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**Dorset SEN**

**Graduated Approach**



**March 2021**

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**1. Introduction**

Dorset’s Children, Young People and Families’ Plan 2020-2023 sets out our shared ambition for the children and young people of Dorset. *We want Dorset to be the best place to be a child; where communities thrive, and families are supported to be the best they can be.* One of the six priorities is:

**Best Education for All**

We want to be an education community that delivers the best outcomes for our children and young people (CYP), together. We want to make sure that our schools and educational settings are supported to deliver the best education possible and that our children achieve their full potential. We want to improve the proportion of schools and settings that are good or outstanding across the county; improve educational progress of children; reduce the number of exclusions from school, improve school attendance and support children that are educated at home.

We want our schools and settings to be inclusive for all of our CYP and that our children who are vulnerable and those that have special educational needs and disabilities have the right support at the right time and are enabled to have a stable and settled education.

We want our CYP to be able to achieve their goals so that they are prepared for adult life and go on to successful futures.

**1.1 Vision**

The SEND Code of Practice (2014) is clear that special educational provision is underpinned by high quality teaching. Differentiated and personalised teaching approaches, often referred to as **Quality First Teaching (QFT) or universal approaches**, benefit all CYP people as well as those also with special educational needs.

The Dorset Graduated Response provides structures and guidance for SENCOs, Early Years Practitioners, teachers and school leaders to support them in putting in place appropriate arrangements to meet their obligations in respect to CYP with special educational needs and disabilities.

Several of the principles underpinning the SEND Code of Practice guide this document:

* Supporting CYP and parents to participate in decisions about their support
* Identification of SEN
* Collaboration between education, health and social care services to provide support
* High quality provision to meet the needs of CYP with SEN
* A focus on inclusive practice and removing barriers to learning
* Supporting successful preparation for adulthood.
* **All** **teachers** are teachers of CYP with special educational needs

For all teachers to be teachers of SEN we need all leaders to be leaders of SEN.

**1.2 Children and Families Act (2014) and the SEN Code of Practice (2015)**

The most recent [SEN Code of Practice (COP)](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) was published in January 2015 following the [Childrens and Families Act (2014).](https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted) It provides statutory guidance to Local Authorities and educational settings in relation to CYP with SEN and disabled CYP. The COP states that

‘A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her’. Where the COP says ‘must’ then Local Authorities and education settings have to follow this as it is the law. Where the COP says ‘should’ then Local Authorities and education settings must have regard to it.

**1.3 Equality Act (2010)**

****CYP who have SEN may have a disability under the [Equality Act 2010](https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools) – that is ‘…a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’.

The Equality Act 2010 sets out the legal obligations that the LA and education settings have towards disabled CYP:

• They **must not** directly or indirectly discriminate against, harass or victimise disabled CYP

• They **must not** discriminate for a reason related to a child or young person’s disability

• They **must** make reasonable adjustments, including the provision of auxiliary aids and services (for example a specialist chair, IT equipment or therapy)

**Whether something is ‘reasonable’ depends on things such as:**

* The child/young person’s disability and what support, if any, they receive through an EHCP
* How practicable the changes are and the resources of the education setting
* The cost of making the change or providing the aid
* If the change requested would overcome the disadvantage the child/young person experiences
* If there are other ways of overcoming the disadvantage
* Health and safety considerations and the interests of other CYP.

**The duty to make reasonable adjustments in education is anticipatory.**

This means settings must consider in advance what they need to do to make sure all disabled children/young people can access and participate in the education and other benefits, facilities and services they provide for those within their settings.

Department for Education: Guidance on the Equality Act 2010 and advice for schools can be found at: <https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools>

Further information can be found at <https://www.ipsea.org.uk/disability-discrimination>

**2. Graduated Approach**

The graduated approach starts at the whole-school/setting level. Teachers/practitioners are continually assessing, planning, implementing and reviewing their approach to teaching all CYP. However, where a potential special educational need has been identified, this cyclical process becomes increasingly personalised: Individualised assessment leads to a growing understanding of the barriers to and gaps in the CYP’s learning. Continual reflection on approaches to meeting the CYP’s needs leads to a growing understanding of strategies which enable the CYP to make good progress and achieve good outcomes. The responsibility and accountability for the progress and development of CYP with SEN lies with the teacher/practitioner, not with the SENCO or the learning support department.

Diagram

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**2.1 Assess**

In the ‘assess’ stage of the graduated approach teachers/practitioners gain a growing understanding of a CYP’s needs. A clear understanding of a CYPs needs is a critical precondition to:

• planning effective teaching

• determining appropriate provision

• informing adjustments to teaching that will lead to good progress and improved outcomes for CYP.

However, too often for CYP who are identified as having SEN, the temptation is to move straight to the planning stage – writing targets and identifying provision without spending sufficient time identifying precisely where CYP’s gaps in and barriers to learning currently lie.

**2.2 Plan**

In the ‘plan’ stage of the graduated approach teachers/practitioners gain a growing understanding of what teaching approaches work. For CYP requiring SEN support, there are two areas that need to be considered when planning provision:

• High-quality teaching and learning

• Targeted provision.

Once the need for SEN support has been identified, the first step in responding to identified needs is to ensure that high-quality teaching,differentiated for individual CYP, is in place.

The SEND Code of Practice is clear that this is the *first step* in responding to CYP who have, or may have, an SEN: ‘Additional intervention and support cannot compensate for a lack of good quality teaching.’

Targeted provision is provision that is additional to or different from that made for the majority of CYP in school or setting. Schools and settings would be wise to draw on the latest research about the likely impact of particular interventions. One of the key themes from the SEND Code of Practice is the need to ensure that where additional/different targeted provision is planned for, there are clear and expected outcomes linked directly to the provision.

**2.3 Do**

In the ‘do’ stage of the graduated approach teachers/practitioners gain a growing understanding of effective support. The SEND Code of Practice (2014) emphasises that the teacher/practitioner has day-to-day responsibility for the learning and progress of all CYP. It is important that teachers/practitioners work closely with support staff or other specialist staff to plan and assess the impact of targeted interventions.

