

# Intervention Guidance for Special Educational Needs and Disabilities (SEND) in Schools and other educational settings



This guidance aims to help schools and other educational settings in Herefordshire meet the needs of children and young people (CYP) with SEND. It should be used as a reference to guide and inform practice and to plan individual educational programmes for children with SEND. The document uses the categories of need and outlines the staged or graduated process of intervention described in the SEND Code of Practice (2014; 6.44-6.55). It identifies the teaching and learning strategies and types of approaches useful for promoting and supporting SEND. It provides examples of the degree of support expected at each level and outlines the 'plan-do-review' approach to assessment, intervention and review for CYP with SEND. This model is consistent with the 'three waves of intervention' outlined by in the National Strategies and the rest of this document provides examples of what can be done by schools at each wave of intervention (universal, targeted and specialist). In Herefordshire we have outlined four levels of need, which require an increasingly targeted and specialist degree of support and intervention. These levels are described on the next page.

<b>Contents</b>	<b>Page</b>
■ Graduated Approach in Herefordshire: 4 levels of response _____	2
■ Communication and Interaction _____	4
■ Cognition and Learning _____	16
■ Social, Emotional and Mental Health _____	25
■ Physical and Medical _____	36
■ Hearing Impairment - HI _____	45
■ Visual Impairment - VI _____	56
■ Multisensory Impairment/Deaf blindness _____	64

# The Graduated Approach to SEND in Herefordshire

This graduated approach ensures that children with special educational needs and disabilities (SEND) get the right level of support when needed. This document outlines the levels that children and young people (CYP) and their families may go through in this process. Not every child will need to progress through all these levels, and only those with the most complex needs require an Education and Health Care Plan. Most pupils and students will receive early intervention and will have their needs identified and met by their school without the need for further input. Schools should apply an 'assess, plan-do-review' approach to meeting children's needs.

## Level 1 - For all pupils

Nearly all children will have their needs met by teaching or support that is available to all children in a school. This could include extra time and support from their teacher or some other form of help planned to ensure a child makes expected progress with their education. The Local Offer in each school outlines the kinds of support and help that is available at this level of need. One way to ensure that progress is made is by completing a profile of the child's strengths and difficulties which also includes a plan for what will be needed for them to make progress.

## Level 2 – School Individual Plan

**Individual Plan:** If the needs and difficulties noted at Level 1 and outlined in the child's profile persist, they will require a greater level of attention and support. This requires that the school produce an

**individual plan** for the child which sets out in small steps how the child's needs will be met (sometimes called an individual education plan/IEP). This will include the results of assessments made of the child's strengths, difficulties and progress, and identify targets and measures that should be put in place to meet these needs. This plan will need to be discussed with parents and then **reviewed** after a period of intervention (termly). If it has worked the plan can be ended. If not, the review should identify what further help is needed. The school must decide with parents how often a plan should be reviewed and what increasing levels of support need to be applied before moving to the next level. This type of school intervention plan should not be confused with an EHC plan (see level 4 on page four).

## Level 3 – School Plan Plus

**'Plan Plus':** Sometimes the identified needs of the child or young person (CYP) may require the involvement of a group or team of practitioners/professionals. They may work in different areas such as health, education or social care. These practitioners may contribute further information and assessments and provide useful advice to support the family and school in meeting the child or young person's needs. The parents/carers and family will be a key part of this process, and child or young person's response to intervention will be **reviewed** regularly and at least each term. If working, the **'Plan Plus'** can be reduced to a Plan or removed entirely. If it is not working well a review may indicate that moving to Level 4 is necessary.

# The Graduated Approach to SEND in Herefordshire

## Level 4 Request for a Statutory Assessment

**Request for Education and Health Care (EHC) assessment:** If the family and/or school of the CYP believe their needs are particularly complex, and that further and greater specialist support is required to meet the child's SEND, they should consider the need for a statutory assessment. The school (or sometimes another practitioner) will usually make a request for this assessment by completing a 'Family Conversation' and submitting this to the Council's SEN team. Parents also have the right to make this request. The Family Conversation should contain all of the basic information needed to help the Council decide whether an assessment is necessary. This must include a demonstration that Levels 1 to 3 have been thoroughly completed. The request is then considered by the Council and a multi-agency group of professionals including staff from education, health and social care are asked to provide advice. If the decision is 'no', then alternative sources of help and support will be signposted. If the decision is 'yes', then an assessment takes place and the child/young person and their family are invited to tell their stories. If an EHC plan is needed, this will be co-produced with the family and outline their goals and ambitions and the types of support, resources and funding required to ensure these aspirations are achieved.

# Broad Areas of Need

## Communication and Interaction

### Universal - All Children

All children need to be able to understand and use language effectively to access the curriculum and communicate with others. Children's linguistic competence supports their learning as well as their communication skills.

Many children have difficulty in understanding others and in expressing themselves. They may have difficulty with speech and or articulation (forming sounds) and using correct sound in words). They may have difficulty in expressing their thoughts and ideas clearly. There may be difficulties in fluency which result in stammering.

Children may have difficulty with social interaction, social understanding and lack flexibility in thought and behaviour. They may have difficulties with attention and listening, and any of these weaknesses may mean the child needs some short-term support. It should not be assumed that they have special educational needs.

### Targeted - Some Children

Some children's communication and interaction difficulties cannot be met by universal approaches over a sustained period of time.

These difficulties may interfere with their ability to access the curriculum, and impact negatively on their emotional and mental health, and relationships with others. Children with these difficulties may have received a diagnosis, for example, developmental language disorder, or speech and language delay. They may have language difficulties in association with other conditions such as autism.

These children will require a graduated approach which draws on increasingly detailed interventions and support approaches, and where appropriate specialist expertise, in successive cycles of assessment, planning, intervention and review is applied and which ensures interventions match needs.

### Specialist - Few Children

A few children's difficulties are severe and longstanding and have not responded to focussed and well-founded interventions over a period of time. The severity of their difficulties may have a considerable impact on their ability to access to the curriculum.

The range of difficulties these children are experiencing may also be impacting on their emotional and mental health and relationships with others.

These children will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review. This approach ensures interventions match needs. These children may require an Education, Health and Care Plan.

# Assessment and Planning

## Communication and Interaction

### Universal - All Children

All children require:

- Systems to be in place for staff to routinely seek children's views about their strengths and difficulties and adults' concerns (e.g. through the use of a pupil profile of some sort).
- Systems to be in place for staff to regularly seek the views of parents about their children's communication and interaction skills.
- Appropriate arrangements to be in place for assessment of the classroom and school environment and its impact on children's communication and interaction. These should be reviewed at least annually. Use of
- Routine assessment of children's progress with speaking and listening skills.
- Subject and class teachers who take account of access strategies, varied language skills and adapt their teaching and planning to accommodate a range of abilities.

### Targeted - Some Children

In addition to universal assessment and planning approaches, some children will require:

- The setting to gather the child's views about their difficulties and the support approaches to be put in place (e.g. through the use of a profile or individual educational plan/IEP).
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches.
- Liaison and consultation with external professionals and support services where appropriate.
- Close home-school links, so school are aware of changes in home circumstances that may impact on progress.
- Liaison and consultation with external professionals and support services (e.g. paediatrician, advisory teachers, school nurse, social worker etc.) where appropriate.

### Specialist - Few Children

In addition to Universal and Targeted assessment and planning approaches a few children will also require:

- The setting to gather the child's views about their difficulties and the support approaches to be put in place.
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of the IEP).
- External services to contribute, via consultation or specialist assessment, to a more specifically focussed plan.
- Very close home-school liaison, so school are aware of changes in home circumstances that may impact on communication and interaction.
- The appropriate non-educational professionals (e.g. Paediatrician, School Nurse, Speech therapist etc.) are also involved in assessment and planning.
- Involvement from external support services (e.g. Advisory Teacher, Educational Psychologist) who assist in assessment and planning.

# Assessment and Planning

## Communication and Interaction

### Universal - All Children

### Targeted - Some Children

- The SENCO contacts other professionals working with the child outside school (with parental permission) as part of the assessment.
- Where appropriate external services (e.g. Speech and Language Therapy Service, Advisory Teaching Service, Educational Psychology Service) contribute via consultation or specialist assessment, leading to a more specifically focussed plan.
- Both qualitative and quantitative measures may be used as a baseline from which progress can be judged. Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- The class teacher in consultation with the SENCO to establish a clear analysis of the child's needs.
- Consideration of their development in comparison to their peers and their response to previous interventions needs to be evaluated.

### Specialist - Few Children

- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures to be made of the impact of the child's difficulties on their ability to access the curriculum.
- Clear plans for the use of support which relate to expected long-term outcomes and include short term SMART targets (Individual Education Plan, or an "Assess, Plan, Do, Review approach).

For some children, a coordinated multiagency plan will be essential and may include Social Workers, Family support Workers, Children and Young People's Service (CYPS) and other community and charity groups. These children may require a statutory assessment of their special educational needs which may lead to an EHC plan.

# Assessment and Planning

## Communication and Interaction

### Universal - All Children

### Targeted - Some Children

### Specialist - Few Children

- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within an IEP or an “Assess, Plan, Do, Review” approach).

For some children a coordinated, holistic multi agency plan will be required. This may involve a range of professionals including: Speech and Language Therapy Service, Advisory Teacher Service, Educational Psychology Service, Social Care Teams, Child and Adolescent mental Health Service/ CAMHs and a range of health professionals and other support services. Assessment at this stage suggests that difficulties in the child’s communication and interaction mean they require additional and different provision to that available for all children.



# Intervention and Support Communication and Interaction

## Universal - All Children

All children will require access to the following intervention and support approaches:

- A curriculum differentiated appropriately to take account of individual needs.
- Adult support used to prepare specific resources including use of appropriate IT programmes to support language and communication.
- Staff set personalised learning targets for all children.
- A classroom and whole school environment modified to take account of a variety of communication and interaction needs.
- Regular communication with parents e.g. a home school diary, and also encourage parents to contribute written messages/ photos from home to support children who can't express themselves so that they can participate in class news/sharing discussions.
- Adult monitoring/support to promote social skills and interactions with peers.

## Targeted - Some Children

Some children may require the following additional intervention and support approaches:

- Small group work within class to support appropriate aspects of the differentiated curriculum.
- Teaching of specific social interaction skills and social use of language with opportunities to generalise the skills used on a daily basis through individual and small group work. With adult support to structure such activities games can be used as an opportunity to practice social skills and turn taking and make explicit social demands and expectations. A more structured approach e.g. Lego therapy can also be applied.
- For younger children or those with more pronounced delays the use of intensive interaction, close play, mirroring, hand over hand practical learning and extending existing play repertoires through interaction and non-verbal cues and prompts.

