Brent

SEND Graduated Approach Framework

Primary Education

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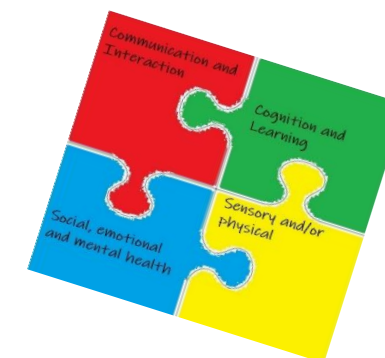
Primary

Cognition and learning - Cognitive ability

		Quality First Teaching	Targeted strategies and interventions	Specialist Interventions and additional resources
Descriptors	**Cognitive ability**	**Learner profile** • CYP may have low general attainment and progress • Difficulty in understanding abstract concepts and applying prior learning • May have some speech and language difficulties • Attention and concentration span difficulties, e.g. easily distracted or short attention span • Literacy difficulties, e.g. reluctance to read or poor sight vocabulary • Numeracy difficulties • Untidy handwriting/clumsy • Poor organisation • May display a discrepancy between oral and written work • CYP may experience difficulty following instructions • Tiredness due to excessive concentration levels needed • Social and behavioural difficulties arising from low self-esteem and frustration • Difficulties with fine or gross motor skills	**Learner profile** • The gap between the CYP and their peers may be significantly wider than would be expected for CYP of their age • CYP may also be socially or emotionally immature and have limited interpersonal skills • Attention and concentration span difficulties, leading to poor motivation and resistance to learning • Difficulties with sequencing, visual and/or auditory perception, coordination, or short term working memory • Difficulties in the acquisition of reading, writing, oral or number skills, which do not fit their general pattern of learning and performance • Difficulties with other areas, e.g. motor skills, organisation skills, behaviour, social or emotional skills and multi-agency advice may be required	**Learner profile** • The CYP will have low attainment reflected in levels, typical of two thirds of chronological age with the gap possibly continuing to widen • Difficulties in the acquisition of reading, writing, oral or number skills, which require high levels of tailored support • Inability to concentrate even with targeted support or resources leading to poor motivation and resistance to learning • Frustration in inability to access learning leading to complete disengagement with learning or problematic behaviours which are unmanageable in a mainstream setting even with high levels of support and tailored, individual and skilled interventions • Limited social, emotional and interpersonal skills, requiring high level of tailored support • Complex difficulties with sequencing, visual and/or auditory perception, coordination, organisation, concentration or short term working memory
Cognition and learning	**Cognitive ability**	• Differentiation to ensure the development of literacy, numeracy, expressive language, communication skills, minimise behaviour and emotional difficulties and promotion of appropriate interpersonal skills with other students. • Use of planning and writing frames to help structure the writing process • Effective use of IT equipment to support learning • TAs are trained and skilled in supporting students with general difficulties • Visual timetable, visual cues and prompts • Differentiated approaches for content, pace, use of language by teacher, approaches to communicate taught concepts, how learning is recorded and generalised.	• Difficulties with learning: e.g. despite appropriate differentiation, making inadequate progress over time across the curriculum and working below age related expectations • Assessment through teaching to identify the areas of need in consultation with the learner • Clear and simple instructions, breaking down longer instructions and giving one at a time • Social Stories • Give time before response is needed • Pre-teaching – e.g. provision of a TA to help prepare the learner for the new topic • Provide regular, specific focused teaching which is increasingly individualised from teacher or teaching assistant	• Group consultation, with parents, professionals and school • Advice or support via Inclusion Support Team • Education Psychology Team • Evidenced based literacy and numeracy interventions (embed) • Speech and Language Therapy Service • Guidance on Supporting Children and Young People with reading difficulties

• Use of assessment to identify gaps and inform teaching e.g. free writing assessment, miscue analysis, assessment of basic number concepts • Use of modelling to aid understanding and support learning of new content • Allow for frequent practice through recall and repetition • Use a variety of strategies for recording • Use short instructions, keeping language simple and allow time to respond • Chunking information into more manageable bite size pieces • Transition from whole-class work to group and independent work is clearly signalled and effectively managed • Allow time for thinking, processing and responding (10 second rule) • Where possible link learning to real life situations • Provide visual support, e.g. gesture, diagrams or illustrations • Use colour highlighting for word patterns, prefixes, suffixes etc. • Introduce new material in a multi-sensory way – show it, listen to it, look at it, hear it, say it, write it • Encourage the use of spelling strategies, for example: mnemonics, words within words, base words and suffixes etc. • Provide access to memory aids, e.g. number lines/100 squares, post its, keyword lists, timestable squares • Explicitly teach study skills • Provide texts in advance • Provide subject specific vocabulary in advanc	• Ensure pre and post assessments are completed for each intervention • Shared next steps – so they know what to expect • Differentiated resources- teach the curriculum appropriate to the child not their chronological age (e.g. year five child may be accessing year one objectives in the same context) • Assessment through teaching to identify the areas of need in consultation with the learner or observation if more appropriate • Metacognition approaches – learning to learn e.g. by trying to understand the learner's difficulty and asking them what helps • Recognising and celebrating success in other areas of their life • Use of evidence informed approaches to address the difficulty such as paired reading or precision teaching • Staff will have been informed of what strategies or approaches to use in line with advice from assessments or consultation • Evidence based interventions to develop skills e.g., spelling, handwriting, literacy, numeracy Generalised learning difficulties: • Adjustment, modification and differentiation of the curriculum, right across the board, to enable the learner to fully access the curriculum • Active learning, concrete, pictorial and pragmatic approach to learning • Emphasis on self-actualisation – activities designed to develop skills which will support them to become independent learners • Support to manage self-esteem – celebration of strengths, reinforcement of success

Assessment, planning and review at each stage:

Assess, planning and review Cognitive ability	**Universal**: • Universal – Evidence of: identification, intervention and impact by: • Assessment for learning • Observations by teacher / class TA /KS Coordinator • Advice and support from the parents • Information from the child re their opinions and preferred strategies. Support/advice from SENCO, who will manage: • Additional adults routinely used to support flexible groupings. • Access to targeted small group work with class TA. • Access to intervention group work or 1:1 with TA delivering evidenced based interventions • Access to a quiet, distraction-free environment in which to deliver groups or 1:1 interventions • Access to training for staff on best practice and evidence based interventions • Allocated time for professional meetings with parents on a regular basis. TA and class teacher to liaise with SAL	**Targeted**: • Specialist assessments: e.g. Speech and Language Therapist, Educational Psychologist. • There is a commitment to developing independence with steps planned and agreed. Individual targets are agreed between professionals, SENCO and class teacher and monitored on at least a termly basis following discussion with child and parents. • Careful reviewing of needs before transition at key stages e.g. starting, primary / secondary. TAs are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective. The CYP is fully involved. • Specialist assessments e.g. Educational Psychologist, SALT, OT, CAMHS etc. Risk assessment will be in place, as appropriate. • Regular multi agency assessment and review of strategies and progress will be planned. LA teams that can support • Educational Psychology • SEN Advisory Team •	**Specialist:** • Long term involvement of educational and non-educational professionals as part of Annual review/EHC plan • Review EHCP annually when all agencies are involved in reflection and joint planning in partnership with pupils and their parents/carers. • Regular risk assessments to consider risks to self and others, including eating and drinking difficulties • All professionals agree that the CYP needs can only be met with additional specialist resources

Cognition and Learning- Specific learning difficulty

		Quality First Teaching	*Targeted strategies and interventions*	*Specialist Interventions and additional resources*
Descriptors	**Specific learning difficulty**	*Learner profile* • The child may experience difficulty with phonological awareness • The child may lack fluency in reading, affecting comprehension • The child may decode words inaccurately • The child may experience difficulty in finding the right word to describe things • The child may mispronounces word • The child may have poor short term and/or working memory • The child may take longer than average to complete written tasks • The child may experience difficulty copying from the board • The child may have low self esteem • The child's written work may not reflect verbal ability • The child may Needs additional time to produce an oral response • The child may lack of enjoyment of reading • The child may be clumsy and lack coordination • Specific learning difficulties affecting one or more specific aspect of learning, e.g. literacy difficulties, numeracy difficulties	*Learner profile* • The child may use a coloured over lay and or electronic devices to support reading and writing (assistive technology) • The child is not making expected progress in literacy for their age • The child's work is differentiated to cater for the child's needs as the child is not accessing the full curriculum • The child may have self-esteem issues which is affecting their ability to interact with peers or staff • The child may not be understood verbally by staff • The child may not be able to follow sessions in class for longer than 5 to 10 minutes • The child may have gross motor and fine motor difficulties which affects their ability to write clearly • The child may forget instructions and as a result appear lost • The child's writing may not make sense to external professionals • Very specific difficulties (e.g. diagnosis of dyspraxia or dyslexia etc.) affecting literacy skills, spatial and perceptual skills and fine and gross	*Learner profile* • The child has been identified with dyslexia (a diagnosis) • The child experiences significant and complex difficulties accessing the primary curriculum • The child may have little or no awareness of their difficulties • The child may have severe difficulty organising their writing by muddling up words, missing out words or producing grammatically incorrect sentences which cannot be understood by themselves or external professionals • The child may struggle to speak clearly and as a result may withdraw from social encounters.
Cognition and learning	**Specific learning difficulty**	• Differentiation to ensure the development of literacy, numeracy, expressive language, communication skills, minimise behaviour and emotional difficulties and promotion of appropriate interpersonal skills with other students. • Arrangements to support the use and delivery of approaches/materials for students with Specific Learning Difficulties (SpLD) which may include multi- sensory teaching strategies, a focus on phonological awareness, motor skills programme • Effective use of IT equipment to support learning • TAs are trained and skilled in supporting students with general and specific learning difficulties • Provide opportunities for over learning • Utilise effective spelling strategies and provision of subject specific spelling lists, specialist dictionaries and thesaurus • Facilitate alternative methods of recording, including the use of ICT • Make explicit links to prior learning e.g. visual cues and prompts • Appropriate learning resources are available e.g. pencil grips, sloping boards, concrete materials, spelling aids IT programmes and Apps and CYP are taught how to use them	• Specific learning difficulties affecting one or more specific aspect of learning, e.g. literacy difficulties, numeracy difficulties or specific language impairment. • Adapted use of multi-sensory teaching targeted at area of needs • Daily overlearning of the **reading and spelling** of irregular words; • Opportunities to transfer knowledge of spelling at word level to sentence level through dictation; • Opportunities for frequent game based activities to reinforce learning and develop skills, e.g. games for memory, numeracy, reading, spelling and motor skills; • Work systematically at the pupils' pace until mastery level is attained. • Clear and simple instructions, breaking down longer instructions into even smaller steps and giving one at a time • Give time before response is needed • Pre-teaching – e.g. provision of a TA to help prepare the learner for the new topic • Shared next steps – so they know what to expect	• Group consultation, with parents, professionals and school • Advice from Education Psychology Team • Evidenced based literacy and numeracy interventions • Speech and Language Therapy Service • Guidance on Supporting Children and Young People with reading difficulties • Access to a specialist teacher for specific learning difficulties