**2.4 Review**

In the ‘review’ stage of the graduated approach teachers/practitioners gain a growing understanding of what approaches secure better outcomes. Teachers/practitioners continually review CYP’s progress, formally and informally, and this should be no different for CYP with SEN.

It is not necessary for teachers/practitioners to wait for formal review meetings before reviewing and, if appropriate, making changes to teaching approaches and other provision. However, the SEND Code of Practice states that progress towards meeting planned outcomes should be tracked and reviewed at least once a term. The outcomes of the review should feed directly into the next planning phase of the graduated approach.

The SEND Code of Practice puts an emphasis on the contribution of parents/carers and CYP to the graduated approach. The School/setting will need to ensure that systems are in place for the voice of CYP to be heard and for the development of self-advocacy to be part of a truly person-centred approach.

**2.5 Dorset Assess, Plan, Do, Review Proforma**

A Dorset ‘Assess, Plan, Do, Review’ proforma has been developed through liaison with SENCos. Educational settings are encouraged to use this proforma when following the graduated approach to ensure that there is a consistent approach for our children, young people and families including when CYP move from one setting to the next. The proforma should be used for each cycle of ‘assess, plan, do, review’ and can be found here: ['Assess-Plan-Do-Review' Proforma](file:///C:\DorsetGraduatedResponse\Shared%20Documents\General\Assess%20Plan%20Do%20Review%20Document.docx)

**A picture containing person, tree, child, child

Description automatically generated3. Using Person-Centred Planning in the Graduated Approach**

**3.1 What are person-centred approaches?**

A person-centred approach means preparing, supporting and encouraging the CYP to have as much choice and control over their own life as possible.

When we think in a person-centred way we focus on the CYP, their gifts and skills as well as their needs.

We plan based on what is *important****to****them* and *what is important****for****them* and their family*.*In this way educational settings make sure that planning and actions are ‘done with’ the CYP and their family, rather than ‘done to’ them.

Person-centred approaches should be used at all stages of the identification and assessment of SEN and in the graduated ‘assess, plan, do, review’ cycle.

**3.2 Listening and recording what’s important to and important for a CYP and their family**

Person-centred approaches explore what is important to the person, what matters to them.  When we say something is important to a person, we mean this helps them with comfort, happiness, contentment, fulfilment and satisfaction. When we say something is important fora person**,** we are saying this is an issue of health and safety or them being a valued member of the community. Being a valued member of the community can include things like how they are regarded by others, how other people look at them.

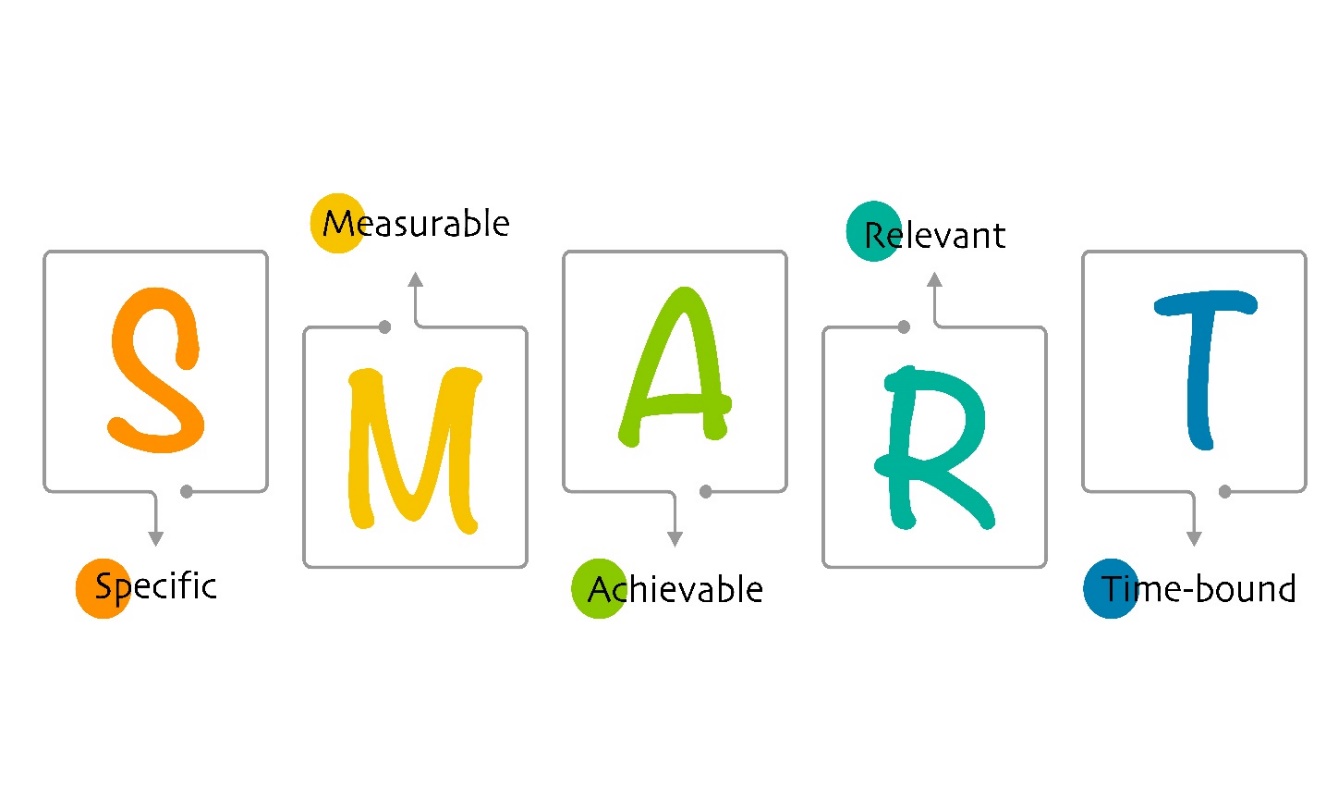
There is overlap between the two and the specifics are as individual as the CYP involved. Effective plans balance *important to* and *important for* elements.