## Specialist - Few Children

In addition to the Intervention and Support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:

- A highly structured and personalised teaching environment.
- A high level of care and supervision.
- A consistent approach to multi-sensory communication. This could include the use of Augmentative and Alternative Communication (AAC) devices, and advice sought from ACT (national specialist service for AAC).
- Children may benefit from teaching which is supported by objects of reference, photos, communication boards, and personalised books.
- Some children will require switches and other devices to allow them to express a choice or wish as well as voice output communication devices e.g. big Mack, Go Talk.

# Intervention and Support

Communication and Interaction

## Universal - All Children

- Class based teaching with differentiated group work as appropriate within class setting.
- Curriculum access facilitated by differentiation and task modification.
- Supported transition between tasks and specific use of visual communication systems (e.g. visual timetable, visual agenda, Now and Next boards, signing).
- Flexible use of staffing and resources to support access to learning and teaching.
- Positive self-esteem maintained through developing areas of strength.
- Staff appropriately prepare students for routine changes (e.g. change in lessons, change in activity, and change in teaching staff).
- Out of hours clubs which can provide opportunities to reinforce children's strengths and social communication in an informal setting.
- Staff model appropriate social behaviour and interaction.

## Targeted - Some Children

- Close home - school liaison to ensure reinforcement of strategies and the generalisation of skills.
- Approaches (e.g. Circle of Friends, buddying systems) to develop peer support.
- Verbal explanations require simplification with visual and/or experiential and/or concrete support.
- Reduce anxiety through frequently adapting and structuring the learning and social environment as appropriate.
- Adaptations are made to include use of key wording and pre-tutoring to introduce, teach and reinforce specific vocabulary and concepts, including specific subject vocabulary (see Word Aware programme).
- A structured language intervention which may be devised in consultation with external professionals (e.g. Speech and Language Therapists, Advisory Teachers,) with support to generalise the skills taught.

## Specialist - Few Children

- Individual programmes used to manage emotional and behavioural needs throughout the school day.
- Staff trained and skilled in responding to very challenging behaviours.
- A secure, structured and safe learning environment.

# Intervention and Support

Communication and Interaction

## Universal - All Children

- Clear, simple and positive instructions with visual support if necessary e.g. symbols, signing
- Appropriate use of visual prompts, to show what behaviour and actions are expected.
- Additional adult support is used to facilitate group work in the classroom.
- Reduce anxiety through adapting and structuring the learning and social environment as needed.
- Teaching strategies take into account difficulties with social understanding and the generalisation of skills.
- Language is given priority in planning to facilitate effective curriculum access.
- Curriculum delivery modified to accommodate reluctance to accept adult direction.
- School staff use augmentative and/or alternative means of communication, (e.g. use of symbols, signing and visual prompts).

## Targeted - Some Children

- Simplification and repetition of instructions, use of signing and symbols required for effective teaching and learning.
- Specific teaching and sometimes a social story to make explicit the meanings of idioms and figures of speech e.g. pull your socks up.
- Significant differentiation of spoken and written language, activities and materials in class including use of ICT.
- Approaches to build understanding of abstract and figurative language.
- Small group work outside the classroom to address specific language, social communication and listening skills targets as appropriate. Common programmes used include ELKLAN, Colourful semantics, Teaching Talking, POPAT (programme of phoneme awareness training), Talk Boost, Spirals, Word Aware.
- Children may require withdrawal from the classroom to a sanctuary at times of stress.

## Specialist - Few Children

- Individual programmes used to manage emotional and behavioural needs throughout the school day.
- Staff trained and skilled in responding to very challenging behaviours.
- A secure, structured and safe learning environment.

# Intervention and Support

## Communication and Interaction

### Universal - All Children

- Use of a structured approach for tasks and activities with a clear beginning, middle and end.
- Whole staff awareness of the implications of communication and interaction difficulties (following training).
- Appropriate differentiation of spoken and written language, activities and materials in class.

Staff should be aware of the universal strategies useful for managing attention and listening, and creating an environment supportive of language development and comprehension. They should be aware of the sorts of prompts and cues they can use to support children's language, visual supports and how to reduce distractions (see for example 'Language for Learning - A practical guide for supporting children with language and communication difficulties across the curriculum' by Sue Hayden and Emma Jordan published by David Fulton 2007; 'Is Your School a Communication Friendly School' published by Afasic England 2009; 'An Indicators Checklist' published by Afasic 2009.

### Targeted - Some Children

- Teaching strategies which take into account specific difficulties with social understanding and the generalisation of skills.
- Some additional adult support may be provided at unstructured times (e.g. break-times).
- Modifications to the teaching environment to take account of sensory sensitivities.
- Visual approaches to develop social understanding including comic strip conversations and Social Stories.
- Using symbols i.e. Communication in Print .and signing ie Singalong to teach new language, words and sentence structures
- Adaptation of tasks to take account of preferred learning style (e.g. planned strategies to ensure co-operation in less preferred areas of curriculum.)
- Some individual work to address specific targets, if appropriate.

### Specialist - Few Children

- Individual programmes used to manage emotional and behavioural needs throughout the school day.
- Staff trained and skilled in responding to very challenging behaviours.
- A secure, structured and safe learning environment.

# Intervention and Support Communication and Interaction

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Targeted small group work within the class group to support specific aspects of the curriculum.

Interventions should be well-founded and evidence based. A cycle of intervention should always last a minimum of one new term and more frequently two.

Additional adult support may be required at an individual level or within a small group to implement support strategies and approaches.

Specific strategies should be applied to improve various aspects of speech and language including:

- Attention and listening;
- Social skills;
- Expressive and receptive language;
- Speech sound development

(see for example 'How to Identify and Support Children with Speech and Language Difficulties' by Jane Speake, published by LDA 2005.

# Evaluating Progress and Reviewing

Communication and Interaction

## Universal - All Children

Through regular reviews of children's progress in consultation with child and parents.

## Targeted - Some Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, the strategies/ resources applied should be changed or targets simplified.

Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed.

Where appropriate reviews should include any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the child. In reviewing and analysing the progress that has been it may be decided that the child may:

- No longer need special educational provision and their needs will be met from universal approaches.

## Specialist - Few Children

Reviews of progress should take place at least three times per year. These should feed into the assessment process and should be recorded. Reviews should include specific reference to progress towards desired outcomes and SMART targets. If targets are not met, strategies targets and resources should be simplified further. Parents should always be involved in these reviews, and children's views should always be sought as part of the review progress. Records of steps taken to meet the needs of individual children should be kept and be available as evidence. Reviews should involve external professionals and subsequent plans incorporate their advice.

In analysing the progress that has been made the child may:

- No longer need such intensive special educational provision and their needs will be met from targeted and/or universal approaches.
- Continue to need intensive special educational provision as their needs cannot be met from targeted approaches.

# Evaluating Progress and Reviewing

Communication and Interaction

## Universal - All Children

## Targeted - Some Children

- Continue to need special educational provision as their needs cannot be met from universal approaches.
- Need successively more intensive special education provision.

## Specialist - Few Children

- Need more intensive special educational provision.

# Cognition and Learning

## Universal - All Children

Some children may show a slower rate of progress in some areas of their learning than their peers. This may be a short term difficulty that requires brief support but it should not be assumed that the child has special educational needs.

## Targeted - Some Children

Some children's learning needs cannot be met by universal whole school or class approaches.

These children may have a greater difficulty than their peers with understanding, thinking, communicating, problem solving, retaining information and learning new concepts and skills. These difficulties may be more general in nature and cover a broad range of areas of learning, or they may be more specific difficulties (e.g. in maths or with literacy).

For those children developing more slowly than their peers there may be also be associated social, emotional or mental health concerns.

These children will require:

- A graduated approach which draws on evidence based interventions and support approaches, and where appropriate, specialist expertise should be sought, in successive cycles of assessment, planning, intervention and review. This is required to ensure interventions match the child/young person's needs.

## Specialist - Few Children

All children progress with learning at their own rate, and over time the gap will widen between some children and their peers.

Generally those children who do not readily respond to effective interventions will be identified earlier. Where the difficulties with learning are mild, children's needs should be met through the use of a plan-do-review model, where needs should be explored and understood over time through application of carefully considered and successively more focussed levels of support, and then evaluating the progress that is made.

A small group of children will not make a reasonable level of progress with the support that a school is expected to provide from its own resources, even though a high level has been available over a sustained period of time. These children are likely to demonstrate difficulties across their learning and development (e.g. with mobility, co-ordination, communication, attention, and independence). A small group of these children will require specialist support focussed on developing communication and independence skills.



# Cognition and Learning

## Universal - All Children

## Targeted - Some Children

- A range of commercial resources not thought necessary for other pupils of the same age should have been deployed to support such learners including concrete aids, computer apps and programmes, as well as simplified or custom made resources (e.g. personalised books);
- Systematic graded programmes in aspects of literacy and maths, writing, handwriting, general language, motor skills etc.

## Specialist - Few Children

An Education and Health Care Plan will be required for a small number of children as part of a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; and here care has been taken to ensure interventions match needs.

These children may require an Education, Health and Care Plan.

# Intervention and Support Cognition and Learning

## Universal - All Children

All children will require access to the following Intervention and Support approaches:

- Quality First Teaching and an appropriately differentiated curriculum to take account of individual needs.
- A classroom and whole school environment modified to take account of learning needs.
- Use of peer support systems across the school (e.g. cross-age reading partners, peer and playground buddy systems).
- Classroom groupings and seating arrangements which are used to facilitate learning. This may include planned collaborative/group work.
- Focussed small group support for literacy and/or numeracy.
- Out of hours learning opportunities (e.g. homework clubs, lunchtime clubs etc.).
- Special arrangements in place for testing and assessments when required.

## Targeted - Some Children

Some children may require the following:

- Additional intervention and support approaches to include appropriate modifications to the classroom and whole school environment.
- Appropriate equipment provided to support children to write and record their learning e.g. writing slope, seating wedge, lap pad, pencil grips, Dictaphone/Talking tins to record instructions, spring loaded scissors, different writing instrument e.g. Yoropen, Penagain.
- Additional adult support may be required at an individual level or within a small group to provide a range of evidence based interventions and support approaches e.g. a spelling group.
- Individual arrangements made for seating and groupings to meet individual needs.
- Close home-school links and systems to facilitate this have been maintained, so that the school are aware of any changes in home circumstances that may impact on learning.