• Link learning to real world situations • Facilitate sequencing and organisation skills e.g. first/next boards, writing frames, visual timetable • Make use of planning tools, e.g. mind mapping, story boards	• Differentiated resources- teach the curriculum appropriate to the child not their chronological age (e.g. year five child may be accessing year one objectives in the same context) • Metacognition approaches – learning to learn e.g. by trying to understand the learner's difficulty and asking them what helps • A neuro-diversity approach to celebrate the strengths of each learner • Recognising and celebrating success in other areas of their life • Use of evidence informed approaches to address the difficulty • Simple changes e.g. font, coloured paper, line spacing, lighting, overlays, adaptation, technology • Staff will have been informed of what strategies or approaches to use in line with advice from assessments or consultation • Evidence based interventions to develop skills e.g., spelling, handwriting, literacy, numeracy	

Assessment, planning and review at each stage:		
Assess, planning and review Specific learning difficulty	**Universal**: • Universal – Evidence of: identification, intervention and impact by: • Assessment for learning • Observations by teacher / class TA /KS Coordinator • Advice and support from the parents • <u>Information from the child re their opinions and preferred strategies.</u> <u>Support/advice from SENCO, who will manage</u>: • Additional adults routinely used to support flexible groupings. • Access to targeted small group work with class TA. • Access to intervention group work or 1:1 with TA delivering evidenced based interventions • Access to a quiet, distraction-free environment in which to deliver groups or 1:1 interventions • Access to training for staff on best practice and evidence based interventions • Allocated time for professional meetings with parents on a regular basis. TA and class teacher to liaise with SALT	**Targeted**: • Specialist assessments: e.g. Specialist teacher, Educational Psychologist. • There is a commitment to developing independence with steps planned and agreed. Individual targets are agreed between professionals, SENCO and class teacher and monitored on at least a termly basis following discussion with child and parents. • Careful reviewing of needs before transition at key stages e.g. starting, primary / secondary. TAs are routinely included in planning and or/are provided with lesson plans and learning <u>objectives in advance of the lesson to ensure their input is effective. The CYP is fully involved.</u> • Specialist assessments e.g. Educational Psychologist, SALT, OT, CAMHS etc. Risk assessment will be in place, as appropriate. • Regular multi agency assessment and review of strategies and progress will be planned. <u>LA teams that can support</u> • Educational Psychology • SEN Advisory Team •	**Specialist:** • Specialist SpLD input providing support for teacher / TA / pupil to develop strategies for learning

Communication and Interaction- Speech and Language

Quality First Teaching	Targeted strategies and interventions	Specialist Interventions and additional resources
### Learner profile	### Learner profile	### Learner profile
• Speech is understood by others but has some immaturities, which at times interfere with the acquisition of literacy • Speech sounds may still be developing and the child may have difficulties producing certain sounds. This may affect the child's intelligibility when speaking with less familiar people but they are generally understood by people who know the child. • There is an awareness of a speech, language and/or communication difficulty, i.e. the child seems to have some difficulty with speaking, understanding and/or interaction • Mild social difficulties. May need encouragement to collaborate with peers in curriculum activities and at unstructured times in the playground. **Progress within the curriculum may be unaffected or mildly affected.** • The pupil is able to participate in most/all classroom activities. • Mild problems with independent working. May need encouragement to take responsibility for own learning. • Possible low levels of self-esteem • The child may present with some difficulties with play and interaction with other children; however, play may be better with familiar adults. • The pupil is able to participate in most or all setting activities. Some children may not be able to listen and continue with play at the same time. • The child understands most instructions that relate to the 'here and now' as well as instructions relating to familiar routines or events; however, they may find it difficult to recall past events and follow longer, more complex instructions. • The child can use verbal language for a range of communication purposes, e.g. to request objects, to seek help, to direct attention, problem-solve, to tell a simple story etc. In the Wellcomm screening assessment, the child achieves GREEN (secure) or AMBER (mildly delayed) in their age equivalent section.(For reception aged children	Some pupil's communication and interaction difficulties cannot be met by universal approaches over a sustained period of time. Difficulties are becoming increasingly apparent and there is evidence the child continues to work at levels below age related expectations in some or all aspects of the prime areas of learning. These difficulties may interfere with their ability to access the curriculum, and impact negatively on their emotional and mental health, and relationships with others. Pupils with these difficulties may have received a diagnosis, for example, developmental language disorder (DLD), or Selective Mutism. They may have language difficulties in association with other conditions such as autism. • The child has moderate, persistent difficulties and is not making expected progress in identified areas for development despite a range of interventions, quality first teaching and differentiated provision over time. • Difficulties are becoming increasingly apparent and there is evidence the child continues to work at levels below age related expectations in some or all aspects of the prime areas of learning. Repeated Assess, Plan, Do, Review (APDR) cycles have not resulted in a marked increase • There is an evident speech, language and/or communication difficulty i.e. the child is experiencing difficulty with speaking, understanding and/or interaction. • Speech sounds may still be developing and the child may have difficulties producing a range of speech sounds. This will affect the child's ability to be understood by familiar adults such as parents, relatives and practitioners. • The child uses one or more atypical speech sound processes and/or speech simplification processes are continuing for approximately 6 months beyond the expected time at which they typically resolve • May have a delayed speech sound system making the pupil difficult to understand when the topic of his conversation is unknown. • Making slow or little progress despite provision of universal teaching approaches. • May have continuing difficulties with verbal comprehension and listening skills, expressive language and spoken narrative skills, understanding and use of vocabulary.	• The pupil has severe and complex language and communication needs with language skills as assessed by a speech and language therapist • The child uses limited verbal language or is non-verbal. • Language is significantly disordered in comparison to similarly aged • The pupil's needs are likely to be affecting more than one area of language and communication i.e. comprehension of spoken language, vocabulary and expressive language, social use of language • The child may appear to understand some instructions that relate to the 'here and now'; however, they rely heavily on situational clues such as watching peers or relying on a familiar routine. • The pupil has significant needs that require adult support in the classroom • The pupil's language and communication difficulties are a prime barrier to curriculum progress • Pupil has severe and persistent difficulties learning independently, remembering and retaining information and organising his/her work. • May need specialist input to modify task • Targets need to be individualised taking into account the pupil's strengths and needs and learning styles. • The range of difficulties these pupils are experiencing may also be impacting on their emotional and mental health and relationships with others • Pupil has difficulty using language socially to form friendships and to play with peers • Has severe difficulty communicating needs functionally within the classroom to adults and peers

Descriptors

Speech and Language

			• The pupil may need regular support to listen and respond to verbal instructions and stories in whole class setting. • The pupil may need additional explanations, simplifying both the vocabulary used and the length of the instruction. • The pupil may need regular support to include sufficient relevant information to make a successful contribution to class discussions about both factual and imaginary activities. • May have continuing difficulty with social interaction, making and maintaining friendships despite social intent. • May develop functional literacy but not develop reading for meaning. • May find it challenging to understand non-literal and idiomatic language and develop inferencing skills in line with peers. • Continuing problems with independent working in class and pupil may not readily ask for help or clarification. • The pupil requires additional targeted support to access the curriculum and continue to make progress. • Pupil may demonstrate behaviour issues such as frustration, anxiety, stress and avoidance. • Pupil may show lack of engagement in class and lack of contribution both verbally and non- verbally. • Pupil likely to benefit from small group support	

Communication and interaction	Speech and Language	All schools should be able to provide communication supportive environments to help to support the needs of children with SLCN. This would include:
		
		• Children have opportunities to engage in structured conversations with teachers and other adults.
		• Children have opportunities to engage in structured conversations with peers (Talking partners).
		• Attempts are made to actively include all children in small group activities.
		• Adults use children's name, draw attention of children.
		• Adults get down to the child's level when interacting with them.
		• Natural gestures and some key word signing are used in interactions with children.
		• Adults use symbols, pictures and props (real objects) to reinforce language.
		• **Pacing**: Adult uses a slow pace during conversation; give children plenty of time to respond and take turns in interacting with them.
		• **Pausing**: Adult pauses expectantly and frequently during interactions with children to encourage their turn-taking and active participation.
		• **Confirming:** Adult responds to the majority of child utterances by confirming understanding of the child's intentions. Adult does not ignore child's communicative bids
			As for universal provision plus…
			
			• School staff to have the skills and knowledge to identify and support children with SLCN through specific training:
			    o Staff access ELKLAN Speech and Language Support 5-11
			    o Word Aware training
			    o Attention Autism Training
			• Consider using a whole school vocabulary approach e.g. **Word Aware**
			• Look at the **Communication Cookbook**
			• Consider how many information carrying words a child can manage when giving instructions
			• Staff refer to and incorporate adult child interaction principles
			• Staff to refer to can incorporate strategies as outlined in ELKLAN
			• Trained teaching assistant to deliver small group intervention as suggested by the speech and language therapist. Interventions will develop skills in the following areas:, Social communication skills, Vocabulary skills, Thinking skills, Narrative skills and listening comprehension skills
			• Teaching assistant may support pupil in class in understanding instructions, structuring, planning and recording ideas, modelling collaborative group working in class.
			• Use of **word mats** (with pictures and words)
			• Use of mind maps to generate ideas
			• Use of **colourful semantics** to support expressive language skills
				Continue to use the strategies and resources outlined in universal and targeted as appropriate for the needs of the child. The following may be additions at this stage…
				
				• Specific language and communication targets planned with practitioners/school staff and reviewed as determined by the child's clinical needs, in school/nursery by the speech and language therapist.
				• Highly personalised individual learning plans are carried out, and incorporate specialist targets from external agencies e.g. Speech and Language Therapy, etc
				• Specific language and communication targets planned with the teaching staff
				• Intensive Interaction
				• Augmented /alternative communication methods, IT and specialist adapted equipment is used to support a pupil in all aspects of schooling where appropriate.

