they will already be known to Physio*	Please refer to information contained within the Range 3 Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance

Range 4a **Significant**	• Significant physical/medical difficulties with or without associated learning difficulties • 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 • Significant and persistent difficulties in mobility around the building and in the classroom • Significant personal care needs which require adult support and access to a hygiene suite • May have developmental delay and/or learning difficulties which impact upon access to curriculum • Will require or will have an Education, Health and Care Plan • Primary need is identified as physical/medical ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. An Educational Occupational Therapist may see children at any range due to an open referral system The NHS Occupational Therapist can only be accessed by referral from a Paediatrician* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*	Please refer to information contained within the Range 4a Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance
Range 4b	• Severe physical difficulties and/or a medical condition with or without associated learning difficulties • Impaired progress and attainment • 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 • A need for high level support for all personal care, mobility, daily routines and learning needs • Will need an Education, Health and Care Plan • Primary need is identified as physical/medical • Physical conditions that require medical/therapy/respite intervention and support • The need for an environment to support self-esteem and positive self-image • A developing neuro-muscular degenerative condition or traumatic incident resulting in brain or physical injury ***The NHS notes:***	Please refer to information contained within the Range 4b Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance

	• *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases*	
Range 5 **Severe**	• A level of independent mobility or self-care that restricts/prevents an alternative mainstream placement • An inability to make progress within the curriculum without the use of specialist materials, aids, equipment and high level of adult support throughout the school day • Furniture and/or extensive adaptations to the physical environment of the school • Difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration • Emotional and/or some behavioural difficulties including periods of withdrawal, disaffection and reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a regular basis • Given appropriate facilities is nevertheless unable to independently manage personal and/or health care during the school day and requires regular direct intervention • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition which impacts upon independence ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range*	Please refer to information contained within the Range 5 Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance
Range 6 **Profound**	A permanent, severe and/or complex physical disability or serious medical condition. The young person will present with many of the following: • The associated severe and complex learning difficulties impact on their ability to make progress within the curriculum despite the use of specialist materials, aids, equipment, furniture and/or extensive adaptations to the physical environment of the school	Please refer to information contained within the Range 6 Sensory and/or Physical Needs: Physical/Medical section of the School Age Guidance

	• Difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment • Emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school • A requirement that health care inputs and therapies be intensive and on a daily basis • Given appropriate facilities is nevertheless unable to manage personal and/or health care during the school day and requires a high level of direct intervention • Has a complex medical need requiring frequent monitoring and medical intervention throughout the school day • Has a significant additional condition such as HI/VI/MSI which gives rise to the complexity of need • Is an Augmentative Alternative Communication (AAC) user • Has a degenerative condition • May have intervention from Occupational Therapist/ Physiotherapist • May require specialist equipment via physiotherapist/ Occupational Therapist ***The NHS notes:*** • *OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition* • *Children in this category may require specialist equipment via physio/OT services* • *Physio needs would be based on assessment on a case by case basis – children with degenerative neurological conditions or traumatic physical injury requiring rehabilitation would be known to physio in most cases* *A child with a degenerative condition may not require to be in this range simply as a result of diagnosis, e.g. Duchenne Muscular Dystrophy children remain quite independent through most of their childhood years and may only require a lower range*	

Physical, Medical and Sensory: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Post 16	YP will be able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices. YP will be able to present their skills in written form (C.V) to help secure future education and work-based options.	YP will have life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances. YP will engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances. YP will have an awareness of risk within the home context and will manage this appropriately in order to remain safe. YP will plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.	YP will be able to access community, leisure and social facilities to enable participation within the local community in accordance with the YP's preference. YP will be able to access appropriate transport in order to facilitate participation within community, leisure and social activities. YP will show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.	YP will recognise the need for dental, medical and optical health and will take responsibility for making appointments as required. YP will take steps to remain physically active and healthy in the context of their individual circumstances. YP will make healthy eating choices in order to promote physical wellbeing. YP will maintain any physiotherapy regimes necessary to ensure physical health and optimum mobility in the context of their individual circumstances. . YP will engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances.