## Specialist - Few Children

In addition to the Intervention and Support approaches put in place at the targeted level, children at this level may require a very highly modified learning environment to meet their individual needs. Because learning needs to be matched closely to the level of the child and their needs, careful planning by the class teacher is essential at this level, with a focus on ensuring the child's learning is further extended as well as providing opportunities and activities that enable them to succeed independently. This will include opportunities to work on graded, sequential, programmes supported by an adult in a distraction reduced seat or place away from others for some activities. A high level of adult support may be required to provide:

- A highly structured and individualised learning programme.
- A high level of care and supervision.
- Individual programmes used to support learning throughout the school day in literacy, maths, language, motor skills, social skills etc.
- A secure, structured and safe learning environment.

# Intervention and Support Cognition and Learning

## Universal - All Children

- Peer and adult support on an 'ad hoc' basis, or limited targeted adult support which may include use of higher level teaching assistants (HLTAs), TAs and adult volunteers.
- Teaching children thinking skills and helping them to become aware of their own learning processes.
- Praising the child's strengths and achievements so that self-esteem is maintained and enhanced.
- Careful consideration given to the use of language in the classroom and strategies to promote the learning of vocabulary.
- Use of visual resources to support understanding of information and concepts.
- Use of classroom displays and concrete resources, word banks/times tables mats/number lines and squares/topic vocabulary/artefacts.
- The intensified use of teacher prompting, questioning and attention

## Targeted - Some Children

- Child and parent involvement in the teaching programme is clearly defined.
- Careful consideration of the child's learning styles and ensuring that this is reflected in class teaching style (e.g. use of multisensory teaching strategies).
- Flexible grouping strategies, including ones where the child can work with more able peers.
- Increasing differentiation of activities and materials (e.g. simplifying text).
- Arrangements made for pre-tutoring new skills and concepts before the lesson including identifying and pre-teaching subject specific vocabulary, supported with visual aids and cues as appropriate.
- Staff trained in working with children with specific needs and considerably delayed academic levels.
- Staff skilled in breaking down skills into finely detailed steps.
- Delivering instructions in short chunks and checking for understanding, giving the child time to process language and respond.

## Specialist - Few Children

- Support with social interaction and friendship skills.
- Activities and support that promotes independent learning skills (establishing a routine, teaching organisation, use of checklists and task-boards, problem solving).
- Single or multi message communication devices i.e. big Mack, Go Talk, Talking Photo Album.
- Switches to access a computer e.g. head switch, hand switch
- Adapted keyboards and roller ball mouse
- Overlearning, consolidation, rote learning, error-free learning.
- A work routine that incorporates personalised learning (focussed on the skills, abilities and preferences of the learners somewhat e.g. one that incorporates activity breaks and short-focused tasks.
- Practical and concrete learning supported by real world contexts, visual cues and simplified recording tasks.

# Intervention and Support Cognition and Learning

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Where appropriate explicit teaching of study skills, collaborative learning approaches, listening skills, strategies for homework, etc.
- Individual and/or small group support to implement highly structured personalised reading and/or spelling programmes on a daily basis.
- Individual and/or small group support to implement highly structured personalised numeracy programmes on a daily basis.
- Use of approaches which involve children in explicit monitoring and feedback about progress e.g. Precision Teaching.
- Jungle Journey published by LDA has a screen which can be used to show progress for KS1 children's fine and gross motor skills and suggestions for activities
- Staff who provide strategies to aid organisation.

- Support with social interaction and friendship skills.
- Activities and support that promotes independent learning skills (establishing a routine, teaching organisation, use of checklists and task-boards, problem solving).
- Single or multi message communication devices i.e. big Mack, Go Talk, Talking Photo Album.
- Switches to access a computer e.g. head switch, hand switch
- Adapted keyboards and roller ball mouse
- Overlearning, consolidation, rote learning, error-free learning.
- A work routine that incorporates personalised learning (focussed on the skills, abilities and preferences of the learners somewhat e.g. one that incorporates activity breaks and short-focused tasks.
- Practical and concrete learning supported by real world contexts, visual cues and simplified recording tasks.

# Intervention and Support Cognition and Learning

## Universal - All Children

## Targeted - Some Children

- Access to ICT and to specialist equipment and materials as necessary to ensure barriers to learning are minimised and that the child can learn at their conceptual level rather than at the level of their literacy skills. e.g. Clicker, Dragon Dictate, I-Pad to record work using the camera and Siri to dictate to. Also Read Write Gold, and teaching keyboard skills e.g. Dance Mat typing ([www.bbc.co.uk/guides/z3c6tfr](http://www.bbc.co.uk/guides/z3c6tfr)). Also Kaz Typing ([www.kaz-type.com](http://www.kaz-type.com)). Teach how to use voice activated speech on iPad or tablet; use of Clicker ([www.cricksoft.com](http://www.cricksoft.com)). There are various computer spelling programmes e.g. Word Shark, Spellzone but these may need to be supplemented with a system which reinforces spelling through handwriting.
- Opportunities for over-learning and repetition.
- Help, time and attention in understanding ideas concepts and experiences when information cannot be gained through first hand sensory or physical experiences.

## Specialist - Few Children

Typically, the amount of support required and the costs to implement the individual curriculum will determine whether an EHC plan is needed. Please refer to the High Needs Matrix (Herefordshire Local Offer) to answer these questions. Additional resources and programmes not listed in the previous section (Targeted) are listed below. These are not particularly specialised but will supplement previously mentioned resources:

- Stareway to Spelling: Cowling
- Read Write Inc Fresh Start
- Rapid Reading/Writing/Phonics
- Literacy Toolbox; Eddie Carron
- Lexia
- Project X CODE
- Nessy Reading and Spelling
- TRUGS
- Units of Sound
- Special Needs Information Press Literacy Programmes Parts 1,2,3,4 [www.snip-newsletter.co.uk](http://www.snip-newsletter.co.uk) (downloads)
- Talk for Writing ; Pie Corbett,
- Visual reading systems for children with poor working memories such as RLI (Downs Association)
- Write Dance: Ragnhild Oussaren

# Intervention and Support Cognition and Learning

## Universal - All Children

## Targeted - Some Children

- Help to connect and generalise concepts e.g. mind-mapping, and use of related Apps.
- Providing for alternative means of access to tasks involving reading and writing e.g. through use of reading pens, recording devices, scribes, paired working, oral presentation.
- An increasingly individualised curriculum linking content of whole class work and learning objectives appropriate to the child. Interventions should be well-founded and evidence based interventions. There are a number of programmes in the latest on-line edition of Greg Brooks' 'What Works for Children and Young People with Literacy Difficulties'
- A cycle of intervention should always last a minimum of one new term and more frequently two. A cycle of intervention will need to be delivered regularly and consistently and should be clearly evidenced.
- All commercial programmes need to be delivered at the level and intensity specified, to ensure the programme has fidelity and impact.

## Specialist - Few Children

- Speed Up! A Kinaesthetic programme to develop Fluent Handwriting : Lois Addy
- Dynamo Maths
- Rapid Maths
- Catch-Up Numeracy
- Numicon – Breaking Barriers and Big Ideas
- Computer-adaptive assessment and personalised practice in reading and maths. [www.renlearn.co.uk](http://www.renlearn.co.uk)
- Plus 1, Power of 2, Perform with Time, Perform with Times Tables
- Edgehill: 1stClass@Number, Success@Arithmetic, Numbers Count, Talk 4 Number, 1st Class@Writing,
- Maths Explained (tutorials)
- Passport Maths Year 7 [www.nationalnumeracy.org.uk](http://www.nationalnumeracy.org.uk)

# Evaluating Progress and Reviewing

Cognition and Learning

## Universal - All Children

All children's progress needs to be monitored through regular reviews and children and their parents should be included in this process. Data gathered as part of school tracking systems needs to be analysed to inform such reviews.

## Targeted - Some Children

Reviews of children's SEN progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should make specific reference to the child's progress towards desired outcomes and targets. If targets are not met, strategies, resources and support levels should be reviewed as should targets. Parents should always be involved in the review of their child's progress. Children's views should always be sought as part of the review process. Records of the steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should include any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child.

## Specialist - Few Children

Reviews of progress should take place at least three times per year. The assessment process should feed directly into reviews and these should be fully recorded. For some children, very small steps of progress may be identified using particular resources which break stages and levels into specific goals and targets. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies, resources and support levels should be reviewed as should targets. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed.

# Evaluating Progress and Reviewing

Cognition and Learning

## Universal - All Children

## Targeted - Some Children

After review and analysis of the progress made, staff will make decisions about future provision required for the child (i.e. whether needs have been resolved and their needs can be met from universal approaches, or whether they will continue to need targeted SEN support, or whether there is evidence that they need more intensive special educational provision.

## Specialist - Few Children

Reviews should involve the appropriate external professionals working with the child.

In analysing the progress that has been made, the child may:

- No longer need such intensive special educational provision and their needs will be met from targeted and/or universal approaches.
- Or they will continue to need intensive special educational provision as their needs cannot be met from targeted approaches.
- They may need more intensive special educational provision.



# Social, Emotional and Mental Health (SEMH)

## Universal - All Children

Children may periodically display social, emotional, and behavioural difficulties and some children may have a short term mental health difficulty. Some disruptive antagonistic and disaffected behaviour may be evident.

These difficulties may be the result of other underlying difficulties or life circumstances such as a loss or bereavement or period of stress. This may mean they need some short term support but it should not be assumed that the CYP has special educational needs.

## Targeted - Some Children

Some children's SEMH difficulties cannot be met by universal whole school or class approaches over a sustained period of time. These difficulties may be displayed through withdrawn or isolated behaviours or through challenging, disruptive or disturbing behaviours. These behaviours occur frequently. The behaviour may be disrupting the child's progress with learning or the learning of other children.

These children will require:

- A graduated approach which draws on increasingly detailed interventions and support approaches;
- Where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review is in operation, ensuring interventions match needs;
- It is essential that strategies for specific pupils are shared across the whole staff team.
- Support at this level drawing on the notional SEN budget of up to £6000.

## Specialist - Few Children

Whilst many children experience short term difficulties in response to stress or traumatic life events (e.g. bereavement or family breakdown), relatively few children will have severe and longstanding SEMH difficulties. These children will display some of the following over a sustained period of time: extremely withdrawn behaviour, self-harming or anxious behaviours. Alternatively they may present a serious threat to their own or others safety. They may display particularly challenging, un-cooperative, destructive and disruptive behaviours or respond to peers and adults with high levels of physical and verbal aggression or sexually inappropriate behaviour. They may find it difficult to engage with activities set by adults and have difficulties forming appropriate relationships (and attachments) in school. School life for these CYP should be significantly modified to emphasise emotional regulation and social skills. They will require a high level of adult support to ensure a predictable and structured routine, curriculum and environment. Staff will be appropriately trained in physical intervention. Troubling behaviour will be of high frequency, intensity or duration.