- **Imitating:** Adult imitates and repeats what child says more or less exactly.
- **Commenting:** Adult comments on what is happening or what children are doing at that time.
- **Extending:** Adult repeats what child says and adds a small amount of syntactic or semantic information
- **Labelling:** Adult provides the labels for familiar and unfamiliar actions, objects, or abstractions (e.g. feelings)
- Adult encourages children to use new words in their own talking
- **Open questioning:** Adult asks open-ended questions that extend children's thinking (what, where, when, how & why questions)
- **Scripting:** Adult provides a routine to the child for representing an activity (e.g. First, you go up to the counter. Then you say "I want milk..") and engages the child in known routines (e.g. "Now it is time for circle time. What do we do first?").
- Adult provides children with choices (for example: "Would you like to read a story or play on the computer?").
- Adult models language that the children are not producing yet.
- Turn-taking is encouraged.
- Children's listening skills are praised
- Children's non-verbal communication is praised.
- Teaching includes differentiation of understanding/listening tasks breaking down instructions into smaller steps with pauses to ensure processing of each part of the instruction
- Teaching includes supporting expressive language tasks, giving the student more time to organise verbal responses, use of non-verbal methods of sharing of ideas i.e. using white boards to draw or write answers.
- Repeating and modelling back student's responses emphasising grammatical and vocabulary errors.
- Differentiation of some activities may be necessary e.g. the use of visual timetables, visual material, and vocabulary mats, story planning sheets etc.
- Resources are available to promote pupil's independence i.e. task plans
- Use of Communication Keys Resource
- Staff access the free "Communication Keys" training offered by Brent Speech and Language Therapy department.
- Follow advice for professionals on the Talking Point website

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- Small group or one to one adult input to practise skills in the classroom.
- Support to encourage independent working such as task plans
- Buddy system and peer support both in the classroom and at unstructured times.
- A system of rewards to improve motivation and celebrate successes.
- Visual time-tables and time-lines
- Socially Thinking to support and develop understanding of social use of language and develop peers relationships in the classroom and playground.
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	Assessment, planning and review at each stage:

Assess, planning and review
Speech and Language

Universal:
- Key person within the school to liaise with the School SENCo, who can help in identifying strategies and differentiated activities to support the child,
- Use Screening tools such as the Wellcomm screening to assess the child's expressive and receptive language skills. The Wellcomm screen will also support staff in observing other areas of communication development, e.g. attention and listening, fluency and voice.
- Record structured observations of the child around specific areas of focus over a period of time and in a variety of contexts
- Base assessments around the belief that parent/carers know their children best and that their observations and views are key.
- For children whose home language is not English, discussion should take place with parent/carers in their home language so strengths and areas for development can be explored. Please refer to Wellcomm for screening language ability in home languages.
- Work in partnership with parents/carers to establish Assess, Plan, Do, Review (APDR) cycles of intervention with the child. Each cycle should last 6 weeks and at least 2 APDR cycles should be completed. This will ensure you can provide sufficient evidence of the strategies/interventions you have tried.
- Continue to monitor and record the child's progress
- Support children and their families to access any relevant universal and targeted services in the community such as Let's Talk Groups in the Brent Family Well Being Centres. Information on local services can be found online on the Brent Local Offer

Support/advice from SENCO, who will manage:
- Additional adults routinely used to support flexible groupings. CYP will know who their identified key worker is
- Access to targeted small group work with class TA.
- Access to intervention group work with TA, ELKLAN trained TA,
- Access to a quiet, distraction-free environment in which to deliver intervention groups
- Allocated time for professional meetings with parents on a regular basis. TA and class teacher to liaise with SALT.

Targeted:
- Ongoing assessment is central for all children. More intense and regular assessment is needed for children with significant emerging concerns and reasonable adjustments must be made to the assessment process.
- Continue to use the Communication Keys screening tool
- The key person should liaise more frequently with the school/setting SENCO, and parent/carers to share concerns. This will enable an individual support plan to begin. Ensure this plan incorporates the views of parent/carers, along with any specialist advice.
- Continue to monitor and review the individual support plan, recording the child's progress and the impact of strategies and interventions used. This should be completed at least every 6 weeks as part of the APDR cycle.
- Consider referral to the Speech and Language Therapy (SLT) service. Parents/carers must give written consent for referral to SLT

LA teams that can support

- SEN Advisory Team

Other professionals that can support

- Speech and Language Therapist

Specialist:
- Universal provision and targeted groups
- Assessment of progress from targeted groups
- Normal curriculum planning including group or individual targets.
- Highly personalised targets
- Individual targets on IEP following advice from School support speech and language therapist
- Involve parents regularly to support targets at home.
- Pupils involved in monitoring and setting targets.

Brent

Communication and Interaction- ASD		
Quality First Teaching	***Targeted strategies and interventions***	***Specialist Interventions and additional resources***

		Learner profile	***Learner profile***	***Learner profile***
Descriptors	ASD	• Finds social situations confusing- may prefer solitary activities • Can be unclear about expected responses and how to develop and maintain relationships with others • Likes to follow own interests rather than accept direction • Displays a strong interest in particular subjects • Seeks repetitive actions or routines • Student not following the daily routine / activities • Student confused / not understanding instructions • Student has difficulties making their needs known / ask for help • Student being overwhelmed by the classroom • Student challenged by transitions between activities / leaving the classroom • Student has limited / no motivation to engage in tasks • Student unsettled during activities • Student attention limited to tasks especially not of their choosing • Student appearing rude / challenging in their interactions • Student finding social relationships with peers a challenge	• Student struggling / unable to be included in the classroom due to significant behaviour challenges including – refusal to participate / leaving the classroom / defiance / physical / emotional outburst • Sudden / unpredicted changes in behaviour • Existing strategies have stopped being effective • Student struggling to understand themselves and their behaviour • Limited social interaction skills • Physical outbursts causing harm to others and/or to self and/or damage to property	• Universal and targeted strategies not being effective • Student placement is breaking down • Emotional / mental wellbeing of student significantly impacted
Communication and interaction	ASD	**Whole school approach** • Whole school awareness and understanding of communication and interaction needs • Whole school awareness and understanding of autism spectrum disorders and its implications for the curriculum and social relationships • Pupils will access strategies and resources typically available in the ordinary classroom, with an emphasis on visual teaching aids to support learning and social activities • Tasks may need to be differentiated by level/ outcome/pitch/pace and grouping. Aspects of structured teaching might be helpful • Staff are skilled in adjusting the pace and order of activities to maintain interest and attention • Consistent approach used by ALL staff within the setting • Clear and regular communication with family of the autistic student **Strategies to support at the universal level available from BOAT and the following charities:**	**What to try first:** • Iceberg model to understand and identify 'why' changes / challenges in students behaviour that could not be supported with universal offer • ABC chart used to analyse behaviour – positive and behaviour that challenges • Behaviour management plan with identified strategies to support Strategies to support guided by Brent Outreach Autism Team: **Handouts at the targeted level available from BOAT for the specific areas below** Appropriate strategies to be put in place following advice and support visit from BOAT – observations and / or discussions with staff • Bucket analogy to support student to understand emotions and feelings • Road analogy to support students to understand their behaviour and their choices • Scales of justice – practical activity to support students to understand their role and consequences of behaviour	• Programme devised by SALT or OT • All attempts to speak are supported providing an additional method of communicating e.g. use of ICT, symbol communication (e.g. Makaton, PECS) • Referral to Occupational Therapist for understanding students sensory needs that are barrier to communication • Referral to CAMHS for social anxiety / self harm support • Attention Autism • Referral to WEST team • A clear plan of action, agreed with parents with regard to physical intervention

The Autism Education Trust National standards has a wealth of resources. https://www.autismeducationtrust.org.uk/shop/schools-standards-shop/

Reachout ASC has a wealth of resources: https://reachoutasc.com/

Strategies

Ask your BOAT worker for handouts for the specific areas below:

- Differentiating tasks in line with their developmental level, not their chronological age
- A consistent approach to managing individuals with "reasonable adjustments" made
- Understanding the frequency and location of triggers
- Communication with families about what might be happening at home (e.g. divorce, bereavement, illness) and strategies that work/don't work and relaying this information to staff
- Visual support – to provide structure, routine, encourage independence, build confidence, improve understanding and frustration
- Objects of reference (for children who cannot access symbols or photos
- First and next timetable – photo or symbol based
- Visual timetable – presented as photos, symbols or words
- Bespoke visual support – task organisers, planners, sequencing strips or prompt lists
- Communication
-Adults to match their language to the child's level of understanding
-Allow enough time for the child to process; be aware that this may take several minutes
-Comment rather than question when playing with child
-Use statements rather than questions when giving instructions
-Be aware of literal understanding of language e.g. child may not respond and understand 'everyone', 'red group' or 'year one'. Explain what these mean.
-Could the behaviour be a way of communicating? Does the child look at adult before engaging in a behaviour. They may not know what to say / do.
-Teach child what to say in given situations
- Attention
-Get down to their level when speaking with them
-Use their name at the beginning of an instruction or communication
-Eye contact for attention – look towards a person / object but NOT need to establish eye contact.
-Length of attention in line with their developmental level – 1 minute for each year of their life plus 1 minute
- Social interaction and building relationships
-Intensive interaction
- Building positive relationships through play

- Energy exchange – supporting student to understand the energy it can take to engage in activities and how to 're pay' yourself.
- What is a friend activity – support for understanding the different between what is true friend, fake friend, peer and acquaintance.
- Playtime – understanding the views and needs of students at playtime
- What 'to say and what to do' in social situations resource
- Disclosure session to support student understanding their diagnosis – resources document to support with this.
- Peer support session to support peers understand students behaviours / diagnosis
- Exclusion – supporting student understanding what an exclusion is and strategies to support upon returning to school.
- The Lego programme – the use of language in a structured programme to support problem solving and social relationships
- Safe sabotage – a supportive way to support developing problem solving and independence skills
- Writing is not the only way – observation and piloting alternative ways of recording their work

-Explicitly teach skills you want to see

-Social skills groups – develop social understanding,

-Social interactions with peers – jobs and roles in the class and activities

-Social stories and comic strip conversations

- Restrictive and repetitive behaviours

-Clear and consistent rules – pre warn of changes

-Timers, visual countdowns and consistency

-Clear expectations within tasks

Motivations and rewards

Social stories to enhance understanding of expectations

- Managing behaviours that challenge

-Clear expectation for the behaviour

Work out what is causing the behaviour – is it repeating / certain times of day / places

-Low arousal

-Positive approaches – play to child's strengths and interests, teach functional communication, where possible give choices, set realistic expectations

-Empathy – understand and address personal factors e.g. pain

- Consideration to the environment e.g. noise, room temperature, visual stimuli, proximity. Sensory audit of the environment

- The environment to be assessed for any triggers / challenges for the students sensory differences.

- Flexibility with uniform policy

-Use of figits / ear defenders / wobble sit cushions

- Regular / short breaks built into the school day – movement breaks and use of snacks
- Student has identified safe space / person to go to for support
- Zone of regulation – supporting students to understand their emotions and strategies to support regulating them.

www.zoneofregulation.com

Assessment, planning and review at each stage:

Assess, planning and review ASD	**Universal**: • Universal – Evidence of: identification, intervention and impact by: • Assessment for learning • Observations by teacher / class TA /KS Coordinator • Advice and support from the parents • <u>Information from the child re their opinions and preferred strategies.</u> <u>Support/advice from SENCO, who will manage</u>: • Additional adults routinely used to support flexible groupings. CYP will know who their identified key worker is • Access to targeted small group work with class TA. • Access to intervention group work with TA e.g. LEGO Therapy, ELKLAN trained TA, Attention Autism • Access to a quiet, distraction-free environment in which to deliver intervention groups, or for the CYP to access at break or lunch as a designated 'safe space' • Access to, specific training and support for staff • Allocated time for professional meetings with parents on a regular basis. TA and class teacher to liaise with BOAT	**Targeted**: • Risk assessments of tricky situations may be required to inform adaptations, e.g. educational visits. • There is a commitment to developing independence with steps planned and agreed. Individual targets and recommendations are agreed between BOAT, SENCO and class teacher and monitored on at least a termly basis following discussion with child and parents. • Careful reviewing of needs before transition at key stages e.g. starting pre-school, primary, secondary, post 16, adult life. TAs and key workers are routinely included in planning and or/are provided with lesson plans and learning <u>objectives in advance of the lesson to ensure their input is effective. The CYP is fully involved where this is appropriate</u> • Specialist assessments e.g. by Educational Psychologist, SALT, OT, CAMHS etc. Risk assessment will be in place, as appropriate. • Regular multi agency assessment and review of strategies and progress will be planned. <u>LA teams that can support</u> • BOAT • IST • Educational Psychology <u>Other professionals that can support</u> • Speech and Language Therapist • Occupational Therapist	**Specialist:** • Long term involvement of educational and non-educational professionals as part of Annual review/EHC plan • Review EHCP annually when all agencies are involved in reflection and joint planning in partnership with pupils and their parents/carers. • Regular risk assessments to consider risks to self and others • All professionals agree that the CYP needs can only be met with additional specialist resources • Communication targets to be incorporated into a visually supported Provision Map

Social, Emotional and Mental Health Difficulties

		Quality First Teaching	*Targeted strategies and interventions*	*Specialist Interventions and additional resources*
Descriptors	**Social, Emotional, Mental Health Difficulties**	*Learner profile* • Occasionally withdrawn and isolated and on the fringes of activities. • Involved in low level distractions which hinder own concentration and that of others. • Children may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.	*Learner profile* Difficulties that students present in either the home and/or school may include: • persistent emotional or behavioural difficulties that have not been reduced by differentiated learning • opportunities or by the behaviour management techniques usually employed by the school; • poor concentration despite structured and time limited tasks – poor personal organisation skills; • may be withdrawn and isolated, generally seeking too little adult attention with limited or selective • communication, may not communicate feelings; • difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other children, careless with learning materials; • pre-empting failure in tasks; • being reluctant to attend school; • unwillingness to acknowledge or accept responsibility for his/her actions	*Learner profile* SEMH difficulties are a barrier to: • learning and inhibits any participation, understanding and contribution to activities in the classroom. • Significant difficulty in social interaction. Shows lack of trust in adults. • Severe emotional difficulties. • Behaviours result in significant risk of harm to self and others, even with close adult support, leading to extreme social isolation, vulnerability and disengagement. • Takes physical risks and situations that have the potential to harm. • Extreme responses leading to an inability to engage with any formal learning situations • Little evidence of positive social relationships leading to extreme social isolation, vulnerability and disengagement • Complete disruption to social and emotional state, leading to extreme disengagement and isolation.
Social, Emotional, Mental Health Difficulties	**Emotional wellbeing**	To promote positive emotional wellbeing and mental health for all pupils • Create a calm environment ensuring the pupils feel safe • Build a positive relationship with pupils • Set realistic but clear expectations and reminders • Set up and use a motivational reward system • Use PSHE to develop wellbeing • Encourage pupil voice • Promote a sense of community (via assemblies, charity involvement, fundraising for school, working in the school garden, looking after the school environment…) • Use directed praise and indirect praise of others • Model desired behaviours • Adult support for transition times and for calming • Remain calm and have a plan • Use of positive language – limit setting - 'when and then', 'interrupt and redirect', 'if and then' • Increased differentiation of social, emotional and behavioural learning as well as academic curriculum – SEAL	To provide additional support for pupils with more complex needs • ABC chart to identify settings and triggers, as well as proactive, preventative and reactive strategies • Use of home link school books • ELSA group work– Emotional Literacy • Implementing bereavement activities • Implementing self-esteem activities • Modelling and teaching desired behaviours • Home-school link book • TAC and TAF meetings to keep parents and carers informed and communication is clear • Pastoral Support plan put in place • Restorative approaches • SDQ assessments: www.sdqinfo.org • Emotion coaching Emotion Coaching • School based counselling: www.place2be.org.uk • Threraplay: www.theraplay.org • Thrive approach: www.thriveapproach.com	To provide specialist support to staff and pupils. • Use of Early Help Assessment https://www.brent.gov.uk • Consultation with the MASH (Multi Agency Safeguarding Hub) https://www.brent.gov.uk • Education Psychology Team https://www.brent.gov.uk/eps • Referral to Inclusion Support Team Brent Council - Targeted Inclusion Service • Professional consultation with CAMHS Single Point of Access www.cnwl.nhs.uk • Advice from Brent's EWS attendance team when considering the use of part-time timetables, and virtual school or SEN team for LAC or learners with EHCPs. • Referral to the WEST service