Tip: No one does anything that is important forthem willingly unless there’s a piece of it that’s important tothem.

In making plans, it is important to identify the CYP and the family’s best hopes and priorities for the focus areas. Their dreams and aspirations provide context and in some cases are a significant part of the plan.

One Page Profiles are an effective person-centred way to summarise information about a child or young person, including what we like and admire about them (strengths), what’s important to them as well as how best to support them.

**Tools to help**: Relationship map: Important to/important for; Good Day/Bad Day. The following link has useful resources: <http://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/>

**Plans: making them and taking action – shared responsibility**

Person-centred approaches can be used across the range of planning formats used within the Graduated Approach for SEN. For example, Individual Education Plans, Pastoral Support Plans, Behaviour Support Plans, Care Plans etc.

Person-centred planning makes sure that targets are relevant and meaningful. Targets in person-centred plans should be **SMART**, **s**pecific, **m**easurable, **a**chievable, **r**ealistic and **t**ime related.

Person-centred planning encourages everyone involved to share responsibility for actions and to do what they can to support. This includes the CYP, the educational setting, family and sometimes friends or peers and the wider community.

Person centred planning assumes that the CYP and their family are experts in their own lives. Everyone who is part of a person-centred plan needs to be clear about their roles and what they can and can’t influence.   

More in-depth tools and inclusive meeting tools are available for more complex situations, such as using tools in preparation for meetings and different ways of running meetings. Some examples are using graphic facilitation (pictures drawn to illustrate the points being made), photographs and video. Meetings can take different forms and thinking creatively and sensitively about barriers to participation is key to effective person-centred planning.

**Tools to help:**One-page profiles; learning passports; communication passports, Making Action Plans (MAP)and/or Planning Alternative Tomorrows with Hope (PATH) meetings.

**3.3 Person-centred planning when the young person is 16 years old or older**

When the young person reaches their 16th birthday, they have a right to make their own decisions as stated in the Mental Capacity Act (2005). This has an impact on all plans created for young people with SEN as part of a graduated approach. Educational settings, parents and carers and young people need to be prepared for this change. Anyone 16 or over is assumed to have ‘capacity’ to make decisions and support must be provided to help them do this.  Most people can make some or all their own decisions. If they don’t have capacity to make a specific decision, then it must be made in their ‘best interests’. There must be good evidence about their capacity, what support has been offered and how their ‘best interest’ has been identified. If there is any doubt about the capacity of a person to make their own decision, seek advice.

**3.4 Resources and websites**

**Person centred approaches:**

[www.helensandersonassociates.co.uk](http://www.helensandersonassociates.co.uk/)

[www.preparingforadulthood.org.uk](http://www.preparingforadulthood.org.uk/)

<https://inclusive-solutions.com>

**One-page profiles:**

<http://helensandersonassociates.co.uk/person-centred-practice/one-page-profiles/one-page-profile-templates/>

<https://www.preparingforadulthood.org.uk/downloads/person-centred-planning/one-page-profile.htm>

[www.sheffkids.co.uk](http://www.sheffkids.co.uk/)

**MAPs meetings/PATH**

<https://inclusive-solutions.com/person-centred-planning/maps/>

**Mental Capacity**

<https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/video-mental-capacity-act.htm>

An animated guide to the Mental Capacity Act the guide explains the key principles in an easy to understand form.

The Dorset Council Mental Capacity Act Team (01305) 225650.

**Training**

Person Centred Approaches training for professionals and partners can be found on **Dorset Nexus or** by contacting your setting’s **Link Educational Psychologist.**

**3.5 Successful transitions**

CYP ‘transition’ when they move from one setting to another. This could be a change between educational settings (e.g. from an early years setting to a primary setting, a primary setting to a secondary setting, or a secondary setting to a post-16 setting) or a change within the educational setting (e.g. class to class). Transitions can be an exciting time, but some CYP may require support to ensure that it is a positive experience for them.