# Social, Emotional and Mental Health (SEMH)

Universal - All Children

Targeted - Some Children

Specialist - Few Children

These children will require:

- A graduated approach which draws on very detailed interventions and support approaches and specialist expertise;
- Successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- These children may require an Education, Health and Care Plan if these approaches do not improve their presentation and persist, and take on a long-term nature in spite of a high level of support and intervention.

# Assessment and Planning Social, Emotional and Mental Health (SEMH)

## Universal - All Children

Systems are in place to allow staff to routinely seek information about children's emotional and social concerns.

Systems should be in place for staff to regularly seek the views of parents about their children's social and emotional well-being.

Appropriate arrangements for assessment of the classroom and school environment are in place which are reviewed at least annually.

A whole school behaviour policy is followed which sets out the way the school promotes positive behaviour.

The whole staff are aware of the implications of social, emotional, and mental health difficulties in school.

Appropriate whole school policies are in place which set out the school's approach to pastoral support and developing the emotional wellbeing of children, (e.g. citizenship programmes, anti-bullying approaches).

## Targeted - Some Children

In addition to universal assessment and planning approaches some children will require targeted approaches including:

- The school to gather the views of the child about their difficulties, and provide a written record of the support approaches that are to be put in place after such consultation (e.g. through the use of an individual education plan or provision map).
- The school to raise and discuss concerns with the child's parents and involve them in planning support approaches (e.g. through the use of a pastoral support plan (PSP)).
- Class teacher in consultation with the SENCO has established a clear analysis of the child's needs, based on adjustments and strategies tried.
- Consideration of individual child's development in comparison to peers and their response to previous interventions has been analysed.

## Specialist - Few Children

In addition to universal and targeted assessment and planning approaches, a few children will also require:

- That external services contribute to the child's IEP via consultation or specialist assessment, leading to a more specifically focussed plan.
- Close home-school links, so the school are aware of changes in home circumstances that may impact on behaviour.
- Non-educational professionals (e.g. School Nurse, Paediatrician, Social Workers etc.) may also be involved in assessment and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged;
- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- For some children a co-ordinated Multi-Agency Plan will be essential and will have been devised and meetings held where the substance of the plan has been discussed, reviewed and adapted.

# Assessment and Planning Social, Emotional and Mental Health (SEMH)

## Universal - All Children

A whole school approach is in place to develop behaviour for learning.

Health and safety and risk assessment policies are in place and appropriate risk assessments to be completed.

## Targeted - Some Children

- Liaison and consultation with external professionals and support services has been tried where appropriate (e.g. Advisory Teacher, Educational Psychologist, Social Services, etc.) to contribute to assessment and planning;
- Close home-school links prevail, so school are aware of changes in home circumstances that may impact on the child's well-being.
- The SENCO contacts other professionals working with child outside school (with parental permission) as part of the school based assessment.
- Information should be gathered and used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- Clear plans are devised for the use of support which relate to expected long-term outcomes and include short-term SMART targets (e.g. within their IEP).
- Teaching approaches show an emphasis on practical or vocational learning suited to the CYP's motivations and interests.

## Specialist - Few Children

- Following this approach, these children may require a statutory assessment of their special educational needs which may lead to an EHC plan.

# Assessment and Planning Social, Emotional and Mental Health (SEMH)

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Where appropriate external services contribute via consultation or specialist assessment, leading to more personalised and focussed plan.
- For some children a co-ordinated, holistic multi agency plan will be required. This may involve a range of professionals to contribute.
- Assessment at this stage suggests that difficulties in the child's social, emotional and mental health development require sustained, additional and different provision to that given to most CYP.

# Intervention and Support Social, Emotional and Mental Health (SEMH)

## Universal - All Children

All children will require access to the following Intervention and Support approaches:

- A curriculum differentiated appropriately to take account of individual needs;
- Staff to set personalised learning targets for all children.
- Classroom and whole school environment modified to take account of social and emotional needs (and staff trained in use of appropriate strategies e.g. Attachment Aware Strategies,
- Consistent behaviour management by all staff including regular reinforcement of positive behaviours.
- Appropriate differentiation of the curriculum to ensure that children are motivated to learn and to minimise emotional, social and behavioural difficulties.
- Class wide approaches to develop social and emotional well-being (e.g. use of Circle Time, use of SEAL resources).
- Personalised reward systems are in place.

## Targeted - Some Children

Some children may require the following additional intervention and support approaches that have a focus on developing social skills, emotional regulation and relationships:

- Use of a 'key adult' to ensure the CYP has a trusted person to offer support during times they are vulnerable and to provide frequent opportunities to teach social and emotional skills.
- Further modifications to the classroom and whole school environment to take account of individual needs.
- Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc.
- Support through flexible grouping strategies.
- Additional adult support may be required at an individual level or within a small group.
- Support to develop social skills and emotional awareness may include: some 1:1 or small group work at times of need, structured activities to develop specific social skills in a small group.

## Specialist - Few Children

In addition to the Intervention and Support approaches put in place at the targeted level these children may require:

- A high level of weekly interventions to support and develop their social and emotional learning (that are well-founded and evidence based).
- A highly modified learning environment to meet the needs of the individual child e.g. individualised timetable, high degree of time out of lessons.
- Respite/intervention placements or some off-site weekly vocational or outdoor learning may be timetabled.
- A high level of individual adult support may be required to implement a very structured Individual Behaviour Plan.
- A high level of care and supervision.
- Individual programmes used to develop social and emotional skills throughout the school day.
- Staff trained and skilled in supporting children with exceptionally challenging behaviour.

# Intervention and Support Social, Emotional and Mental Health (SEMH)

## Universal - All Children

- Some classroom teaching assistance is targeted for specific tasks/in specific settings e.g. break, assembly, extended writing.
- The use of peer support systems across the school (e.g. peer mediators and playground buddies).
- More time to complete tasks and reduced work targets.
- Time limited and targeted access to small group work/interventions.

## Targeted - Some Children

- Support to aid the development of relationships and to allow productive activities with peers e.g. break and/or lunchtime support, buddies, mentors, circle of friends, and an adult to facilitate playground activities for target child.
- A small group support programme using established principles (e.g. social skills, CBT).
- Reduced level of language used in class and for directions;
- Strategies to reduce anxiety (e.g. scaling of feelings).
- Provision of a distraction free work area on the edge of a group.
- Activities which are broken into small achievable tasks e.g. Now and Next or Task Board.
- Activity breaks within tasks.
- Timed activities with the use of visual prompts and reminders e.g. good sitting/listening.
- Social Stories.
- A clear and consistently applied hierarchy of rewards and sanctions.

## Specialist - Few Children

- Opportunities for intensive and therapeutic intervention in or outside of school and from other agencies such as CAMHs.
- Identified skilled individual support is available across the curriculum
- A secure, structured and safe learning environment.
- Opportunities for withdrawal to a non-stressful environment to prevent escalation or to provide more intensive intervention e.g. timeout room, Nurture Group for 50% of the day.
- An individualised package of pastoral support (i.e. Key adult is in place and is used intensively to afford a high degree of individual support devoted to building social and relationship skills, trust and emotional security).

# Intervention and Support Social, Emotional and Mental Health (SEMH)

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- A cumulative and personalised reward system used by all staff that is separate from sanctions and is used across the curriculum.
  - Out of class social and learning opportunities provided where possible. (e.g. homework clubs, lunchtime clubs etc.)
  - Planned 1:1 or small group work where strategies for managing anger or conflict can be discussed and role played e.g. De-escalation techniques, Incredible 5 Point Scale, Re-tracking, SEAL materials, Emotional Literacy workbooks e.g. GL series, Attachment in the Classroom (Heather Geddes), Inside I'm Hurting (Louise Bomber), Crucial Skills (Johnson & Rae), Think Good Feel Good (Paul Stallard), Socially Speaking (Alison Schroeder), Seeing Red (Jenny Simmonds), A Volcano in my Tummy (Elaine Whitehouse);
  - Child may attend an in-school support centre either full time, during periods of stress, or on the basis of withdrawal from lessons which are particular trouble spots.
  - Home-School behaviour communication system in place, used regularly e.g. 'home-school' diary.
- The use of the key adult/attachment figure should be used as much as needed by the CYP and this becomes a prominent strategy. This person should be approachable, available and perceived as supportive to the CYP and chosen because of their personal qualities and the rapport they establish with the CYP. They should not be responsible for administering discipline but should be assertive and capable of maintaining a robust, trusting relationship with adequate boundaries with the CYP that both protects them and allows them external regulation.
  - They CYP will have a nominated and agreed 'safe place' that they are familiar with and comfortable going to. This place is used to avoid conflict, de-escalate before over-arousal and should be a place where the CYP can calm and regulate their own emotions, it should not be a 'time-out' or segregation room.



# Intervention and Support Social, Emotional and Mental Health (SEMH)

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Calm and consistent approaches are in place to manage behaviour by all staff working with the CYP.
  - Awareness of pupils' individual needs shared across staff team, as appropriate.
  - Key staff to promote child's relationships, emotional security and sense of belonging, alongside timetabled activities together to help the child feel safe and secure.
  - Enabling the child to share control through child led activities which interest and motivated them.
  - Asking the child to identify a safe place/ space.
  - Providing a calm box to avoid confrontation over work;
  - Placement in a nurture group.
  - Small group support activities such as a story writing or emotional literacy group.
  - A weekly small group or individual support programme to develop emotional regulation (e.g. anger management).
  - Interventions should be well-founded and evidence based.
  - A cycle of intervention should always last a minimum of one new term and more frequently two.
- A set of planned resources and strategies that are available at short notice to serve as a de-escalation resource, a distraction, a calming or soothing strategy ('calm box'). These resources will have been shared with the CYP and their key adult previously and become part of their shared routine so that at times of distress they can be used to reduce stress and conflict.
  - A specific focus on emotional regulation and relationship building takes precedence over academic learning. Work triggers will be reduced and specific activities are techniques are planned daily that aim to improve the CYP's ability to understand, discuss and regulate their emotions and behaviour. This will include an adapted curriculum matched to some of their interests and priorities and which accommodates their poor attention/persistence/ frustration intolerance.

# Evaluating Progress and Reviewing

Social, Emotional and Mental Health (SEMH)

## Universal - All Children

Regular reviews of progress in consultation with the child and their parents as part of the process of assessment through teaching.