		• Empathic listening • Listen and allow time • Being non-judgemental • Use of non-verbal communication Strategies are used to build and maintain positive relationships across the whole school community (e.g. restorative approaches). • Avoid getting caught up in a lengthy argument or confrontation • Build effective relationships with parents	• Nurture groups • Boxall profile • Nurture group • Listening Intervention • Anxiety Intervention • Exploring Emotions Through Art	
Social, Emotional, Mental Health Difficulties	Social Behaviour	To promote positive emotional wellbeing and mental health for all pupils • Create a positive environment to help improve attention, reduce anxiety, and support emotional and behavioural regulation of pupils • Planned opportunities for pupils to reinforce social and emotional skills, such as PSHE, circle time, TEN TEN. • Weekly class circle time to address individual and group issues • Use of consequence system • Motivational reward system • Realistic but clear expectations and reminders • Teach behavioural expectations and check for understanding • Use of visual aids • Directed praise and indirect praise of others • Adult support for transition times and for calming • Keep the directive simple and break it down into smaller steps necessary. • Relationship building with pupils • Remaining calm and having a plan • Use of positive language – limit setting - 'when and then', 'interrupt and redirect', 'if and then' • Empathic listening • Listen and allow time • Being non-judgemental • Use of non-verbal communication • A firm consistent approach deployed by all staff • Increased differentiation of social, emotional and behavioural learning as well as academic curriculum • Provide structure and adult tracking for break times • Adequate warnings to prepare for any changes	Difficulties following and accepting adult direction • Look for patterns and triggers to identify what may be causing behaviours • To provide additional support for pupils with more complex needs • Anger Intervention • Friendship and Social Skills Intervention • Lego Therapy is best suited for children with ASD, ADHD, children with anxiety issues and children with limited social skills. https://bricks-for-autism.co.uk/ • Circle of friends intervention circle of friends • Playground leaders • Pupil wellbeing ambassadors • Listening Intervention • Anxiety Intervention	To provide specialist support to staff and pupils • Use of Early Help Assessment https://www.brent.gov.uk • Consultation with the MASH (Multi Agency Safeguarding Hub) https://www.brent.gov.uk • Education Psychology Team https://www.brent.gov.uk/eps • Referral to Inclusion Support Team • Brent Council - Targeted Inclusion Service • Professional consultation with CAMHS Single Point of Access www.cnwl.nhs.uk • Advice from Brent's EWS attendance team when considering the use of part-time timetables, and virtual school or SEN team for LAC or learners with EHCPs. www.brent.gov.uk • Referral to the WEST service www.brent.gov.uk
Social, Emotional, Mental Health Difficulties	Learning behaviour	To promote a positive learning experience for all children • Read behaviour policy • Create a positive environment helps improve attention, reduce anxiety, and supports emotional and behavioural regulation of pupils • A nurturing classroom environment in which attention is paid to nurturing principles • Building a sense of community is necessary to foster healthy attitudes towards learning • Systems to be put in place to ensure effective class and behaviour for learning management strategies	To provide additional support for pupils with more complex needs • Identify what are the needs of the child • Baseline measures • Targeted provision identified and progress is monitored and reviewed • Evidence of progress be reviewed, including re-administering of baseline measures and review of behaviour records. • Progress be reviewed in relation targets • Parents/ carers and the child/ young person should be included in reviews at least three times per year.	To provide specialist support to staff and pupils • Use of Early Help Assessment https://www.brent.gov.uk • Consultation with the MASH (Multi Agency Safeguarding Hub) https://www.brent.gov.uk • Education Psychology Team https://www.brent.gov.uk/eps • Referral to Inclusion Support Team • Brent Council - Targeted Inclusion Service

		• Rewards and consequence system clearly displayed
		• Classroom is clear from clutter
		• Build positive relationships with students and parents starting with the first day of school
		• Start from scratch. You might know your rules backwards and forwards, but remember your students are most likely new to your teaching style and expectations
		• Classroom layout
		• Classroom programme of support, which relates to assessments
		• In class more targeted differentiation of the curriculum and supporting materials to enable full access
		• Strategies developed are formally shared with school staff, parent/carer and are documented
		• Level and pace of instructions simplified with attention paid to appropriate amount of teacher talk – chunked instructions, simple sentences
		• Increased emphasis on identifying and teaching to preferred learning style. Different learning styles including:
		• Kinaesthetic learners – physical activities learned through movement, building things and working with their hands, testing, experimenting and creating. Utilising outside spaces for out games
		• Visual learners – where learners need to see the information in order to process it. For example, graphs, charts, maps or diagrams
		• Auditory learners – where pupils learn through listening. Watching, saying, repeating and discussing
		• Preparation for any change and the need for clear routines so that children feel safe
		•Strategies are used to actively promote independent learning e.g. through pre-teaching, challenge activities, appropriately differentiated resources.
		•Seating plans and groupings take account of individual needs and routinely provide opportunities for access to role models, mixed-ability groups structured opportunities for conversation and sharing of ideas and access to additional adults where they are available.
		•Opportunities to develop peer awareness/ sensitivity and support for different needs both in and out of the classroom.
		• Peer discussion
		• Circle time
		• Group work
		• Group discussion
		• Pair/partner work
		• Buddy reading with different year groups
		• Guided reading
		• Peer mentoring
		• Teacher focus group
		• TA focus group
		• Peer marking
		• Invest time getting to know your classroom and pupils
		• Understand the physical, social and psychological settings that you and your pupils find yourselves
			• The review process should be used to identify and respond to any training needs
			• Opportunities for small group work based on identified need eg listening/thinking/social skills
			• A quiet area in the classroom available for individual work or to support pupils to refocus
			• Use of additional adults is planned to maximise their impact on learning.
			• Listening Intervention
			• Anxiety Intervention
				• Professional consultation with CAMHS Single Point of Access
				  www.cnwl.nhs.uk
				• Advice from Brent's EWS attendance team when considering the use of part-time timetables, and virtual school or SEN team for LAC or learners with EHCPs.
				  www.brent.gov.uk
				• Referral to the WEST service
				  www.brent.gov.uk

• Find out where the "hot spots" are. Run a behaviour audit or make this part of classroom observation • Position yourself so you can scan the class regularly • Use a silent and still approach. Stop what you are doing and remain silent. Maintain eye contact until you get the response you want, then continue • Non- verbal reminders and commands. These are quite traditional but are still effective e.g. finger to lips to ask for silence, standing straight with hands on hips, or for positives thumbs up, air high five etc… • Be organised. Prepare your classroom and have materials ready! • Walk around the classroom providing lots of praise.	

Assessment, planning and review at each stage:

| Assess, planning and review
Social, Emotional, Mental Health Difficulties | **Universal**:
• Universal – Evidence of: identification, intervention and impact by:
• Assessment for learning
• Observations by teacher / class TA /KS Coordinator
• Advice and support from the parents
• Information from the child re their opinions and preferred strategies.

Support/advice from SENCO, who will manage:
• Additional adults routinely used to support flexible groupings.
• Access to targeted small group work with class TA.
• Access to intervention group work or 1:1 with TA or learning mentor
• Access to a quie, distraction-free environment in which to deliver groups or 1:1 interventions
• Access to training for staff on best practice and evidence based interventions
• Allocated time for professional meetings with parents on a regular basis. TA and class teacher to liaise with SALT

• | **Targeted**:
• Specialist assessments: e.g. Speech and Language Therapist, Educational Psychologist.
• There is a commitment to developing independence with steps planned and agreed. Individual targets are agreed between professionals, SENCO and class teacher and monitored on at least a termly basis following discussion with child and parents.
• Careful reviewing of needs before transition at key stages e.g. starting, primary / secondary. TAs are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective. The CYP is fully involved.
• Specialist assessments e.g. Educational Psychologist, SALT, OT, CAMHS etc. Risk assessment will be in place, as appropriate.
• Regular multi agency assessment and review of strategies and progress will be planned.

LA teams that can support

• Educational Psychology
• SEN Advisory Team
• Inclusion Support Team | **Specialist:**
• Long term involvement of educational and non-educational professionals as part of Annual review/EHC plan
• Review EHCP annually when all agencies are involved in reflection and joint planning in partnership with pupils and their parents/carers.
• Regular risk assessments to consider risks to self and others, including eating and drinking difficulties

All professionals agree that the CYP needs can only be met with additional specialist resources |

Sensory and/or Physical needs- Hearing Impairment

		Quality First Teaching	Targeted strategies and interventions	Specialist Interventions and additional resources
Descriptors	**Hearing impairment**	**Learner profile** No hearing impairment diagnosed but may have temporary conductive hearing loss due to e.g. glue ear. The child experiences needs which are managed well in a mainstream class Description of need: A child who has a reoccurring conductive hearing loss. This may be associated with middle ear infections, glue ear, temporary perforated eardrums. This child may: • appear dreamy, disruptive, distracted and demanding • find it difficult to listen and attend to speech • be withdrawn and dependent on cues from others in the class before engaging in an activity • find it difficult to listen in background noise • not hear clearly in a group situation • have unclear speech • give the impression of being able to listen when s/he wants to • have a vocabulary deficit or delayed language • be experiencing difficulties acquiring phonics knowledge and skills • performing within age expectations overall	**Learner profile** The child has a long-term conductive hearing loss, mild sensory neural or unilateral hearing loss (they may or may not have hearing aids). Referral to BDHIS and ToD involved. This child may: Description of need: • have some delay in listening, language and communication which affects their ability to gain full access to EYFS curriculum • have difficulty acquiring phonic knowledge which is impacting on other areas of learning development • have poor attention and concentration • have difficulty understanding speech • be frustrated/give up when not understood • have low self-esteem and difficulties interacting socially. • be affected by issues of 'being different' which is having an impact on their social and emotional wellbeing. • not making expected progress in some areas, as a result of their deafness.	**Learner profile** The child has identified needs which require additional specific provision or specialist advice . Referral to BDHIS and full involvement of a Teacher of the Deaf (ToD) Description of need: A child who is not making expected progress as a result of their hearing loss. This could be due to a persistent conductive loss, sensorineural moderate, severe, profound sensorineural or mixed hearing loss or Auditory Processing Disorder (APD) This child may be affected by issues of 'being different' which may have an impact on his/her social and emotional wellbeing. The child may : • experiences significant, complex persistent and enduring difficulties in accessing learning • have a profound hearing loss or profound functional loss due to auditory neuropathy. • have significantly delayed spoken or signed language • be a BSL first language user • have other secondary needs e.g. visual impairment, autism, medical, etc.
Sensory and/or physical needs	**Hearing impairment**	• All staff are aware of individual students' sensory/ physical disability and implications in all teaching and learning environments • Favourable seating arrangements are identified • Staff are aware that for some pupils, a sensory or physical disability could impact on their language and social interaction • Staff should encourage students to wear appropriate sensory equipment and use physical aids • Staff should ensure that all students have understood all instructions • Seated near front of class with clear view of teacher's face and any visual material used	**Hearing impairment** • Words spoken on an audio/visual recording may need a person to repeat what is being said, provide written copy and/or use subtitles, use Assistive Listening Device (ALD) to connect to the audio/visual recording with relevant cable • Staff to be aware of difficulties for HI children to process information. Make sure you allow extra-time and pause between sentences/after questions to allow children to process information and respond. • Repeating / rephrasing pertinent comments made by other pupils ensuring the student accesses those comments	The teacher is aware that the child experiences complex and frequent barriers associated with hearing impairment, which can significantly impact upon their learning and development. They may have severe language delay and/or communicate using British Sign Language (BSL) which will have a greater impact on their social interaction and may require the support of adults to translate/scaffold/ enable this. • Resources and displays that support independence. • Use of Alternative and/or Augmentative Communication Systems e.g. use of ICT, symbol/ picture/ signing, communication (e.g. BSL/SSE, PECS, and visual support).