Post 19	YP will be able to access and function within work-based environments in relation to voluntary work, community based projects and paid work in order to progress with future career choices. YP will be able to access and function within higher education provision in order to progress with future career choices. YP will be able to present their skills in written form (C.V) to help secure future education and work-based options. YP will be able to access job centre provision to support pathways into employment post education.	YP will access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing.	YP will be able to access community, leisure and social facilities to enable participation within the local community in accordance with the YP's preference. YP will be able to access appropriate transport in order to facilitate participation within community, leisure and social activities. YP will show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.	YP will recognise the need for dental, medical and optical health and will take responsibility for making appointments as required. YP will take steps to remain physically active and healthy in the context of their individual circumstances. YP will make healthy eating choices in order to promote physical wellbeing. YP will maintain any physiotherapy regimes necessary to ensure physical health and optimum mobility in the context of their individual circumstances. . YP will engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances.
Provision	Adapted education and workplace arrangements to consider the YP's physical and medical needs Access to onsite medical professionals as required	Adapted living arrangements suited to the YP's physical and medical needs Access to appropriate equipment/resources: standing frames, wheelchairs, manual and power, walking aids	Access to appropriate equipment/resources: standing frames, wheelchairs, manual and power, walking aids Adapted forms of accommodation and transport to consider the physical needs of	Access to equipment to facilitate independence in selfcare routines Access to appropriate equipment/resources to facilitate mobility: standing frames, wheelchairs, manual and power, walking aids

	Adaptations to daily education/employment-based routines to consider any ongoing Physiotherapy/OT programmes. Adult support as required to facilitate delivery. Access to appropriate equipment/resources: standing frames, wheelchairs (manual and power), walking aids Access to appropriate strategies and resources to facilitate the YP's communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate. Adult support to facilitate alternative/adapted forms of communication as required.	Access to equipment to facilitate independence in self-care routines Adapted forms of accommodation and transport to consider the physical needs of the YP and facilitate independence Enhanced PSHCE/life skills and SRE programmes to ensure skills embedded	the YP and facilitate independence Provision of information relating to disabled access and adapted environments. Adult support to facilitate community participation Programmes of study to facilitate the YP understanding of risk in the context of community participation and support to enable them to make informed choices suited to the YP's individual needs	Medical teams or trained carers on site as required or if a day provision Access to a medically trained carer as required. Access to Occupational Therapy programmes to be carried out by a trained carer Access to physiotherapy programmes that will be delivered by trained carers/ family members. Training in the delivery of emergency medications to appropriate professionals/carers People working with/supporting people in this cohort must have knowledge of the individuals' method of communication. Sensory input where required

Social, Emotional and Mental Health Needs

Social, Emotional and Mental Health Needs Guidance		
	Range Descriptors Overview	**Assessment, Intervention, Provision and Resources**
Range 1 **Mild**	**MILD** • Children will have been identified as presenting with some low-level features of behaviour, emotional, social difficulties • They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration • They may follow some but not all school rules/routines around behaviour in the school environment • They may experience some difficulties with social /interaction skills • They may show signs of stress and anxiety and/or difficulties managing emotions on occasions	Please refer to information contained within the Range 1 Social, Emotional and Mental Health section of the School Age Guidance
Range 2 **Mild - Moderate**	**MILD – MODERATE** Difficulties identified at range 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 interventions being in place. • SEMH continues to interfere with young person's social/learning development across a range of settings and young person does not follow routines in school consistently • Young person beginning to be at risk of exclusion and may have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions • Young person may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge • Young person may show patterns of stress/anxiety related to specific times of the day • Young person may have a preference for own agenda and be reluctant to follow instructions • Young person may have begun to experience short term behavioural crises	Please refer to information contained within the Range 2 Social, Emotional and Mental Health section of the School Age Guidance
Range 3 **Moderate**	**MODERATE**	Please refer to information contained within the Range 3 Social, Emotional and