## Targeted - Some Children

- Reviews of progress should take place at least three times per year.
- Reviews should feed into the assessment process and should be fully recorded.
- Reviews should include specific analysis of progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets adapted.
- Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process.
- Records of steps taken to meet the needs of individual children should be kept and made available as needed.
- Where appropriate reviews should include any external professionals involved (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist).

## Specialist - Few Children

- Reviews of progress should take place at least three times per year.
- Reviews should feed into the assessment process and should be fully recorded.
- Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets adapted.
- Parents should always be involved in the review of the child's progress.
- Children's views should always be sought as part of the review process.
- Records of steps taken to meet the needs of individual children should be kept and made available as needed.
- Reviews should involve the appropriate external professionals working with the child and consideration of further specialised support and assessment that may be required.
- Reviews should justify the on-going use of any reductions in lesson access and update risk assessments;

# Evaluating Progress and Reviewing Social, Emotional and Mental Health (SEMH)

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- In analysing the progress that has been made the child may:
  - a) No longer need special educational provision and their needs will be met from universal approaches;
  - b) Continue to need targeted special educational provision as their needs cannot be met from universal approaches;
  - c) Need more intensive special educational provision.
- Analysing the progress that has been made the child may:
  - a) No longer need such intensive special educational provision and their needs will be met from targeted and/or universal approaches;
  - b) Continue to need intensive special educational provision as their needs cannot be met from targeted approaches;
  - c) Need more intensive special educational provision and may require a statutory assessment and EHC plan.

# Physical and Medical

## Universal - All Children

Some children and young people who experience physical and medical difficulties have no problems in accessing the curriculum or in learning effectively. There is a wide range of physical and medical disabilities and children cover the whole ability range. Some children are able to access the curriculum and learn effectively without additional educational provision. Their difficulties may mean they need some short term support, but it should not be assumed that they have special educational needs.

## Targeted - Some Children

The child's physical/medical needs require provision that is additional to and different from their peers and cannot be met by universal, whole school or class approaches over a sustained period of time. Physical difficulties or impairment may arise from:

- Physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, spina bifida.
- Severe trauma, perhaps as a result of an accident, amputation or serious illness.
- Degenerative conditions, like muscular dystrophy e.g. Duchenne.
- Considerable gross motor and/or fine motor difficulties in conjunction with other learning difficulties e.g. autism, or without any specific or attributable causes.

## Specialist - Few Children

A few children's needs cannot be met by Universal and Targeted interventions and support approaches alone. These children have the most severe and complex physical needs. The majority of these children are identified at an early age often prior to entering full-time education.

These children will require:

- A graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.
- These children may require an EHC Plan.

# Physical and Medical

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

Physical difficulties may result in:

- Inability to safely access the physical environment, facilities and equipment in school.
- Inability to access whole school and class activities, including assessments, practical lessons, information and communication technology.
- Difficulty in achieving independent self-care skills.
- Difficulties in communicating through speech and other forms of language.
- Emotional stress and physical fatigue.

These children will require:

- A graduated approach where staff ensure that an Assess-Plan-Do-Review cycle is followed. This will draw on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

# Assessment and Planning Physical and Medical

## Universal - All Children

All children require:

- Systems to be in place for staff to routinely seek information about children's physical needs/concerns.
- Systems to be in place for staff to regularly seek the views of parents about their children's physical/medical needs.
- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually.
- Whole staff awareness of the implications of physical and medical difficulties.
- Appropriate whole school policies for supporting children with physical and medical needs
- Health and safety and risk assessments policies to be in place.
- Effective internal communication and liaison arrangements between staff.
- Utilisation of the School Nurse Service who can be contacted for advice and support. They may highlight specialist nurses to offer specific support or offer advice on school's management of the physical and medical needs.

## Targeted - Some Children

In addition to universal assessment and planning approaches, some children will require:

- The school/setting to gather the child's views about their difficulty and the support approaches to be put in place.
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches.
- Class teacher in consultation with the SENCO has established a clear analysis of the child's needs.
- Consideration of individual child's development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services, where appropriate (e.g. Educational Psychology Service, Advisory Teacher, Occupational Therapy Service etc.).
- Close home-school links, so school are aware of changes in circumstances that may impact on the child's physical/medical needs.

## Specialist - Few Children

The Physiotherapist or Occupational Therapist may also be involved in assessment, advice and planning. In addition the following should be in place:

- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- For some children a co-ordinated multi- agency plan will be essential. This may include Social Workers, Family Support Workers, staff from Children's Wellbeing and other community and charity groups.

These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

# Assessment and Planning Physical and Medical

## Universal - All Children

- Health and safety and risk assessments policies to be in place.
- Effective internal communication and liaison arrangements between staff.
- Utilisation of the School Nurse Service who can be contacted for advice and support. They may highlight specialist nurses to offer specific support or offer advice on school's management of the physical and medical needs.
- The School Nursing Service will take steps to ensure that a child could be safely managed in school due to their health needs. This may specialist nurses providing further training to be delivered to staff e.g. on how to respond in an emergency and provide medication for epilepsy or suctioning for respiratory problems. The School Nurse Service will offer advice on how to manage in school. The School Nurse can contact parents to discuss concerns and support in ensuring these are addressed appropriately.

## Targeted - Some Children

- Assessment and observation by subject/ class teacher or SENCO to assess whether and how the child's physical difficulties are affecting curriculum access as indicated by attainment below expected level or inability to engage in school activities.
- Where there are suspicions of physical or medical difficulties, schools should advise parents to seek medical advice (e.g. G.P.).
- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.
- Clear plans should be in place for the use of support which relates to expected long term outcomes and includes short term SMART targets.
- For some children a co-ordinated, holistic multi-agency plan will be required. This may involve a range of professionals including: Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.

## Specialist - Few Children

# Intervention and Support Physical and Medical

## Universal - All Children

All children will require access to the following Intervention and Support approaches:

- A curriculum differentiated appropriately to take account of individual needs.
- Staff to set personalised learning targets for all children.
- Appropriate classroom and whole school environment established - schools promote accessibility to the curriculum and the entire school premises, for every child and young person.

## Targeted - Some Children

Some children may require the following additional intervention and support approaches, including appropriate modifications to the classroom and whole school environment.

These modifications may include:

- Grouping strategies which are used flexibly within the classroom to promote independent learning.
- Classroom management which responds to the child's physical and medical needs (e.g. modifications to routines and organisation).
- Classroom management which takes account of social relationships. Appropriate support to ensure equal access to the curriculum and out-of-hours learning opportunities (e.g. homework clubs and lunchtime clubs).
- Appropriate support agencies (e.g. OT, PD advisory teacher) may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.
- The nature and extent of the additional help required will be determined by the child's needs.

## Specialist - Few Children

In addition to the Intervention and Support approaches put in place at the targeted level some children may require a highly modified learning environment to meet their individual needs.

The child may require a high level of adult support to:

- Manage very severe and complex needs to achieve equal access (where feasible) to the curriculum.
- Aid safe curriculum access and response.
- Meet primary care needs including feeding/continence management.
- Provide manual handling (this may involve two people).
- Ensure safe access to school life.
- Enable advice from Health professionals to be implemented (e.g. individual physiotherapy/ mobility/OT programmes).
- Support the use of specialised equipment and/or a structured personalised curriculum.
- Enable development of medical protocols and manage highly specialised individual health care (e.g. oxygen management).



# Intervention and Support Physical and Medical

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Planned strategies to combat fatigue (e.g. rest breaks).
- A fine or gross motor skills programme (e.g. Fizzy programme).
- Appropriate physical exercise following appropriate medical guidance.
- An appropriate programme of support to develop self-help skills such as toileting and dressing.
- Measures which allow the child to negotiate the school environment safely and as independently as possible.
- Structured support to develop social relationships (e.g. buddying, Circle of Friends).
- An appropriate level of adult support to meet personal care needs.
- Appropriate use of alternative equipment to meet physical and medical needs (e.g. writing slopes, specialist scissors, special seating)
- Adult support in some areas of the curriculum and for some activities (e.g. cutting activities, practical activities such as cooking, swimming, breaks and lunchtimes, transition between lessons).

- Manage complex and critical health care needs on a daily basis. Support/perform hand control/physical tasks in response to significant/ profound fine motor skill/ gross motor/mobility difficulties.
- Enable the child to participate with peers in response to challenges in the school environment.
- Ensure safe access to out-of-hours learning opportunities and extracurricular activities.
- External support services advice on curriculum access and/or individual programmes.
- A specialist Teacher, the SENCO, a Teaching Assistant (TA) (under specialist guidance) or other specialist provides small group or individual tuition.

# Intervention and Support Physical and Medical

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Support to attend educational trips and school visits.
- Interventions should be well-founded evidence based interventions.

A cycle of intervention should always last a minimum of one new term and more frequently two.

# Evaluating Progress and Reviewing

Physical and Medical

## Universal - All Children

Through regular reviews of children's progress in consultation with child and parents.

## Targeted - Some Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced.

Parents should always be involved in the review of the child's progress.

Children's views should always be sought as part of the review process. Staff should keep records of steps taken to meet the needs of individual children, and these should be kept and made available as needed.

Where appropriate reviews should involve any external professionals (e.g. Advisory Teacher, Educational Psychologist, Speech and Language Therapist) involved with the child.

## Specialist - Few Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should make specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets adapted. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and made available as needed. Reviews should involve the appropriate external professionals working with the child.

# Evaluating Progress and Reviewing

Physical and Medical

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

In analysing the progress that has been made the child may:

- No longer need special educational provision and their needs will be met from universal approaches;
- Continue to need special educational provision as their needs cannot be met from universal approaches;
- Need more intensive special educational provision.

In analysing the progress that has been made the child may:

- No longer need such intensive special educational provision and their needs will be met from targeted and/or universal approaches;
- Continue to need intensive special educational provision as their needs cannot be met from targeted approaches;
- Need more intensive special educational needs support and intervention at a level that requires an EHC plan.

# Needs arising from Hearing Impairment- HI

## Universal - All Children

Many children have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. Temporary hearing losses are usually caused by the condition known as 'glue ear' and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean the child needs some short term support, but it should not be assumed that they have special educational needs.

## Targeted - Some Children

Some children's hearing needs require provision that is additional to and different from their peers and cannot be met by universal approaches over a sustained period of time. Their difficulties may interfere with their ability to access the curriculum. Their hearing needs may also impact on their emotional health, social interactions and behaviour. These needs may present themselves in the following ways:

- Persistently appearing to ignore and/or misunderstand instructions.
- Difficulties in understanding or responding to verbal cues.
- Difficulties in communicating through spoken language/interactions with peers and adults.
- Difficulties with language-related topics and in understanding new/complex concepts.
- Frustrations and anxieties arising from a difficulty with communicating, leading to associated behavioural difficulties and poor peer relationships.