- Check the lesson content has been heard and understood, particularly when delivering new information, instructions or homework; and/or using unfamiliar = vocabulary
- Repeating / rephrasing pertinent comments made by other pupils ensuring the student accesses those comments
- Be aware the student may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking, write down key information, new vocabulary on the board
- Carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise
- Seat away from any source of noise e.g. window, corridor, fan heater, projector, the centre of the classroom etc.
- Visual timetable and use of visual cues i.e. sand timers to support sharing

Hearing impairment
- Be aware that students do not hear well from a distance and in background noise. E.g. in the playground/sport day
- Words spoken on an audio/visual recording may need a person to repeat what is being said, provide written copy and/or use subtitles
- Carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise
- Seat away from any source of noise e.g. window, corridor, fan heater, projector, the centre of the classroom etc.
- A quiet working environment, particularly for specific listening work
- Adults working directly with child with HI to have appropriate training i.e. British Sign Language (BSL)
- Visual timetable and use of visual cues i.e. sand timers to support sharing
- Staff to work together with other professionals to share strategies and advice to support the child
- BSL Training (available via the sensory impairment service)

- Check the lesson content has been heard and understood, particularly when delivering new information, instructions or homework; and/or using unfamiliar = vocabulary
- Pre- post teach new topics/new vocabulary to facilitate and enhance access to class learning; send home key vocabulary and topics prior to lessons
- Seated near front of the class with clear view of teacher's face / the rest of the class and visual materials used
- Be aware the student may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking, write down key information, new vocabulary on the board
- A quiet working environment, particularly for specific listening work
- Adults working directly with a child with HI to have appropriate training i.e. Deaf awareness, hearing equipment managing and troubleshooting, British Sign Language (BSL)
- Staff to work together with other professionals to share strategies and advice to support the child
- Effective use and managing of hearing equipment e.g. hearing aids/ Cochlear implants and ALD (Assistive Listening Devices,
- Staff to be aware of fatigue throughout the school day and allow more regular breaks
- BDHIS to be involved in all meetings involving the HI student i.e. AR/PEP/CIN/TAF etc.
- Peer deaf awareness

- Environmental considerations are made to meet the needs of all child e.g. the listening environment taking into account seating, lighting and acoustics.
- An understanding that the hearing impairment may have a wider impact on the child's social and emotional well-being. The child may also be vulnerable to bullying or have low self-esteem.
- Awareness that a child may need more time to complete tasks and that equality of access may mean that they need to do some things differently.
- Use of teaching strategies that develop the independent learning of the child.
- Regular/daily small group teaching of social skills.
- Peer awareness as part of inclusion approach in school.
- Teaching assistance is targeted towards the supply of teaching and learning resources.
- Short term small group and/or individual intervention, to develop specific areas of curriculum access as identified by the class/subject teacher or Advisory Teacher for HI teacher, following a programme designed or recommended by that professional.
- 1:1 or small group intervention to develop listening skills, speech and language e.g Auditory Verbal Therapy, pre/post teaching of vocabulary and key topics))
- Effective use and managing of hearing equipment e.g. hearing aids/ Cochlear implants and ALD (Assistive Listening Devices,
- Adults working directly with a child with HI to have appropriate training i.e. Deaf awareness, hearing equipment managing and troubleshooting, British Sign Language (BSL)
- A detailed programme, intervention personalised timetable and/or resource.
- Group consultation, with parents, professionals and setting
- Ongoing individualised assessments, monitoring and advice
- BDHIS participation in all meetings involving the HI student i.e. AR/PEP/CIN/TAF etc.

Sensory and/or Physical needs – Visual Impairment

		Quality First Teaching	Targeted strategies and interventions	Specialist Interventions and additional resources
Descriptors	**Visual impairment**	***Learner profile*** No diagnosed vision impairment present. **No specialist Teacher of Vision Impairment (TVI) Involved.** • The CYP needs are managed well in a • mainstream setting with appropriate differentiation of task and teaching style • A CYP who has been prescribed glasses for a refractive error (i.e. short/long sightedness, astigmatism) whose vision is fully corrected by their spectacles.	***Learner profile*** CYP has a mild vision impairment when vision is corrected with glasses. **Referred to BVIS and TVI involved.** • A CYP with monocular vision (this includes children who are patched for a period of time) • A CYP whose vision acuity, including reduced visual fields means that they require some changes to their environment • The CYP will be unable to read standard size, age appropriate print from an acceptable distance. They are likely to require modified resources including enlarged print, removal of visual clutter, clarity and contrast • They are likely to have reduced visual field and depth perception. • CYP may experience visual processing difficulties due to CVI. • CYP has identified needs which are highlighted to all staff with advice from a TVI. • The CYP requires extensive adaptation of resources, environment and curriculum and requires specialist adult support to enable access. • The vision impairment will have a severe impact on the CYP's ability to access their learning independently. • The CYP has significant needs which present barriers to progress, requiring long term involvement of educational and non-educational professionals.	***Learner profile*** • The CYP experiences complex and frequent barriers associated with vision impairment, which can significantly impact upon their learning and development. • A CYP whose primary mode of access is through tactile (Braille) and/or other non-sighted means (audio). Their vision impairment will have a greater impact on social interaction and may require the support of adults to scaffold/ enable this.
Sensory and/or physical needs	**Visual impairment**	No diagnosed vision impairment present. **No specialist Teacher of Vision Impairment (TVI) Involved**. • The CYP needs are managed well in a mainstream setting with appropriate differentiation of task and teaching style • A CYP who has been prescribed glasses for a refractive error (i.e. short/long sightedness, astigmatism) whose vision is fully corrected by their spectacles. No diagnosed vision impairment present. Quality First Teaching meets the needs of all pupils and may include: • Some differentiation of activities and materials • Flexible grouping arrangements • Environmental considerations are made to meet the needs of all CYPs • The quality of printed material should be appropriate for all CYP with regard to clarity, layout, font size, line spacing, colour and contrast.	**CYP has a moderate vision impairment that impacts on their ability to access the curriculum, including practical subjects independently.** • The CYP has identified needs which require additional specific provision, or specialist advice. • The CYP will be unable to read standard size, age appropriate print from an acceptable distance. They are likely to require modified resources including enlarged print, removal of visual clutter, clarity and contrast • They are likely to have reduced visual field and depth perception. • CYP may experience visual processing difficulties due to CVI. Referral to BVIS, placed on BVIS caseload TVI involvement at a Monitoring or S4 Level of support).	**The CYP has a profound vision impairment and requires extensive adaption and support in all areas to enable access to the curriculum.** • The CYP experiences complex and frequent barriers associated with vision impairment, which can significantly impact upon their learning and development. • A CYP whose primary mode of access is through tactile (Braille) and/or other non-sighted means (audio). Their vision impairment will have a greater impact on social interaction and may require the support of adults to scaffold/ enable this. Referral to BVIS, placed on BVIS caseload TVI involvement at a S1 or S2 Level of support). Targeted support in school will include may look like this:

CYP has a mild vision impairment when vision is corrected with glasses. Referred to BVIS and TVI involved. • A CYP with monocular vision (this includes children who are patched for a period of time) • A CYP whose vision acuity, including reduced visual fields means that they require some changes to their environment • CYP has identified needs which are highlighted to all staff with advice from a TVI. • Support strategies monitored by the SENCO • CYP with a diagnosis of a vision impairment can: • TVI can offer phone call/email consultation and advice on whether a referral to VI service is required • Possible referral to BVIS at an Advice level of support (single visit) including advise on required font size, seating position in the classroom, environmental factors to consider • Information about the CYP's needs are shared with relevant staff, in partnership with parents	Targeted support in school will include may look like this: • Use of large print equipment to access the curriculum • Additional skills training such as touch typing. • Additional IT equipment provided where appropriate (e.g. Laptop, Tablet etc.) • Modified and adapted PE lessons are required. • Manage access arrangements for internal and external examinations and assessments. • Awareness of social and emotional aspects of disability **The CYP has significant vision impairment which greatly impacts on their ability to access the curriculum. The vision impairment might be severe or degenerative in nature.** • The CYP requires extensive adaptation of resources, environment and curriculum and requires specialist adult support to enable access. • The vision impairment will have a severe impact on the CYP's ability to access their learning independently. • The CYP has significant needs which present barriers to progress, requiring long term involvement of educational and non-educational professionals. • The CYP will need training in specialist skills to enable access to the curriculum and beyond (expanded core curriculum, including independent living skills). • Referral to BVIS, placed on BVIS caseload at a S4 or S3 Level of support) Targeted support in school will include: • Individualised support across the curriculum to provide a personalised learning experience, taking into account advice from TVI. • Teachers and TAs plan together on an ongoing basis following recommendations from TVI. • Facilitate production of modified enlarged materials in accordance with the recommendations and training from TVI and BVIS Specialist TA. • The use of specialist or adapted equipment in lessons to access the curriculum. • Specialised modification of all teaching and learning styles and resources. • Opportunities for CYP to continue to develop specialist skills. • Releasing CYP to attend specialist skills training and VI peer events where appropriate. • Specialist Teaching of Additional Core Skills (e.g. Braille, voice over software where appropriate) • Advice and assessment on the use of specialist or adapted ICT software to access the curriculum. • Assessment for and provision of highly specialist equipment and training to staff and pupils on the use of this where appropriate. • Releasing CYP to receive mobility training and independent living skills input.	• The use of specialist or adapted equipment /software in all lessons to access the curriculum • Facilitate production of differentiated materials in accordance with the recommendations from the TVI Teacher • Support in and out of class to access school life and independent living skills • Access to curriculum support for pre and post learning and to consolidate concepts and vocabulary and understanding • School provides 1:1 support for pupil where appropriate • School has dedicated person producing accessible resources. • School makes 1:1 support staff available to attend training. • BVIS intervention and teaching of specialist skills. • Ongoing individualised assessments, monitoring and advice • Other VI specialist advice provided as necessary from Mobility and Habilitation Specialists, Early Years VI Specialists and Curriculum Access Specialists. Specialist IT Technician • Mobility training and independent living skills input.