All transitions should be a person-centred process. This means that all CYP should have their views at the centre of process, and that the graduated approach should be used to assess the support that they require.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Universal** | **Targeted** | **Specialised** |
| **Assessment and Planning** | For all CYP there needs to be:   * Systems in place to support their transition into their next setting. Planning should start as early as possible. * Children’s and parents’ views about the transition are collected and taken into account when planning for transition. * All relevant information gathered about the child or young person and shared with the new setting. * Opportunities to build on their strengths and interests as well as areas of need. * Support for the child or young person to be involved in the planning of the transition. | In addition to universal assessment and planning approaches, some children will require:   * Additional planning targeting the support needs of CYP * Systems in place to take into account the child or young person’s communication needs, curriculum needs and mobility needs. * Contact relevant services as early as possible to plan for these needs. * Use of a SEN support plan which includes outcomes and provisions relating to an upcoming transition. | In addition to universal and targeted assessment and planning approaches, a few children will also require:   * An EHCP to include outcomes and provision around transition planning. * Access to external services which may include an Educational Psychologist, specialist teacher, speech and language therapist, occupational therapist, and mental health practitioner or other relevant service with the specific expertise * Work with parents or carers to agree clear and shared plans for expected long term outcomes and include short term SMART targets. |
| **Do (provision & support)** | All children will require access to appropriate support, which may include:   * Use of peer support systems (e.g. peer mentoring, playground buddies) to support each other through transition. * Whole class discussions about school transitions (e.g. to secondary school, to college) and how it makes them feel. * Staff to help cyp identify people in their support network to aid them through the transition. * Opportunities to talk with the child or young person about their transition, including their worries, uncertainties, what they are excited about. This could be done by reading stories with the CYP if appropriate. * Opportunities to take responsibilities at the new setting. * Opportunities to make autonomous decisions in order to develop their sense of personal agency * Arrangements for storing and administering medicines at new setting. * Information about cyp strengths, needs, targets and successful strategies is shared with all relevant staff, including supply and support staff.  All staff to know the individual outcomes for the learner they support.  This can be done using a one-page profile and /or a learner passport. | In addition to universal provision and support some children may need:   * A resource (e.g. handbook) containing photos of the new setting’s environment and staff * Additional visits to the new setting. * Transition meetings arranged between staff at both settings * Further opportunities to talk about the transition with staff members. Depending on a child or young person’s communication needs, this could be done using visual aids or prompts. * Use of social stories to prepare for the transition. * Enhanced transition arrangements between home and setting, for example, hand to hand transfer at beginning and end of day. * Appropriate modifications to the new learning environment. * Additional adult support may be required at an individual level or within a small group to provide evidence-based interventions and support approaches. * Individual arrangements made for seating and groupings in the new classroom to meet individual needs. * Staff available at the new setting that are trained in working with children with specific learning needs and able to break down skills into finely detailed steps. * Close home-school/college links, ensuring that parents and carers feel able to share concerns. * External professionals (e.g. educational psychologist) may be required to advise on extra help that the CYP may need during transition * Staff at the new setting can get to know the child or young person by talking with them and observing them in their feeder setting. | In addition to universal and targeted support a few children may need:   * Appropriate equipment available at the new setting. * The involvement of external professionals which may include an educational psychologist, specialist teacher, speech and language therapist, occupational therapist, and mental health practitioner or other relevant service with the specific expertise. * Home visits to ensure that parents views are fully understood. * Clear information disseminated to parents about strategies they can use at home to prepare for the transition e.g. practice the route to school, countdown calendar. * Multi agency planning meetings. |
| **Review (outcomes)** | * All transitions will need to be monitored through regular reviews. This will include gathering the views of the CYP and setting staff. * In response to the review, the child may continue at universal support or may require targeted support. | * Involvement of SENCO in reviewing transition * Discussion with parents. * Discussion with child or young person and school staff. * Review of SEN support plan | * Annual review * Reviews by external professionals |
| **Useful Links/Training** | * [https://youngminds.org.uk/resources/school-resources/find-your-feet-transitions-activity-for-year-6-children and young people/](https://youngminds.org.uk/resources/school-resources/find-your-feet-transitions-activity-for-year-6-pupils/) - transition activities for Year 6 CYP * <https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/preparing-for-adulthood/moving-from-childrens-services-to-adult-social-care.aspx>  - Information on moving from children’s services to adult social care from the Dorset Local Offer. * <https://www.tes.com/teaching-resource/transition-to-the-next-primary-class-workbook-6087201> - Transition to the Next primary class workbook * <https://www.twinkl.co.uk/resources/home-early-years/early-years-class-management/early-years-transition> - Resources for the transition to primary school * <https://www.teachearlyyears.com/a-unique-child/view/supporting-transitions-in-the-early-years> - Supporting transition in the early years | | |

**4. Roles and Responsibilities**

All of the partners listed below play a key role in understanding a CYP’s journey and in supporting them to thrive.

**4.1 Parents**

The Code of Practice states: Where a pupil is receiving SEN support, schools should talk to parents regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the parent, the pupil and the school. Schools and Early Years Settings should meet parents at least three times each year.

A parent knows their child better than anyone else and should be involved in planning support for their child. Parents have often become experts in their child’s condition and so need to be trusted in what they are saying. What is seen in school or the setting may not be the same as what parents experience at home.

* Education and support needs to take into account the context of family life.
* The most important thing is that parents are heard.
* There should be honest conversations with transparency.
* Communication is key.
* Parents will support their child to achieve their potential.

**4.2 Education Settings**

The SEND Code of Practice states clearly in Chapter Six what the roles and responsibilities of schools are. Dorset schools:

* Will demonstrate that they have implemented the graduated approach when they identify that a CYP may have a special education need (this includes working in partnership with all partner agencies)
* Will use their early help link worker and joint planning meetings with the specialist teacher and educational psychologist and other locality staff to ensure CYP with SEND make good progress and are included alongside their peers
* Will commit to the SENCo having time to prepare for and attend termly joint planning meetings, carry out the tasks to prepare for and attend annual review meetings, work with parents and carers
* Ensure that school leaders including the governing body monitor and review how SEN resources and expertise are used.

**4.3 Mainstream schools with Resourced Provision for CYP with Complex Communication Needs**

There are currently six complex communication needs specialist resourced provisions in Dorset who cater for CYP who present with social communication challenges. The resourced provisions are within mainstream schools and are situated in First, Middle, Primary and Upper Schools. The provisions are supported by a link EP and a link Specialist Teacher and they have access to a Speech and Language Therapist and an Occupational Therapist. The provisions support CYP who need specialist input as well as access to a mainstream peer group in order to achieve their outcomes.

The CYPs primary need will be significant social communication difficulties, impacting on social interaction and social inclusion. There is evidence that a graduated approach within mainstream has been implemented and there is a need for more specialist input. All CYP accessing this provision will have an Education Health and Care Plan and Dorset Council will manage the admissions.

**4.4 Learning Centres and Resourced Provision for CYP with Social, Emotional and Mental Health Needs**

There are four Learning Centres in Dorset that serve the needs of children and young people who experience medical, social, emotional or mental health difficulties: Dorchester Learning Centre, The Forum Learning Centre, The Compass Learning Centre and Harbour Vale School. Three of these have a Resourced Provision for children and young people (CYP) with an Education Health and Care Plan where the primary need is for social emotional and mental health difficulties. Within the **resourced provision** a CYP will have access to specific targeted interventions through a team of trained staff who are supported by a multidisciplinary group of professionals. CYP placed within a resourced provision belongs to the mainstream learning centre and will be member of a mainstream class. All learning centres have a link educational psychologist and specialist teacher and draw on this to support them to deliver the provision.

They can also provide education for those who have limited access to education, such as children and young people with medical needs or that have had several fixed term exclusions and are at risk of permanent exclusion from their mainstream school. Admission to the Learning Centres is via the appropriate panel; SEN Panel for those with an EHCP, Medical Panel for those with medical needs and In Year Fair Access Panel for those at risk of permanent exclusion. Each panel will consider evidence of graduated response at the universal and SEN support levels and medical evidence for those with medical needs. In appropriate cases schools can also commission short term Early Help Assessment Placements at the Learning Centres.