	Difficulties identified at range 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and range 1 and 2 interventions being in place. • SEMH interfere more frequently with young person's social/learning development across a range of settings and young person does not follow routines in school without adult support • Young person may have experienced fixed term exclusion and more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions • Young person remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning • Young person patterns of stress/anxiety related to specific times of the day have become more common • 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	Mental Health section of the School Age Guidance
Range 4a **Significant**	**SIGNIFICANT** Young person continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex, and which necessitate a multi-agency response. • Young person is more likely to have experienced fixed term exclusion from school • Young person does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Young person is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning	Please refer to information contained within the Range 4a Social, Emotional and Mental Health section of the School Age Guidance
Range 4b	**SEVERE** Young person continues to present with severe and persistent levels of behaviour, emotional, social difficulties which continue to be complex and long term, and which necessitate a continued multi-agency response. • Young person is at increased risk of permanent exclusion • Young person does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day	Please refer to information contained within the Range 4b Social, Emotional and Mental Health section of the School Age Guidance

	• Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Young person is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure progress with learning • Complex Needs identified * •	
Range 5 **Severe**	**SEVERE** Severe and increasing behavioural difficulties, often compounded by additional needs and requiring provision outside the mainstream environment, including: • Moderate/ severe learning difficulties, mental health difficulties, acute anxiety, attachment issues • Patterns of regular school absence • Incidents of absconding behaviour • Disengaged from learning, significant under-performance • Verbally and physically aggressive • Reliant on adult support to remain on task • Struggles with change – both to routines and relationships • Regular use of foul and abusive language • Engaging in high risk activities both at school and within the community • Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals • Issues around identity and belonging • Needing to be in control, bullying behaviours (victim & perpetrator) • Difficulties sustaining relationships • Over-friendly or withdrawn with strangers, at risk of exploitation • Provocative in appearance and behaviour, evidence of sexualised language or behaviours • Slow to develop age appropriate self-care skills due to levels of maturity or degree of Learning Difficulties • Physical, sensory and medical needs that require medication and regular review • Complex needs identified *	Please refer to information contained within the Range 5 Social, Emotional and Mental Health section of the School Age Guidance
Range 6 **Profound**	**PROFOUND** Continuing profound and increasing behavioural difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including: • Significant challenging behaviour	Please refer to information contained within the Range 6 Social, Emotional and Mental Health section of the School Age Guidance

	• Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS) • Unable to manage self in group without dedicated support • Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours • Consistent use of foul and abusive language • Involved in substance misuse either as a user or exploited into distribution/selling • Poor attendance, requires high level of adult intervention to bring into school, even with transport provided • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive • Regular absconding behaviour • Significant damage to property • Requiring targeted teaching in order to access learning in dedicated space away from others • Health and safety risk to self and others due to increased levels of agitation and presenting risks • Sexualised language and behaviour, identified at risk of Child Sexual Exploitation (CSE) • Complex needs identified *	
Range 7	Continued long term and complex behavioural, emotional, and social difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs likely to include: • Self-harming behaviour • Attempted suicide • Persistent substance abuse • Extreme sexualised language and behaviour, sexually exploited • Extreme violent/aggressive behaviour • Serious mental health issues • Long term non-attendance and disaffection • Regular appearance in court for anti-social behaviour/criminal activity • Puts self and others in danger • Frequently missing for long periods • Extreme vulnerability due to MLD/SLD • Medical conditions that are potentially life threatening and cannot be managed without dedicated support Complex needs identified*	Please refer to information contained within the Range 7 Social, Emotional and Mental Health section of the School Age Guidance