Assessment, planning and review at each stage:

Assess, planning and review Sensory and/or physical needs – hearing and visual impairment			

Universal:
- Universal – Evidence of: identification, intervention and impact by:
- Assessment for learning
- Observations by teacher / class TA /KS Coordinator
- Advice and support from the parents
- Information from the child re their opinions and preferred strategies.

Support/advice from SENCO, who will manage:
- Additional adults routinely used to support flexible groupings. CYP will know who their identified key worker is
- Access to targeted small group work with class TA.
- Accessibility and reasonable adjustments to facilitate access to the curriculum
- Access to intervention group or 1:1 work with TA trained in either VI, HI
- Access for school staff to LA training for VI and HI
- Access to a quiet, distraction-free environment in which to deliver intervention groups
- Allocated time for professional meetings with parents on a regular basis. TA and class teacher to liaise with TVI or HI advisory teacher.

Targeted:
- An environmental audit facilitated by BVIS, BDHIS. Risk assessments of tricky situations may be required to inform adaptations, e.g. educational visits.
- Specialist assessments: e.g. TVI, HI advisory teachers, Educational Psychologist.
- There is a commitment to developing independence with steps planned and agreed. Individual targets are agreed between TVI, HI advisory teacher, SENCO and class teacher and monitored on at least a termly basis following discussion with child and parents.
- Careful reviewing of needs before transition at key stages e.g. starting pre-school, primary, secondary, post 16, adult life. TAs and key workers are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective. The CYP is fully involved.
- Specialist assessments e.g. by BVIS, BDHIS, Educational Psychologist, SALT, OT, CAMHS etc. Risk assessment will be in place, as appropriate.
- Regular multi agency assessment and review of strategies and progress will be planned.
- Review EHCP annually when all agencies are involved in reflection and joint planning in partnership with pupils and their parents/carers.

LA teams that can support
- BVIS
- BDHIS

Specialist:
- Long term involvement of educational and non-educational professionals as part of Annual review/EHC plan
- Regular risk assessments to consider risks to self and others,
- All professionals agree that the CYP needs can only be met with additional specialist resources
- Access to Habiliation Specialist to support development of independence

Sensory and/or Physical needs- Physical disability and/or medical conditions

		Quality First Teaching	Targeted strategies and interventions	Specialist Interventions and additional resources
Descriptors	**Sensory and/or physical needs**	**Learner profile** Description of need: • Consideration of regular absence from school which may impact on learning. • May have medical condition that impacts on time in school and may require an individual healthcare plan. This should include consideration of immediate care needs and how these can be met in school. • Pupil may need support to catch up work missed. • The pupil requires additional targeted support to access the curriculum and continue to make progress. • Difficulties caused by the medical condition may impact on social and emotional development e.g. low self-esteem, confidence maintaining friendships due to extended absence. • Key staff needs training in the management of complex physical needs to support the pupil and carry out programmes of support. These should include physiotherapy programmes, moving and handling tasks to facilitate changes in position; motor skills group etc. (just to name a few). Details of moving and handling should be included in a manual handling plan which could form a part of the individual healthcare plan. • Progress within the curriculum may be unaffected or mildly affected. • The pupil is able to participate in most/all classroom activities. • The pupil will be working across expected range with an unusual profile showing relative strengths and weaknesses • Views of the parent, pupils and involved practitioners are sought to ensure safe participation at school and to support targets at home. • Pupils involved in monitoring and setting targets. • Normal curriculum planning including group or individual targets. • Monitoring of developmental goals in line with National Curriculum • SENCO awareness if no progress apparent after targeted teaching approach.	**Learner profile** • Interventions may require direct involvement of an OT for assessment and monitoring but which can be delivered by staff. • Requires straightforward interventions • Student has potential for change • School staff requires support to know what the next steps should be. Description of need • Pupil may have regular absence from school which may impact on learning. • May have medical condition that impacts on time in school and may require An individual healthcare plan. • Pupil may need support to catch up work missed. • The pupil' s physical needs require additional regular support from a dedicated staff member to facilitate access to the curriculum, manage their condition, or move safely around the class and school site both indoors and outdoors. • Pupil is dependent on adult support to deal with matters involving self-help, therapy as demonstrated by a therapist, to access aids or equipment necessary to access the curriculum effectively (Including IT equipment) • The pupil requires additional targeted support to access the curriculum and continue to make progress. • Pupil has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to stay on task, access small group work or take a rest break due to physical needs. • Pupil has severe and persistent difficulties learning independently, remembering and retaining information and organising his/her work. • Recording and / or mobility now impacting more on access to the curriculum. There may be a loss or deterioration of skills already mastered	**Learner profile** • Students have significant and persistent learning difficulties despite access to appropriate learning opportunities and support. • Students who have a clinical need where the OTs expertise, together with the agent of change e.g. parent or school staff member will make a significant contribution. Students who have: • Ongoing physical difficulties • Student is new to service or setting. Recent (possibly temporary) new factors impacting on their physical development that require increased liaison or problem solving with other professionals Description of need: • Pupil has severe and persistent difficulties concentrating for the same amount of time as the rest of the class e.g. requires regular individual support to stay on task, access small group work or take a rest break due to physical needs. • Pupil has severe and persistent difficulties learning independently, remembering and retaining information and organising his/her work. • Recording and / or mobility now impacting more on access to the curriculum. • Individual targets on IEP following advice from SENAS Consultant Medical & Mobility and health professionals • A care plan may be necessary if the pupil needs regular therapy in school and this should be reviewed regularly and advice sought from involved practitioners and parents. • Involve parents regularly to support targets at home. • Pupils involved in monitoring and setting targets. • SENCO seeks advice from external

Environment/ resources:

- Risk assessment carried out if necessary by school, with referral to Risk assessment guidance.
- Risk assessments and care plans that are co-produced with parents and the child
- Resources are available to promote pupil's independence.
- Class organisation may need to be considered taking into account the pupil's needs e.g. pupil's position in the classroom.
- Pupil may require access to small items of equipment e.g. sloped writing board, foot block, Dycem mat, adapted scissors, alternative writing tools
- Pupil may require access to IT, specialist aids and adaptations may be necessary to facilitate access to the curriculum. Increased use of alternative methods for extended recording e.g. scribe, ICT
- Adaptations to the environment to ensure the student's physical access to school e.g. accessible toilet adaptations and equipment that may include changing bed, hoist etc. This could also include specialist bespoke equipment to ensure safe participation as assessed by an involved health practitioner.
- 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. This could include an access visit by involved therapists or a moving and handling advisor.
- Increased dependence on mobility aids i.e. wheelchair or walking aid.
- Pupil may require dedicated pieces of equipment to access the curriculum.

Medical:

- Referral to school nurse to check hearing, sight or for possible medical condition
- Care plan in place, if appropriate, written with specialist nurse/ school nurse.
- The condition may cause fatigue and effect concentration levels.
- The condition is usually effectively controlled by medications etc.
- The pupil' s physical/medical needs require additional regular support from a dedicated staff member to facilitate access to the curriculum, manage their condition, or move safely around the class and school site both indoors and outdoors.
- The pupil's condition requires regular liaison with parents and health practitioners.

- There may be significant difficulties learning independently e.g. if left without targeted adult supervision due to fatigue/impact of physical disability on the pupil and their concentration to task.
- School staff may observe a loss or deterioration of some skills already mastered
- As for universal provision but SENCO may be involved in more specific assessments and observations.
- Personalised approach to accessing the curriculum taking the impact of physical/ medical needs into account.
- The pupil's physical disability should be monitored by trained staff supported by health practitioners and parents.
- A provision map is in place which includes evidence- based interventions; progress in learning is carefully assessed, tracked, monitored and evaluated.
- Involve parents regularly to support targets at home.

Fine/ Gross Motor:

- 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 problems with gross motor skills and co-ordination often seen in PE.
- Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment.
- Alternative ways of recording to minimize handwriting eg access to a laptop and/or scribe

Independence & Community:

- May have continuing difficulties with continence/ toileting.
- May have continuing problems with self-esteem and peer relationships.
- Continuing problems with self-help and independence.

Medical:

- The pupil's condition requires regular liaison with parents and health practitioners.

- agencies e.g. physiotherapy/OT

Medical:

- The pupil has a significant medical needs or physical disability and requires intensive 1-1 support.
- The pupil's medical needs or physical disability requires regular monitoring throughout the school day.
- Key staff need training in the management of complex medical needs to support the pupil and carry out medical procedures. These could include specialist feeds, catheterising, and rescue medication (just to name a few). Details of medical/care needs should be written into an individual healthcare plan and updated regularly
- Care plan in place, if appropriate, written with specialist nurse/ school nurse.