## Specialist - Few Children

A few children's needs are severe and cannot be met by universal or targeted interventions and support approaches in isolation. In these cases the child's hearing difficulties may:

- Significantly affect their understanding and processing of spoken language.
- Significantly impact on their social communication and interaction with their peers.
- Significantly impact on their expressive language skills.
- Significantly impact on their ability to access the curriculum.
- Significantly impact on their ability to take part in teaching, learning and social activities.
- Significantly impact on their social, emotional and mental health.

The child may:

- Have a diagnosed permanent severe or profound hearing loss or a progressive degenerative hearing condition;

# Needs arising from Hearing Impairment - HI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Tendency to rely on peers, observing behaviour and activities to cue into expected responses.
- Tendency to withdraw from social situations and an increasing passivity and absence of initiative.
- Increasingly using additional strategies to facilitate communication.

These children will require:

- A graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment.
- Planning, intervention and review ensuring interventions match needs.

- Have become deaf at a later age (due to trauma or illness e.g. meningitis) and the resultant emotional and social difficulties may be disrupting the child's learning and access to the curriculum.

The CYP will:

- Use a range of approaches to communicate including natural aural speech and /or sign language.
- Require language enrichment to compensate for reduced linguistic experience as a result of their deafness.
- Rely on the use of hearing aids and/ or cochlear implants.
- Require specialist and assistive equipment, e.g. radio aids/Sound field systems.
- Require modifications in curriculum delivery, teaching methods and teaching materials at a greater level than expected at universal and targeted levels.
- Have significant difficulties in maintaining concentration leading to difficulties in completing work and making progress.

# Needs arising from Hearing Impairment - HI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Have difficulties in developing and sustaining peer relationships.
- Be unable to follow classroom routines and maintain attention to task without a high level of structure and adult support.

These children will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs. Some of these children may require an Education, Health and Care Plan.

# Assessment and Planning

Needs arising from Hearing Impairment - HI

## Universal - All Children

All children require:

- Systems to be in place for staff to routinely seek information about children's hearing needs and concerns, including from Herefordshire Hearing Impaired Team.
- Systems to be in place for staff to regularly seek the views of parents about their children's hearing needs.
- Appropriate arrangements for assessment of the classroom and school environment, which are reviewed at least annually – in relation to class noise levels.
- Whole staff awareness of the implications of hearing difficulties and knowledge of strategies that facilitate the inclusion of children with hearing impairment (training is available from Herefordshire Hearing Impaired Team:).
- Appropriate whole school policies for supporting children with hearing difficulties.
- Health and safety and risk assessments policies to be in place.

## Targeted - Some Children

- In addition to universal assessment and planning approaches, some children will require:
- The setting to gather the child's views about their difficulties and the support approaches to be put
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches.
- Class teacher in consultation with the SENCO should establish a clear analysis of the child's needs.
- Consideration of the individual child's development in comparison to peers and their response to previous interventions should be done.
- Liaison and consultation with external professionals and support services, where appropriate.
- Close home-school links, so school are aware of changes in circumstances that may impact on the child's hearing needs.
- Assessment and observation by subject/ class teacher or SENCO to indicate whether the child's hearing is affecting their curriculum access as indicated by attainment below expected level/ability to engage in school activities.

## Specialist - Few Children

In addition to universal and targeted assessment and planning approaches a few children will also require:

- External services to contribute via consultation or specialist assessment, leading to a more specifically focussed plan.
- Non-educational professionals (e.g. Physiotherapist, Occupational Therapist) may also be involved in assessment, advice and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- The SENCO and teaching staff may need to refer to external support services e.g. Teacher of the Hearing Impairment/ ENT/ Audiology for further specialist assessments and advice.



# Assessment and Planning

Needs arising from Hearing Impairment - HI

## Universal - All Children

- There should be effective internal communication and liaison arrangements between staff.
- Where there are indicators for potential hearing difficulties, schools should advise parents to seek a hearing assessment (via GP).

## Targeted - Some Children

- Where there are key indicators for ongoing hearing difficulties, schools should advise parents to seek appropriate medical advice.
- Teacher of Hearing Impaired (TOHI) or educational audiologist input may be requested for assessment for additional audiological equipment (e.g. a radio aid) and more specialised advice.
- Continuous assessment and curriculum assessments may be supplemented by diagnostic assessments.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets.

For some children a co-ordinated, holistic, multi-agency plan will be required. This may involve a range of professionals including: Herefordshire Hearing Impaired Team, Children and Young People's Service, Educational Psychology Service, Targeted Support Teams, Social Care Teams, or a range of professionals.

## Specialist - Few Children

For some children a co-ordinated multi agency plan will be essential. This may include Social Workers, Family Support Workers, Children's and Families staff and other community or voluntary groups. Some of these children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

# Intervention and Support

Needs arising from Hearing Impairment - HI

## Universal - All Children

All children will require access to the following Intervention and Support approaches:

- Curriculum differentiated appropriately to take account of individual needs.
- Staff set personalised learning targets for all children.
- Appropriate classroom and whole school listening environment established (e.g. good classroom/hall acoustics and lighting, all children seated so that they can see and hear the teacher).
- All adults and children are encouraged to talk at the appropriate volume and pitch for learning to take place.
- Care to be exercised within school grouping and general support for self-esteem, confidence and promoting independence.
- Appropriate seating position in class.

## Targeted - Some Children

Some children may require the following additional intervention and support approaches:

- Involvement of a Teacher of Hearing Impaired for one off or occasional advice/training/specialist equipment.
- One-off training for key worker(s) in the management of additional equipment may be required.
- Opportunities for the child to develop communication skills.
- Support to develop language and literacy skills through appropriate differentiation of oral and written language, activities and materials.
- Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate.
- Clear and precise instructions supported by visual clues as appropriate (e.g. key words, pictures).
- Repetition of key points in class/group discussion.
- Additional time for hearing impaired child to process questions/information.

## Specialist - Few Children

In addition to the intervention and support approaches put in place at the targeted level these children will be supported by the Teacher of Hearing Impaired. They may also require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide and ensure:

- Access to more highly focussed specialist programmes of support.
- Highly structured and individualised learning programme.
- A high level of care and supervision.
- Individual programmes used to support learning throughout the school day.
- A language programme implemented with advice from Teacher of Hearing Impaired and SALT.
- To give a greater emphasis on language development, auditory training and communication skills.

CYP at this level will require access to appropriate well-founded evidence based interventions.

# Intervention and Support

Needs arising from Hearing Impairment - HI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Frequent and sensitive checking of child's understanding and use of specialist equipment.
- Careful monitoring of language and literacy skills.
- Opportunities to improve social skills, interaction, communication skills and self-esteem as appropriate.
- Access to specialist amplification systems such as radio aids.
- Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.
- Careful monitoring of reading and spelling progress.
- Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment.
- Literacy strategies devised and implemented with advice/monitoring from Teacher of Hearing Impaired to compensate for reduced linguistic experience due to language delay.
- Help in acquiring, comprehending and using speech and language in structured and unstructured situations.

# Intervention and Support Needs arising from Hearing Impairment - HI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Specific pre-teaching of subject based concepts and vocabulary.
- Access to specialist amplification systems such as radio aids.
- Opportunities to improve social skills, interaction, communication skills and self-esteem in structured and unstructured situations.
- Support with audiological equipment to ensure that it is checked on a regular basis and is working at its optimum.

There should be appropriate modifications to the classroom and whole school environment. These modifications may include:

- Adjustments to ensure the listening environment takes account of individual needs.
- Specialist and assistive equipment to support listening skills (e.g. radio aid, Sound field systems).

# Intervention and Support

Needs arising from Hearing Impairment - HI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

For some children a co-ordinated multi-agency plan will be required. This may include advice from Social Workers, Family Support Workers, Health Professionals and other support groups. Interventions should be well-founded evidence based interventions.

A cycle of intervention should always last a minimum of one term and more frequently two, and many children with longer term difficulties will have the on-going support of staff and specialists (e.g. Teacher of Hearing Impaired).

# Evaluating Progress and Reviewing

Needs arising from Hearing Impairment - HI

## Universal - All Children

Through regular reviews of children's progress in consultation with child and parents.

## Targeted - Some Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of the steps taken to meet the needs of individual children should be kept and made available as needed. Where appropriate reviews should involve any external professionals (e.g. Teacher of Hearing Impaired, Education Psychologist, Speech and Language Therapist) involved with the child.

## Specialist - Few Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed.

# Evaluating Progress and Reviewing

Needs arising from Hearing Impairment - HI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

In analysing the progress that has been made the child may:

- No longer need special educational provision and needs will be met from universal approaches.
- Continue to need special educational provision as needs cannot be met from universal approaches.
- Need more intensive special educational provision.

Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:

- No longer need such intensive special educational provision and needs will be met from targeted and/or universal approaches.
- Continue to need intensive special educational provision as needs cannot be met from targeted approaches.
- Need more intensive SEN provision, and in some cases an EHC assessment.

# Needs arising from Visual Impairment - VI

## Universal - All Children

Some children may have visual impairment (identified by a medical practitioner). Visual impairments take many forms and have widely differing implications for educational provision.

Most children's visual needs will be met by universal approaches.

This may mean that children need some short term support, but it should not be assumed that they have special educational needs.

## Targeted - Some Children

Some children's visual needs cannot be met by universal whole school or whole class approaches over a sustained period of time.

These children may have difficulty:

- Accessing the curriculum.
- Reading the board from a distance.
- Reading normal print.
- Sharing text books and worksheets.
- Accessing computer software.
- Participating socially with other children.
- Participating in PE and games as well as with other aspects of mobility.
- With independent working and self-help skills.

These children will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

## Specialist - Few Children

A few children's needs cannot be met by universal or targeted interventions and support approaches alone.

Their visual impairments may range from relatively minor conditions to total blindness.

Their visual impairment may mean they have:

- Significantly reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- A deteriorating eye condition.
- Other diagnosed eye conditions.

These children will require a graduated approach which draws on very detailed interventions and support approaches together with specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

For children with the most severe and complex needs in relation to their visual impairment, an Education, Health and Care Plan may be required.