**4.5 Special Schools**

There are six special schools within Dorset: Beaucroft School, Harbour School, Mountjoy School, Westfield Arts College, Wyvern Academy and Yewstock School. Admission to them is through Dorset Council’s panel process. More information about our special schools can be found on our local offer: [Special schools in Dorset - Dorset Council](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/education-and-learning/support-in-the-early-years-schools-and-settings/special-schools/special-schools.aspx) Five of Dorset’s special schools work together as TADSS, the Teaching Alliance of Dorset Special Schools. TADSS offer a range of SEND focussed training and support, including outreach for schools, National Autistic Society Early Bird training for parent carers and professionals and a range of courses throughout the year. TADSS also leads on Initial Teacher Training for Primary. To view the latest information and training available visit the website [www.tadss.co.uk](http://www.tadss.co.uk/)

**4.6 Dorset Council**

Dorset Council’s Children’s Services are delivered through six **localities:** North, Dorchester, West, Chesil, East and Purbeck. The locality approach means that all services for children and families can be delivered locally and by one team. This allows for a coordinated approach whereby internal professionals with different specialisms can contribute and influence plans for CYP. The locality approach supports the development of strong local partnerships with multi-agency partners, including voluntary sector and communities.

Each locality delivers Social Care and Education and Early Help Services overseen by a Head of Locality, a Social Care Service Manager and an Education and Early Help Service Manager. Every locality’s Education and Early Help Team delivers SEN, Early Years, Inclusion and Early Help Services.

**Our Locality Model**

**Head of Locality**

**Education and Early Help Service Manager**

**Social Care Service Manager**

**Early Help**

**Early Years**

**Inclusion**

**SEN**

**Social Care Team**

**Social Care Team**

**Social Care Team**

Every locality has a **SEN Team** who manage our SEN processes. The SEN Team comprises of a Team Manager, **Educational Psychologists (EPs),** **SEN Provision Leads** and **SEN Family Worker(s).** Every school is allocated its own link EP and link SEN Provision Lead. SEN Provision Leads write and maintain EHCPs as well as overseeing the EHCP review process. In addition, each locality also has a **Senior EP.**

There are **Specialist Teachers** in each locality who support schools to develop inclusive practice through consultation and training. They have a wealth of experience and expertise across a range of SEN, including dyslexia, autism, social, emotional and mental health (SEMH), ADHD, attachment and complex communication needs (CCN). They can also provide support when children and young people are displaying challenging behaviour. Each school has a link Specialist Teacher who will offer settings termly joint planning meetings alongside the school’s link EP. <https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/education-and-learning/services-to-help>

Each locality has an **Inclusion Team** led by a Team Manager. Within this team, there are **Inclusion Leads** who lead on school attendance, children missing education, elective home education, exclusions and alternative provision. Each school will have its own Inclusion Lead link. Within this team there are also **Virtual School Leads** who provide direct support to schools’ Designated Teacher for Children In Care (CIC); attend and support the Personal Education Plan (PEP) process; advise on suitable interventions and ensure that the CYP has a suitable full time education provision. There are also **Targeted Youth Workers** (TYW**)** and **Youth Support Workers** (TSW)in the Inclusion Team. TYW and YSW undertake one-to-one, group, detached and outreach work and are an advocate for young people.

Every locality also has an **Early Years Team** and Manager. The Early Years Teams include an **Early Years Support and Advice Officer** (EYSAO) who provide support and advice to early years providers. There are also **Portage Consultants** in each locality who provide an educational service for children under five with complex needs and their families. Localities have **Activity and Parenting Workers** (A&P workers)who deliver groups and activities to support good development and peer support for children and families, including Under One’s Groups, Under Two’s groups, Two to Talk; Safety in the home (Under 5’s).

**Early Help Family Workers** are part of the Inclusion, Early Years and SEN Teams. In some of the larger localities (North and Chesil) there is also an Early Help Team Manager who leads a team of Early Help Family Workers. Early Help Family Workers work alongside all the other professionals in the locality team to complete Early Help Assessments andprovide a single point of contact for schools and settings to provide early help advice and signposting (Each school has a Family Link Worker). Early Help Family Workers walk alongside families through challenges and difficulties and support them towards being independent of services.Referrals for Early Help are made through the Early Help Hub.

Each locality has **Education Challenge Leads** (ECLs). Their function is to understand and share information about schools’ strengths, areas for development and capacity; develop and support opportunities for schools to collaborate, support and challenge one another, to support vulnerable schools so that they build the capacity to improve, and to understand and share evidence-based information about best practice in education. As part of the locality team, the ECL will also support schools in being inclusive by working with the locality team to understand and act on trends associated with elective home education, exclusions, part-time timetables, managed moves and off-rolling.

Dorset Council also has a central **Hearing Support Service** (HSS) which works with children and young people with mild to profound hearing impairments. There is also a **Vision Support Service** (VSS) working with children and young people with mild to profound visual impairments. Both services have a team of specialist advisory teachers with qualifications in visual or hearing impairment. All teachers can support CYP, families, pre-schools and schools and colleges. The HSS and VSS are often referred to as one service, Hearing and Vision Support Services (HVSS). The HSS also have an educational audiologist who works closely with NHS audiology services and a sign language tutor who works and uses signs with the children, families and settings. The VSS offers keyboarding tutors, mobility and habilitation specialists and a technician. The services make sure CYP people with hearing and/or visual impairments have every opportunity to enjoy life in their communities and have their needs met and respected. Click here for more information: [Hearing and vision support services - Dorset Council](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/education-and-learning/services-to-help-support-your-child/hearing-and-vision-support-services.aspx)

There is also a central **Physical and Medical Needs Service** (PMNS) which provide advice, guidance and training to make sure CYP with physical and medical needs get the right support and can enjoy the same opportunities as their peers The PMNS work with lots of partners to make sure children and young people with physical and medical needs can take part in all elements of the life of their school or educational setting, including trips and physical education. The PMNS can provide advice, guidance and training in how to manage medical needs within a school or setting, including advice on storing, administering and recording medicines administered; using medical risk assessment; how to adhere to the Equality Act 2010 with regard to disability; the reasonable adjustment duty and providing auxiliary aids; safer moving and handling techniques in educational setting and moving and handling risk assessments and care plans. Click here for more information: [Physical and Medical Needs Service (PMNS) - Dorset Council](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/education-and-learning/services-to-help-support-your-child/physical-and-medical-needs-service-pmns.aspx)