Social Emotional and Mental Health: PfA Outcomes and Provision

	PfA Outcomes			
	Employability/Education	**Independence**	**Community Participation**	**Health**
Post 16	YP will have acquired the necessary social skills to interact with employers and clients in order to function effectively in apprenticeships, internships and traineeships as required. YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing. YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.	YP will understand their right to make choices, and to exercise decision making in relationships with others with emphasis on best interests and informed consent. YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online). YP will be able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices. YP will understand different types of living arrangements and those which are positive and possible in relation to their own circumstances.	YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to facilitate/mediate interactions with others. YP will have developed appropriate social skills in order to establish new friendships in the context of community involvement. YP will demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community. YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online). YP will be able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices. YP will understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances.	YP will engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment. YP will make safe choices in relation to sexual health. YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to maintain emotional wellbeing. YP will employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.
Post 19	YP will have acquired the necessary social skills to interact	YP will make positive choices in relation to their own living	YP will have developed appropriate social skills in order to maintain	YP will engage with self-care routines in order to maintain

	with employers and clients or academic staff in order to function effectively in voluntary work, paid work or Higher Education as required. YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing. YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.	arrangements considering circumstances and possible options best suited to facilitate social and emotional wellbeing.	friendships in the context of community involvement. YP will demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community. YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online). YP will be able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices. YP will understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances.	appropriate levels of personal hygiene. To include their environment... YP will make safe choices in relation to sexual health. YP will understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required. YP will employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.
Provision	Highly supported work experience placements and short-term training opportunities with specific teaching in relation to interactions with employers, peers and clients in preparation for access to longer term learning provision and/or employment. An adapted curriculum/work-based training programme to consider the YP's emotional /mental health needs and appropriate provision to ensure the promotion of positive mental health and wellbeing.	Access to programmes designed to support and develop the YP's awareness of social boundaries and conventions in relation to a range of social situations and relationships. Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community. Specific teaching in relation to risks associated with social media/online communities and	Access to programmes designed to support and develop the YP's awareness of social boundaries and conventions in relation to a range of social situations and relationships. Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community. Community based activities/groups appropriate to the YP's age and developmental level designed to	Programmes of activities designed to promote positive self-care routines (relating to personal care and the home/work environment) and support to apply and embed these within daily routines. Programmes of activities and provision of information relating to sexual health and associated risks and support and guidance as required to enable the YP to make positive relationship choices and remain safe.

	Regular monitoring of the YP's workload, behaviour patterns, interactions with others to identify early indications of stress, anxiety, depression etc. ensuring that appropriate steps are taken to support the YP to manage this as required. Adult guidance and support to apply my regulatory or coping strategies and provision within the workplace or education setting to accommodate these. Access to agencies/organisations who provide mental health and emotional support within the workplace or education setting as appropriate.	guidance and support to apply protocol relating to e-safety.	facilitate socialisation and the development of friendships. Links to organisations who provide social and emotional support as required. Specific teaching in relation to risks associated with drugs, alcohol, criminal activity, social vulnerability and provision of information to support the YP's understanding of these and ability to make safe choices. Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety.	Information and guidance to positive mental health and wellbeing and individual programmes of activities to identify coping strategies and mechanisms in accordance with the YP's circumstances and emotional/mental health needs. Links to agencies /organisations who provide mental health and emotional support as required. Access to emotional support workers as required.

Preparation for Adulthood Useful Information and Resources:

Two main websites that will be useful in terms of resources, information and writing individualised PfA outcomes are:

www.preparingforadulthood.org.uk

and The National Development Team for Inclusion (NDTI) www.ndti.org.uk

More specific links which will also be useful are as below:

https://www.disabilityrightsuk.org/how-we-can-help/benefits-information/factsheets

https://www.preparingforadulthood.org.uk/downloads/supported-internships

https://www.preparingforadulthood.org.uk/downloads/employment/apprenticeships-for-young-people-a-good-practice-report.htm

https://www.preparingforadulthood.org.uk/downloads/supported-internships/fact-sheet-study-programmes.htm

https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/factsheet-the-children-and-families-act-and-the-care-act.htm

https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/factsheet-the-mental-capacity-act-2005-and-supported-decision-making.htm

https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/building-independence-through-planning-for-transition.htm

https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood

https://www.kids.org.uk/pages/search.aspx?q=keeping%20it%20personal

https://www.england.nhs.uk/ipc/

There will be more examples regularly updated on the Together for Children SEND portal at https://drive.google.com/drive/folders/1bC6e31w0kc-LxUYkzgk9R5b5pueqriBn