# Assessment and Planning

Needs arising from Visual Impairment - VI

## Universal - All Children

All children require:

- Systems to be in place for staff to routinely seek information about children's visual needs/concerns.
- Systems to be in place for staff to regularly seek the views of parents about their children's visual needs.
- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually in relation to the school site being physically accessible to children with a visual impairment.
- Whole staff awareness of the implications of visual difficulties and knowledge of strategies to facilitate the inclusion of children with a visual impairment.
- Appropriate whole school policies to be in place for supporting children with visual difficulties.
- Health and safety and risk assessment policies to be in place and appropriate risk assessments completed.
- There should be effective internal communication and liaison arrangements between staff.

## Targeted - Some Children

In addition to universal assessment and planning approaches, some children will require:

- The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of an individual educational plan).
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches.
- Class teacher in consultation with the SENCO has established a clear analysis of the child's needs.
- Consideration of individual child's development in comparison to peers and their response to previous interventions.
- Liaison and consultation with external professionals and support services, where appropriate.
- Close home-school links, so school are aware of changes in circumstances that may impact on the child's visual needs.

## Specialist - Few Children

In addition to universal and targeted assessment and planning approaches a few children will also require:

- External services to contribute via consultation or specialist assessment, leading to a more specifically focussed plan.
- Close home-school links, so school are aware of any change in circumstances that may impact on the child's vision.
- Non-educational professionals may also be involved in assessment, advice and planning.
- Rigorous qualitative and quantitative measures should be used as a baseline from which progress can be judged.
- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- SENCO and teaching staff may need to refer to external support services (e.g. Teacher of the Visually Impaired, Ophthalmology) for further specialist assessments and advice.

# Assessment and Planning

Needs arising from Visual Impairment - VI

## Universal - All Children

- Where a visual difficulty is suspected, schools should advise parents to seek medical advice (e.g. G.P, school nurse).

## Targeted - Some Children

- Assessment and observation by subject/class teacher or SENCO to explore whether the child's visual difficulties affect their curriculum access as indicated by attainment below expected level/ability to engage in school activities.
- Where there are suspicions of ongoing visual difficulties, schools should advise parents to seek any appropriate medical advice.
- Careful monitoring of visual access to the curriculum.
- Assessment of functional vision by Teacher of Visually Impaired.
- Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.
- Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets (e.g. within an IEP).
- For some children a co-ordinated, holistic multi-agency plan will be required. This may involve a range of professionals including: Advisory Teaching Service, Educational Psychology Service, CAMHS, Social Care Teams, a range of health professionals and other support groups.

## Specialist - Few Children

- For some children a co-ordinated multi-agency plan will be essential. This may include Social Workers, Family Support Workers, CAMHS, etc.

# Intervention and Support

Needs arising from Visual Impairment - VI

## Universal - All Children

All children will require access to the following Intervention and Support approaches:

- A curriculum differentiated appropriately to take account of individual needs.
- Staff to set personalised learning targets for all children.
- Appropriate classroom and whole school environment established (e.g. good lighting and use of classroom/hall visuals, all children seated so that they can see the teacher and white board).
- All adults and children situated in the appropriate place for learning to take place.

## Targeted - Some Children

Some children will require the following additional intervention and support approaches:

- Specific teaching strategies that are appropriate to the needs of a child with a visual impairment.
- Use of specialist equipment.
- Use of auditory reinforcement.
- Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment.
- Opportunities to develop communication skills.
- Opportunities to improve social skills.
- Mobility and independent living skills training.
- Incidental learning sessions.
- Structured approaches to develop communication skills as well as self-esteem.
- Opportunities to provide social interaction, communication and self-esteem building in both structured and unstructured situations as appropriate.
- A programme of support to develop literacy skills.

## Specialist - Few Children

In addition to the intervention and support approaches put in place at the targeted level these children may require:

- Support from the teacher of Visually Impaired.
- A very highly modified learning environment to meet their individual needs.
- Access to more highly focussed specialist programmes of support.
- Highly structured and individualised learning programme.
- A high level of care and supervision.
- Individual programmes used to support learning throughout the school day.
- Support to develop specific individual targets. This may include Specialist VI services to aid mobility and independence, self-help and specialised skills to equip them for their future.
- A secure, structured and safe learning environment.

# Intervention and Support Needs arising from Visual Impairment - VI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Carefully monitored access to low visual aids.
- Access to specialist ICT equipment.
- Access to low vision aids (e.g. CCTV).
- Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print).
- Regular and frequent access to Teacher of Visually Impaired to provide specialist interventions and approaches.

There should be appropriate modifications to the classroom and whole school environment. These modifications may include:

- Grouping strategies which are used flexibly to promote independent learning.
- Classroom management which is responsive to the child's visual impairment.
- Classroom management which takes account of social relationships.
- Equal access to the curriculum and out-of-hours learning opportunities, (e.g. homework clubs and lunchtime clubs).

The child may also require some of the following:

- Adaptations to school policies and procedures.
- Access to large print or Braille.
- Access in all areas of the curriculum through specialist low vision aids, equipment or adaptations.
- Regular access to specialist support and help with developing literacy and numeracy skills.
- Specialist ICT and Braille technology available to students and to support staff to produce specialist materials. Access to appropriate well-founded evidence based interventions, training and specific teaching.

# Intervention and Support

Needs arising from Visual Impairment - VI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- A Teacher of the Visually Impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.
- Preview and review of lesson content so the child can access during the lesson.
- An alternative PE and sports programme to be in place where appropriate.
- Interventions should be well-founded evidence based interventions.
- A cycle of intervention should always last a minimum of one new term and more frequently two, and some children with long-term difficulties will have the on-going support of staff and specialists e.g. Teacher of Visually Impaired.

# Evaluating Progress and Reviewing

Needs arising from Visual Impairment - VI

## Universal - All Children

Through regular reviews of children's progress in consultation with child and parents.

## Targeted - Some Children

Reviews of progress should take place at least three times per year.

Reviews should feed into the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets.

If targets are not met, strategies/resources should be changed or targets reduced.

Parents should always be involved in the review of the child's progress.

Children's views should always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and made available as needed.

## Specialist - Few Children

Reviews of progress should take place at least three times per year.

Reviews should feed into the assessment process and should be fully recorded.

Reviews should include specific reference to their progress towards desired outcomes and targets. If targets are not met, strategies/resources should be changed or targets reduced.

Parents should always be involved in the review of the child's progress.

Children's views should always be sought as part of the review process.

Records of steps taken to meet the needs of individual children should be kept and made available as needed.

Reviews should involve the appropriate external professionals working with the child

# Evaluating Progress and Reviewing

Needs arising from Visual Impairment - VI

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

Where appropriate reviews should involve any external professionals (e.g. Education Psychologist, Teacher of Visually Impaired, Speech and Language Therapist) involved with the child.

In analysing the progress that has been made the child may:

- No longer need special educational provision and their needs will be met from universal approaches.
- Continue to need special educational provision as their needs cannot be met from universal approaches.
- Need more intensive SEN provision.

In analysing the progress that has been made the child may:

- No longer need such intensive special educational provision and their needs will be met from targeted and/or universal approaches.
- Continue to need intensive special educational provision as their needs cannot be met from targeted approaches.
- Need more intensive SEN provision.

# Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

Some children have some degree of combined hearing and vision impairment (identified by medical practitioners). The hearing impairment may be temporary or permanent. These visual impairments may range from relatively minor conditions to sight impaired. The condition may affect one (unilateral) or both (bilateral) ears and eyes. Temporary hearing losses are usually caused by the condition known as 'glue ear' and occur most often in the Early Years. Such hearing losses fluctuate and may be mild or moderate in degree. The CYP's visual impairment may mean that they have:

- Reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- A defect in the field of vision e.g. tunnel vision or loss of central vision.
- Other diagnosed eye conditions.

## Targeted - Some Children

Some children's multisensory impairment needs cannot be met by universal approaches over a sustained period of time. The child may have a diagnosed mild/moderate combined hearing and vision impairment and they may wear hearing aids. Their visual impairments may range from relatively minor conditions. They will be registered sight impaired. They have multisensory impairment although the impairment may be greater in one modality than in the other. Their difficulties may affect their access to learning, communication and their access to their environment, including mobility. These factors may also impact upon their emotional health, social interactions and behaviour. These difficulties may show themselves in the following ways:

- Persistently appearing to ignore and/or misunderstand instructions.
- Difficulties in understanding or responding to verbal cues.
- Difficulties in communicating through spoken language/interactions with peers and adults.

## Specialist - Few Children

A few children's needs cannot be met by universal or targeted interventions and support approaches alone. These children have multisensory impairment including combined hearing and vision loss. They may have a severe or profound impairment in hearing and/or vision. Other senses such as vestibular function (balance), proprioception (awareness of body position), touch, taste and smell may also be affected. They may have a diagnosed medical condition or syndrome. Some CYP with MSI have complex conditions such as CHARGE syndrome that affects all of the senses including taste, smell, touch, balance and proprioception in addition to hearing and vision. They may have a progressive condition such as Usher Syndrome. They may have additional difficulties including significant learning difficulties. The child's multisensory impairment may significantly affect their:

- Understanding and processing of spoken language, thus causing a delay in their receptive and expressive language.



# Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

Some children's multisensory needs will be met by universal approaches. This may mean that the child will need support for their hearing and vision needs e.g. hearing aids, enlarged texts, different background colours.

These children will require a personalised educational plan e.g. IEP, written in consultation with parents.

Staff will access training provided by the Advisory Teaching Service, Educational Psychology, Health Visitors and other Agencies if necessary.

## Targeted - Some Children

- Difficulties with language-related topics and in understanding new/complex concepts. Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and antagonistic peer relationships.
- Tendency to rely on peers, through observing behaviour and activities to cue into expected responses.
- Tendency to withdraw from social situations and an increasing passivity and lack of initiative.
- Increasingly requiring additional strategies to facilitate communication, access the environment and sharing text books and worksheets.
- Will need adaptations to access computer software.
- Difficulties with participating socially with other children and participating in large play activities and games as well as other aspects of mobility.

## Specialist - Few Children

- Their ability to communicate may severely limit participation in classroom activities and social communication and interaction with peers and this is likely to be a long term and complex difficulty requiring alternative communication modes.
- Their language and communication difficulties may cause frustration or emotional and behavioural difficulties.
- Their access to the environment and mobility may be limited such that they are unable to follow classroom routine and maintain attention to task without a high level of structure and adult support.
- They will need to access to learning requiring differentiated approaches and specialist resources and technology with adult support.

# Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

These children will require a graduated approach which draws on increasingly detailed interventions and support approaches and where appropriate specialist expertise in successive cycles of assessment, planning, intervention and review; ensuring interventions match needs.

- They will need to access to learning requiring differentiated approaches and specialist resources and technology with adult support.