**Our Locality Model**

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Dorset Council will:

* Provide support to potentially vulnerable CYP and their families as soon as needs begin to emerge or when there is a strong likelihood that support will be needed in the future
* Provide support at any and every stage of a child’s life; pre-birth, during pregnancy, childhood and/or adolescence
* Provide a range of services with expertise in meeting the needs of CYP with SEND including Educational Psychologists, Specialist Teachers, Family Workers, Inclusion leads and SEND Provision Leads
* Offer schools **termly joint consultative planning meetings** with their link Educational Psychologist and Specialist Teacher to support them to identify and meet needs in a timely manner (Inclusion Leads and Family Workers will also attend this meeting if it is beneficial)
* Provide responsive services based on need to work with the school or setting
* Provide services that can work in partnership with the school and or setting and parents and carers to identify areas of need and appropriate evidence-based interventions
* Work systemically to develop inclusive practice across the whole school and settings through a core offer of consultation, training, modelling interventions, coaching and supervision

**4.7 Health**

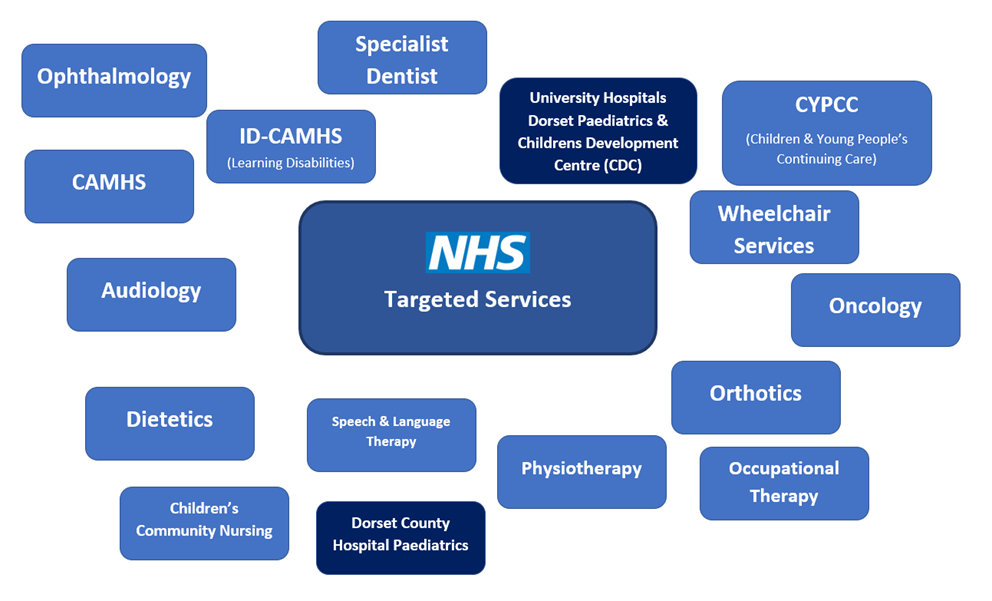
Each Clinical Commissioning Group (CCG) must provide a designated medical officer (DMO) or designated clinical officer (DCO). The DCO plays a key part in implementing the SEND reforms and in supporting joined up working between health services and local authorities. The DCO for Dorset is Steve Clarke. He is supported by Chloe Morley, Associate Designated Clinical Officer (ADCO) for SEND. Their contact details are: [steve.clarke@dorsetccg.nhs.uk](mailto:steve.clarke@dorsetccg.nhs.uk) [chloe.morley@dorsetccg.nhs.uk](mailto:chloe.morley@dorsetccg.nhs.uk)

**Universal Services**

Most families will be able to access the NHS services they require through **“Universal Services”.** These services include your GP’s, Health Visitors, Dentists, School Nurses, Walk-In Centres, Minor Injury Units etc. Services that anybody can access, at any time, without requiring a referral.

**Targeted Services**

Some families will require additional, more specialist help from the NHS. We call these **“Targeted Services”**. A referral is usually required to access these services, the referral will usually come from another professional such as your GP or Health Visitor.



**Personal Health Budgets**

Those CYP with the highest levels of Physical or Emotional Health needs may be entitled for support through a Personal Health Budget. There is an assessment process for this, a referral is required from a Professional and there is an eligibility criteria. Only very few young people require or are eligible for this level of support. Click here fir further information: [Personal budgets for children and young people with SEND - Dorset Council](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/financial-support-for-children-and-young-people-with-send/personal-budgets-for-children-and-young-people-with-send.aspx)

**4.8 CAMHS**

**Universal CAMHS Services**

* **Dorset CAMHS Website** contains lots of information for CYP, parents and professionals **https://camhsdorset.org/**
* **Useful Resources for Parents: https://camhsdorset.org/parents-carers/useful-resources-for-parents**
* **Kooth online:** This online counselling and emotional wellbeing platform for CYP offers an online live chat option **www.kooth.com**
* **Chat Health Dorset:** Chat Health is a confidential text messaging service that enables CYP (aged 11-19) to contact their local public health nursing (school nursing) team **Text: 07480 635511**
* **Waves (**West Dorset): Offers a range of services for CYP aged 10-18 by providing information, advice and guidance on issues that can affect mental health, including group work, counselling, anger management for plus 13s and therapeutic support for those affected by domestic abuse
* **The Rendezvous** (North Dorset)**:** Sherborne's youth resource centre offers a friendly listening ear and emotional support or counselling, providing support on issues including bullying, eating disorders, gender identity, self-harm, stress and anxiety **www.therendezvous.org.uk**
* **Treads** (North Dorset)**:** An informal advice, information and drop-in centre for young people in Blandford **treadsblandford.wordpress.com**
* **Dorset Mind Your Head:** Delivered by Dorset Mind charity, Dorset Mind Your Head or DMYH, is a whole-school approach to help young people, parents and teachers live life mentally healthy. Support includes counselling, drop-ins, mentoring and ambassador schemes, assemblies, PSHE, education and workshops for teachers and parents **dorsetmindyourhead.co.uk**

**Targeted CAMHS Services**

For those young people with a severe mental illness a referral to your local Core-CAMHS Team may be required. Referral is done using their referral form and there is an eligibility criteria. Details can be found at **https://camhsdorset.org/professionals/referral**

**4.9 Social Care**

Within localities, children’s social care provides statutory services for CYP who are in need of help and protection. Each Locality has children’s social care teams who are overseen by a Social Care Service Manager.