Fine/ Gross motor:

- Key staff need training in the management of complex physical needs to support the pupil and carry out programmes of support. These should include physiotherapy programmes, moving and handling tasks to facilitate changes in position; motor skills group etc. (just to name a few).
- Significant and persistent gross and / or fine motor difficulties
- Pupil may require access to IT, specialist aids and adaptations may be necessary to facilitate access to the curriculum. Increased use of alternative methods for extended recording e.g. scribe, ICT
- Alternative ways of recording to minimize handwriting
- Modified planning for PE/outdoor play curriculum is likely to be needed

Independence & community:

- There could be deterioration or loss of skills that leads to increased dependence on mobility aids i.e. wheelchair or walking aid.
- Pupil needs regular changes in position and help with transfers e.g. wheelchair to chair/bed.

Environment/ Resources:

- Adaptations to the environment to ensure the student's physical access to school e.g. This could also include specialist bespoke

- The pupil's medical needs require additional regular support from a dedicated staff member trained to a level of competence to administer medication or carry out medical procedures.

Fine motor/ Gross motor:

- Assessments may determine mild to moderate problems with hand / eye coordination, fine / gross motor skills and recording, impacting on access to curriculum.
- Moderate or persistent gross and / or fine motor difficulties
- Making slow or little progress despite provision of targeted teaching approaches.
- 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.

Independence & community:

- May have continuing difficulties with continence/ toileting.
- May have continuing problems with self-esteem and peer relationships.
- Continuing problems with self-help and independence.

You may observe the following:

• Delay reaching development milestones
• Seeming too stiff or too floppy
• Weak arms or legs
• Delayed fine motor skills
• Delayed gross motor skills
• Visual impairment
• Difficulty sitting still on a chair
• Difficulty raising arms
• Limited spatial awareness
• Difficulty with hand / eye coordination
• Fatigue
• Unusually short stature
• Tends to bump into things or people
• Limited organisational / planning skills
• Difficulty ordering / sequencing
• Difficulty with expressive and receptive communication
• Difficulty establishing, maintaining eye contact

- The pupil's medical needs require additional regular support from a dedicated staff member trained to a level of competence to administer medication or carry out medical procedures.
- The pupil's physical needs are a significant barrier to accessing all subject areas.
- Difficulties caused by the medical condition may impact on social and emotional development e.g. low self-esteem, confidence maintaining friendships due to extended absence.
- Pupil may require dedicated pieces of equipment to access the curriculum.
- SENCO may seek advice from health professionals in relation to curriculum adaptation.
- Pupils needs have been discussed with specialists involved such as Paediatricians, Therapy Service, Children's Community Nursing Team, Specialist Health Care Teams, SENAS and advice implemented.

Environment/Resources:

- Adaptations to the environment may be necessary to ensure the student's physical access to school e.g. accessible toilet and modifications.
- Pupil is dependent on adult support to deal with matters involving self-help, therapy as demonstrated by a therapist, to access aids or equipment necessary to access the curriculum effectively (Including IT equipment).
- The school will need to consider safe access to school visit and extra-curricular activities.

You may observe the following:

• Continuing delay in reaching developmental milestones
• Combination of two or more features from the universal profile
• Difficulty acquiring fine motor control skills
• Mobility difficulties
• Difficulty standing unsupported- (Depending on disability/condition)
• Difficulty sitting on a chair without support
• Random, uncontrolled movements
• Muscle stiffness
• Muscle weakness
• Difficulty with spatial organisation
• Requiring regular medication during the school day
• Difficulties chewing and swallowing
• Difficulty with expressive and receptive communication
• Needs assistance with personal care- Depending on learning disability
• Impaired mobility- Depending on learning disability

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equipment to ensure safe participation as assessed by an involved health practitioner.
- 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.
- Personal care and manual handling assessment in conjunction with Health Professionals.
- May need specialist assessment and advice regarding mobility and curriculum access from SENAS and Health professionals.
- Advice from SENAS on risk assessments, swimming, educational visits day/ residential, Personal Evacuation and Egress Plan (P.E.E.P.)
- Risk assessments and care plans that are co-produced with parents and the child.

You may observe the following:

- CYP has enduring difficulty accessing the curriculum without appropriate adjustments.
- CYP requires long term support over and above what is normally available.
- CYP has a diagnosis of a physical or neurological impairment.
- CYP has a diagnosis of a long term medical condition.
- CYP requires specialist equipment
- CYP requires an occupational therapist, physiotherapy or SALT programme
- CYP needs an individual care plan

Sensory and/or physical needs	Physical disability and/or medical conditions	**Mainstream class with occasional additional individual or small group support**	**As universal but may be working on modified curriculum tasks.**	
		• Attention to positioning in classroom. • Flexible use of resources and staffing available in the classroom; recording work, accessing text, modifying teacher talk, modelling responses • Main provision by class subject teacher with some age appropriate programmes delivered one to one or in small groups. • Input may be needed from health professionals via SENCO e.g. specialist nurse/ school nurse. • Medical advice and information from health care professionals with a role in relation to the child's or young person's health should be included in planning and implemented in the class/school. • Specialist training should be sought for dedicated staff and general whole school training provided. • Any concerns should be raised with parents and involved agencies. • Follow school handwriting scheme with slight modifications eg. Differentiated writing materials and equipment • Some differentiation to PE curriculum if appropriate. • Access to appropriate ICT provision i.e. accessibility options on Windows Refer to graduated approach for assistive technology. • Staff awareness training of relevant medical conditions on a 'needs to know' basis.	• Differentiated writing materials and equipment • Small group or one to one adult input to practise skills • Buddy system. • Attention to position in classroom. • Main provision from class teacher or subject specialist with support from SENCO. • Occasional input from additional adult to provide targeted support under the direction of teacher. • Minimal support/ supervision may be needed to meet hygiene needs and / or outside play and at lunch time • Advice may be sought from Health Professionals e.g. Physiotherapist, Occupational Therapist. • Staff awareness training of relevant medical conditions on a 'needs to know' basis. • Follow school handwriting scheme with further modifications and extra time for reinforcement. • Introduce other handwriting schemes such as 'Write from the Start' • Some differentiation to PE curriculum. • Opportunities to practise dressing and undressing skills • Access to appropriate ICT provision. • Non slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope.	• Small group or one to one adult input to practise 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. • Main provision from class teacher or subject specialist with support from SENCO and/or SENAS • Flexible use of classroom support to access curriculum and develop skills in recording • May need further specialist input from Health professionals e.g. Physiotherapist, Occupational Therapist. • Staff providing care/support have access to appropriate training and specialist advice e.g. Manual Handling. • Systems policies and procedures are in place to assess risk both in school and outside school (including trips) to ensure pupil and staff are safe. • Key staff to report any concerns regarding the pupil's physical needs in a timely way to ensure that the pupil is safe and receiving the right care. This is crucial to ensure effective communication. • Differentiated writing materials and equipment: • A programme to develop fine/gross motor and self-carer skills. • Further differentiation to PE curriculum in conjunction with Physical & Medical Team and/ or Physiotherapy. • Dressing and undressing skills programme in conjunction with therapist. • More dependence on appropriate ICT for recording.

• Implement strategies from the fine motor packs for a minimum of twelve weeks before considering referral to Occupational Therapy.		• Advice on access to appropriate physical environment and adapted equipment • Support to develop a fine motor skills/ handwriting programme • Support to develop ICT skills for recording • Further differentiation to PE curriculum in conjunction with SENAS and/ or Physiotherapy. • ICT equipment to aid recording. • Furniture and equipment assessed jointly by Occupational Therapy • Adapted site may be necessary to physically access the building. • Hygiene / medical room may be necessary • May need specialist low tech seating and/ or furniture and equipment • Monitoring of the use of specialist equipment

Assessment, planning and review at each stage:

| **Assess, planning and review**
Sensory and/or physical needs –
physical and / or medical needs | **Universal**:
• Universal – Evidence of: identification, intervention and impact by:
• Assessment for learning
• Observations by teacher / class TA /KS Coordinator
• Advice and support from the parents
• Information from the child re their opinions and preferred strategies.

Support/advice from SENCO, who will manage:
• Additional adults routinely used to support flexible groupings. CYP will know who their identified key worker is
• Access to targeted small group work with class TA.
• Accessibility and reasonable adjustments to facilitate access to the curriculum
• Access to intervention group or 1:1 work with TA trained in therapies or medical intervention e.g. diabetes
• Access for school staff to training for therapies and medical interventions from medical professionals
• Access to a quiet, distraction-free environment in which to deliver intervention groups
• Allocated time for professional meetings with parents on a regular basis. | **Targeted**:
• An environmental audit. Risk assessments of tricky situations may be required to inform adaptations, e.g. educational visits.
• Specialist resources/equipment facilitated by OT / Physio or specialist nurse
• Specialist assessments: e.g. TVI, HI advisory teachers, Educational Psychologist.
• There is a commitment to developing independence with steps planned and agreed. Individual targets are agreed between health professionals, SENCO and class teacher and monitored on at least a termly basis following discussion with child and parents.
• Careful reviewing of needs before transition at key stages e.g. starting pre-school, primary, secondary, post 16, adult life. TAs and key workers are routinely included in planning and or/are provided with lesson plans and learning objectives in advance of the lesson to ensure their input is effective. The CYP is fully involved.
• Specialist assessments e.g. by OT, Physio, Educational Psychologist, SALT, OT, CAMHS etc. Risk assessment will be in place, as appropriate.
• Regular multi agency assessment and review of strategies and progress will be planned.
• Review EHCP annually when all agencies are involved in reflection and joint planning in partnership with pupils and their parents/carers.

LA teams that can support

• SEN Advisory Team | **Specialist**:
• Long term involvement of educational and non-educational professionals as part of Annual review/EHC plan
• Regular risk assessments to consider risks to self and others,
• All professionals agree that the CYP needs can only be met with additional specialist resources |

		Other professionals that can support - Occupationa therapy - Physiotherapist - Specialist nurse e.g. Diabetic	