These children will require a graduated approach which draws on very detailed interventions and support approaches and specialist expertise in successive cycles of assessment, planning, intervention and review, ensuring interventions match needs. These children may require an Education, Health and Care Plan.

# Assessment and Planning Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

All children require:

- Systems to be in place for staff to routinely seek information about a child's hearing and vision needs and concerns.
- Systems to be in place for staff to regularly seek the views of parents about their children's hearing and vision needs.
- Appropriate arrangements for assessment of the classroom and school environment which are reviewed at least annually – in relation to class noise levels, lighting, school site being physically accessible to children with a visual impairment etc.
- Whole staff awareness of the implications of multisensory impairment including hearing and visual difficulties and knowledge of strategies that facilitate the inclusion of children with multisensory impairment.
- Appropriate whole school policies for supporting children with multisensory impairment.

## Targeted - Some Children

In addition to universal assessment and planning approaches, some children will require:

- The setting to gather the child's views about their difficulty and the support approaches to be put in place (e.g. through the use of a detailed individual profile or plan).
- The setting to raise and discuss concerns with the child's parents and involve them in planning support approaches;
- Class teacher in consultation with the SENCO has established a clear analysis of the child's needs.
- Consideration of individual child's development in comparison to peers and their response to previous interventions will have occurred.
- Liaison and consultation with external professionals and support services, where appropriate.
- Close home-school links, so school are aware of changes in circumstances that may impact on the child's multisensory (hearing/vision) needs.

## Specialist - Few Children

Some children's multisensory needs are severe and cannot be met by universal or targeted interventions and support approaches alone. In addition to universal and targeted assessment and planning approaches, a few children will also require:

- External services to contribute via consultation or specialist assessment, leading to a more specific focused plan.
- Close home-school links, so school are aware of changes in circumstances that may impact on the child's vision and hearing.
- Non-educational professionals may also be involved in assessment, advice and planning.(e.g. Physiotherapist, Occupational Therapist, Speech and Language Therapist).
- Professional advice may be sought to provide strategies that facilitate the inclusion of the CYP.

# Assessment and Planning Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

- Health and safety assessments and policies to be in place and appropriate risk assessments completed.
- There should be effective internal communication and liaison arrangements between staff.
- Where there are suspicions of multisensory difficulties, schools should advise parents to seek medical advice/ a hearing and vision assessment.

## Targeted - Some Children

- Assessment and observation by subject /class teacher or SENCO to assess how the child's multisensory (hearing/vision) difficulties affect curriculum access.
- This may indicate attainment below expected levels and difficulties engaging in school activities.
- Where there are suspicions of ongoing hearing and/or vision difficulties schools should advise parents to seek appropriate medical advice.
- Careful monitoring of hearing and visual access to the curriculum by Teacher of Visually Impaired/ Teacher of Hearing Impaired.
- Assessment of functional vision and hearing by Teacher of Visually Impaired/ Teacher of Hearing Impaired. Continuous assessment and curriculum assessments may be supplemented by diagnostic tests.

## Specialist - Few Children

- SENCO and teaching staff may need to refer to external support services (e.g. qualified Teacher for Multisensory Impairment, Ophthalmology, audiology, ENT, Mobility and Independence Officer) for further specialist assessments and advice.
- Measures should also be made of the impact of the child's difficulties on their ability to access the curriculum.
- For some children a coordinated multi-agency plan will be essential. This may include Social Workers, Family Support Workers, Children's Wellbeing staff and other community or charity groups.

These children may require a statutory assessment of their special educational needs which may lead to an Education, Health and Care Plan.

# Assessment and Planning Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Clear plans for the use of support which relates to expected long term outcomes and include short term SMART targets (e.g. within the IEP). For some children a coordinated, holistic multi-agency plan will be required. This may involve a range of professionals including: Advisory Teaching Service, Children's Wellbeing staff, Educational Psychology Service, Targeted Support Teams, Social Care Teams, a range of health professionals and other support groups.

# Intervention and Support Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

All children will require access to the following Intervention and Support approaches:

- A curriculum differentiated appropriately to take account of individual needs.
- Staff to set personalised learning targets for all children.
- Appropriate classroom and whole school environment established to support listening and vision (e.g. good classroom/hall acoustics and lighting, all children seated so that they can see and hear the teacher, and see the white board).
- All adults and children encouraged to talk at the appropriate volume and pitch for learning to take place.
- Care to be exercised within school groupings and general support for self-esteem, confidence and to promote independence.

## Targeted - Some Children

Some children may require the following additional intervention and support approaches:

- Involvement of a qualified teacher for multisensory impairment (ATS) for access to advice/training/specialist equipment.
- Additional training for the key worker who supports the child.
- Focussed support and coherent programmes for the child to develop communication skills, language and literacy skills. Literacy strategies devised and implemented with advice/monitoring from Teacher of Visually Impaired/Teacher of Hearing Impaired.
- Opportunities to consolidate these skills through appropriate differentiation of oral and written language, activities and materials and specifically planned activities.
- Specific teaching strategies that are appropriate to the needs of a child with combined hearing and visual impairment.
- Use of specialist equipment and technology to support learning.

## Specialist - Few Children

In addition to the intervention and support approaches put in place at the targeted level these children may require a very highly modified learning environment to meet their individual needs. A high level of adult support may be required to provide:

- Access to more highly focused specialist programmes of support.
- Highly structured and individualised learning programme. A high level of care and supervision.
- Individual programmes used to support learning throughout the school day.
- A secure, structured and safe learning environment.
- Specialist support to develop communication strategies appropriate to the needs of the child. This may include on body signing, sign language, deafblind manual to put a greater emphasis on language development and communication skills.
- Support specific individual targets. This may include Specialist VI services to aid mobility and independence, self-help and specialised skills to equip them for the future.

# Intervention and Support Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Appropriate seating arrangements with adjustments made to ensure the child has a good listening environment and is able to see teacher clearly.
- Access to additional targeted teaching in small groups, or individually on a daily basis if appropriate.
- Clear and precise instructions supported by visual / tactile clues as appropriate (e.g. key words, pictures, objects).
- Teacher to repeat answers back to class during class/group discussion.
- Opportunities provided to enrich and develop social interaction, communication and self-esteem in both structured and unstructured situations as appropriate.
- Carefully monitored access to low visual aids e.g. CCTV.
- Extensive modification and adaptation of all curriculum materials (e.g. enlarged text, tactile diagrams and maps, Moon and large print).
- Regular and frequent access to Teacher of Visually Impaired/ Teacher of Hearing Impaired to provide specialist interventions and approaches.

The child may require some of the following:

- Adaptations to school policies and procedures.
- Access to large print or Braille.
- Access in all areas of the curriculum through specialist low vision aids, equipment or adaptations.
- Regular access to specialist support and help with developing literacy and numeracy skills.
- Specialist ICT and Braille technology available to students and to support staff to produce specialist materials.
- Referral for assessment to National Specialist AAC services e.g. Access to Communication (ACT); see local pathway to referral by the Speech and Language Therapy Service.
- Access to appropriate well-founded evidence based interventions.
- Access to a sensory environment to embed and extend learning.

# Intervention and Support Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Additional time for hearing impaired child to process questions/information.
- Frequent and sensitive checking of child's understanding and use of specialist equipment.
- Careful monitoring of language and literacy skills.
- Access to specialist amplification systems such as radio aids.
- Support with audiological equipment and that it is checked on a regular basis to ensure it is working at its optimum.
- Careful monitoring of reading and spelling progress.
- Requires additional systems to support all aspects of communication, for example, BSL, additional, audiological equipment.
- Speech and Language Therapist to provide advice on how to compensate for reduced linguistic experience due to language delay.
- Specific pre-teaching of subject based concepts and vocabulary.



# Intervention and Support Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

There should be appropriate modifications to the classroom and whole school environment. These modifications may include:

- Grouping strategies which are used to promote independent learning.
- Classroom management which is responsive to the child's multisensory impairment.
- Adjustments to ensure the listening environment takes account of individual needs.
- Specialist equipment to improve listening skills (e.g. radio aid, Sound field systems).
- Classroom management which takes account of social relationships and tries to enrich these.
- Equal access to the curriculum and
- out-of-hours learning opportunities, (e.g. homework clubs and lunchtime clubs).
- A qualified Teacher of Visually Impaired/ Teacher of Hearing Impaired may be involved in providing advice on strategies or staff development and training, aimed at introducing more effective strategies.

# Intervention and Support Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

## Targeted - Some Children

## Specialist - Few Children

- Preview and review of lesson content so MSI child can better access material during the lesson.
- Alternative PE and sports programme to be in place where appropriate.

Interventions should be well-founded, evidence based interventions. A cycle of intervention should always last a minimum of one new term and more frequently two.

For some children a coordinated multi-agency plan will be required. This will involve a comprehensive written plan (IEP) and may involve Social Workers, Family Support Workers, Health Professionals and other supporting professions.

# Evaluating Progress and Reviewing

Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

Through regular reviews of children's progress in consultation with child and parents.

## Targeted - Some Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded. Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced and simplified. Parents should always be involved in the review of the child's progress. Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed.

Where appropriate reviews should involve:

- Any external professionals (e.g. Advisory Teacher, Education Psychologist, Speech and Language Therapist) involved with the child.
- In analysing the progress that has been made the child may:
- No longer need special educational provision and needs will be met from universal approaches.

## Specialist - Few Children

Reviews of progress should take place at least three times per year. Reviews should feed into the assessment process and should be fully recorded.

Reviews should include specific reference to progress towards desired outcomes and targets. If targets are not met, strategies/ resources should be changed or targets reduced. Parents should always be involved in the review of the child's progress.

Children's views should always be sought as part of the review process. Records of steps taken to meet the needs of individual children should be kept and made available as needed.

Reviews should involve the appropriate external professionals working with the child. In analysing the progress that has been made the child may:

- No longer need such intensive special educational provision and their needs will be met from targeted and/or universal approaches.
- Continue to need intensive special educational provision as needs cannot be met from targeted approaches.

# Evaluating Progress and Reviewing

Multisensory Impairment (MSI)/Deaf blindness

## Universal - All Children

Through regular reviews of children's progress in consultation with child and parents.

## Targeted - Some Children

- Continue to need special educational provision as needs cannot be met from universal approaches.
- Need more intensive special educational provision.

## Specialist - Few Children

- Need more intensive, long-term and special educational provision supported by an EHC plan.

This document was produced by staff from the Additional Needs Service of Herefordshire Council in 2018 and is based partially on guidance provided by Gloucestershire Local Authority, reproduced here with their permission.

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