Social workers support CYP and their families through assessment of their needs and planning at a child in need, child protection or care level to enable better outcomes. Our approach to working with CYP and families is strengths based and restorative with social workers building relationships with CYP and their families to enable positive change. Working within localities promotes collaborative working with our Early Help and Education colleagues and also enables social workers to get to know their CYP, the communities within which they live and the partner agencies who are also able to support our families.

Children in care are supported by social workers across locality teams within locality-based Permanence Teams – unless supported by the children who are disabled service.

The Children who are Disabled Team is an integrated and co-located service which includes social workers, early help and an occupational therapist team who are co-located. We offer a graduated response to CYP and families in need who have a child with a disability within the family home. This means that we provide specialist early help support to CYP and their families which includes key working and care management aimed at preventing the need for more intensive social care intervention. Our Paediatric OT services provide statutory services to support children to live at home as independently as possible by providing specialist equipment, adaptations and moving and handling advice.

ChAD is the single point of contact for all safeguarding and wellbeing concerns regarding CYP in Dorset. ChAD will act as a “front door” to manage all safeguarding referrals initiating Child Protection investigations where required and act as a “front door” to Early Help.

**5. Preparation for Adulthood (PfA)**

Preparing for adulthood is an important part of planning for every young person’s successful transition from school-age education into adult life. In Dorset, PfA begins in NCSY10 for every young person with special educational needs and/or disability (SEND). For young people with an EHCP local authorities must include a focus on preparing for adulthood and transition planning at the year 9 annual review and at each review thereafter. *All supporting professionals*around a young person have a responsibility for working together to:

* Develop a shared vision of improving life chances with young people, families and key partners
* Raise aspirations for a fulfilling adult life by sharing clear information about what has already worked for others
* Develop a personalised approach to all aspects of support using person centred practices
* Develop post-16 options and support that lead to employment, independent living, good health, friends, relationships and community inclusion
* Develop outcome focused multi-agency strategies that are informed by the voice of young people

*(Taken from:*[*https://www.preparingforadulthood.org.uk/*](https://www.preparingforadulthood.org.uk/)*)*

In summary, the preparing for adulthood outcome areas are *employment, independent living, community inclusion and health.*

What this practically looks like will vary from one young person to the next depending primarily on what is important to and important for them, and informed by their SEND and what support they feel they need. Good preparation for adulthood adopts a person-centred approach; the young person will be central to the decisions made about them and involved in as much of the support planning as possible.

This section aims to give some insight into the sorts of things you can do to support PfA with your young people, and the people who may be involved, alongside a list of practical resources you may find useful.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Universal** | **Targeted** | **Specialised** |
| **Assessment and Planning** | For all CYP there needs to be:   * Ongoing assessment of needs from an early age regarding life skills, community inclusion, healthy choices and preparation for employment. * School cultures to encourage young people to be aspirational about their future. * Identifying what is important to and important for the young person for their future. | * Identifying young people who require additional support in being aspirational about their future in relation to employment, community inclusion, health and friends and relationships. * Developing a shared vision of the aspirations of the young person with all supporting professionals. * Using appropriate means of eliciting young person’s voice taking into account their specific SEN (e.g. communication needs). * Using the SEN support planning process to incorporate preparing for adulthood at every stage of the young person’s development. | In addition to universal and targeted  assessment and planning approaches a few children will also require:   * An EHCP plan with a specific focus on the four areas of PfA (employment, community inclusion, health and independent living) from Year 9 onwards. * Explicit discussion and shared planning of these areas with the young person and their family at annual reviews from Year 9 onwards. * Planning should incorporate multi-agency professionals where appropriate * Specialist support (e.g. EP) to elicit young person’s voice where necessary. |
| **Do (provision & support)** | All children will require access to appropriate support, which may include:   * Continued opportunities throughout their educational journey to make decisions for themselves and encourage personal autonomy. * Opportunities to be involved in their community. * Settings partnering up with community agencies to provide work experience opportunities. * Development of post-16 options and support that leads to employment, independent living, good health, friends, relations and community inclusion. * Incorporating the four areas of PfA into the curriculum at all stages * Tailoring curriculum to support PfA according to outcomes of assessment | In addition to universal provision and support some children may need:   * Sharing between settings of best practice about how to manage preparation for adulthood for young people requiring SEN support. * Additional interventions for developing life skills e.g. finance, cooking, personal care, travel. * Support to develop post-16 options in line with * Use of outside agencies to support employment, life skills, health and friends and relationships. * Settings sharing clear information about what has worked for other young people before. * Identify key people to support the young person in PfA | In addition to universal and targeted support some children may need:   * Strategic multi-agency joint commissioning of resources * Drawing upon case studies and what has worked for other young people before. * Focusing on specific areas of intervention regarding life skills e.g. finance, cooking, personal care, travel. * Use of outside agencies to support employment, life skills, health and friends and relationships (e.g. Ansbury) * Develop outcome focussed multi-agency strategies that are informed by the voice of young people. |
| **Review (outcomes)** | * Ongoing review of PfA outcomes * Discussing PfA outcomes with young person * Discussing PfA outcomes with school staff | * SEN support plan including outcomes relating to the four PfA areas. * Involvement of SENCO in reviewing PfA outcomes * Working with the young person and their family to review support and outcomes. | * Annual review with specific focus on the four PfA areas |
| **Useful Links/Training** | * Dorset Local Offer: <https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/dorsets-local-offer.aspx> * The Preparing for Adulthood Review- A Good Practice Toolkit: <https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/j4mafpnm636391826728575817.pdf> * The Xchange- The News and Information Network for CYP who are disabled or have additional needs (and their families): <https://www.xchangeonline.co.uk/kb5/dorset/aiminghigh/home.page> * How to prepare for your transition review- a guide for young people transitioning to adult social care: <https://www.dorsetcouncil.gov.uk/care-and-support-for-adults/adult-social-care-pdfs/how-to-prepare-for-your-transition-assessment-meeting-easy-read-dc.pdf> * Personalisation and Personal Budgets- Learning Example (from the PfA website): <https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/vk3s4gtz636391769677403612.pdf> * PfA Outcomes across the age ranges for CYP with SEND (from the PfA website): <https://www.preparingforadulthood.org.uk/SiteAssets/Downloads/yeded5wb636481748062535810.pdf> | | |

**6. SEND Funding**

Every school receives funding to deliver education to their CYP. This is on a per pupil basis and is called the Basic Entitlement (formerly the Age Weighted Pupil Unit (AWPU)). This is element 1. They receive this funding through their delegated budget/general annual grant (GAG). However, for CYP with special educational needs, schools receive additional funding. This enables them to provide the SEN Support stage of the graduated approach. This is element 2 and comes out of the schools delegated budget or GAG.

It is up to each school/provider to decide how to spend their allocation for special educational needs. Some schools may choose to fund extra teaching or non-teaching staff to support CYP with special educational needs and/or use this funding to provide interventions and resources. Others may pay for additional time for the school’s special educational needs coordinator (SENCO) to work with CYP. This funding also covers the school’s duties around the provision of specialist equipment and aids.

There is an additional allocation of funding for CYP with the most complex needs. They often have an Education, Health and Care (EHC) Plan. This is element 3 funding comes out of the High Needs Block. Monitoring of CYP with an EHCP takes place through the EHC Plan at annual review meetings.

The 3 elements are outlined in the table below:

|  |  |  |
| --- | --- | --- |
| Element 1  Universal support | Early Years | All early years settings and providers receive the funding for each 3 and 4 year-old plus eligible 2 year olds. This is for the government’s free early learning and childcare places and is known as Early Education Funding (EEF). |
| Pre-16 | School’s delegated budget/GAG, including basic entitlement. This varies according to age. |
| Post-16 | Providers are funded for young people at college by the Education & Skills Funding Agency (ESFA) directly this is known as programme funding. |
| Element 2  Targeted Support | Early Years | In the early years providers continue to provide targeted support from their EEF. Settings can also apply for Early Years additional needs funding. |
| Pre-16 | School’s delegated budget/GAG includes a SEN allocation which should be used by schools to fund the first £6,000 of additional costs per pupil/student with SEND.  Schools with places specifically set aside as specialist provision will receive £6,000 per place |
| Post-16 | Where young people require funding to support their needs above the programme funding they will receive £6,000 directly from the ESFA. This funding is recouped from the LA’s High needs block. |
| Element 3  Specialist Support | This is generally called the ‘top up’. It is individual pupil related funding from the High Needs budget for learners mainly with an EHC plan. This is an allocation of funding linked to the type and complexity of an individual’s needs. This is provided for the time a pupil/student attends (part-time places are funded accordingly; attendance also affects funding). Time limited ‘exceptional funding’ may be allocated according to the pupil’s assessed needs. This is paid from the LAs High Needs Block | |

Early Years settings can access the Early Years additional needs funding (EYANF). This is funding given to providers to help support children with SEND. The funding should have a positive impact on a child's longer term outcomes and is to help provide extra where a provider is unable to meet the costs from their own funds, therefore is not expected to cover full costs.

The funding is for settings with children who:

* have SEN or disabilities and attend a Dorset Council registered provision
* receive the 3 and 4 year old early education funding for 15 hours, or for a maximum of 30 hours for eligible children
* receive the 2 year old early education funding (15 hours at most)

The amount the setting gets is based on an assessment of the child`s needs against the following bandings:

* Band 0: SEN Support, application for the inclusion fund = up to £500 per year per child
* Band 1: Regular additional support and based on attendance (15 hours) = pro rata up to £750 per term per child
* Band 2: Intensive daily support based on need and attendance (15 hours) = pro rata amount to the maximum of £1,500 per term per child

More information can be found on the [Early Years Additional Needs Funding](https://dorsetnexus.org.uk/page/9005) page on Nexus.

**7. Early Years**

**7.1 Communication and Interaction (universal, targeted and specialist)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all children there needs to be:   * Use of WellComm Toolkit – GL or suitable alternative * EYFS assessment * Daily, differentiated learning opportunities targeted to areas of need * Practitioners aware of the child’s specific needs, agreed approaches and targets * A 2 year old progress check and ASQ3 * Regular monitoring and reviewing of progress (minimum termly) * An analysis of progress towards closing gaps in the child’s development * Collaboration with parents * Ideas for parents to support their child at home * Consideration of what a child’s behaviour may be communicating | In addition to universal assessment and planning approaches, some children will require:   * SENCo involvement * Closer collaboration with parents: Do they recognise and share the concerns identified? What are their priorities and aims? What do they think will help their child to progress? How can they support progress? * Home/setting diary to support communication * Individualised planning and targeted intervention using tools such as: Derbyshire Small Steps Profile, a total communication system, PEIC’D Recording Tool * Sensory needs profile   Advice from other services and agencies such as: Portage Consultant, Early Years Support and Advice Officer, Health Visitor, Locality Education and Early Help Team, Speech and Language Therapist, Specialist Teachers (N.B. Parental permission must be gained to refer to other agencies) | In addition to universal and targeted assessment and planning approaches a few children will also require:   * Continued tracking of development using EYFS profile * Derbyshire Small Steps Profile * PEIC’D Recording Tool * Regular review of progress against targets |
| **Do (provision & support)** | All children will require access to the following intervention and support approaches:   * Total communication environment (speech, real objects, photos, symbols, sign/say, choices and gesture) * An assessment in their home language for pupils with English as additional language where there are concerns about progress   **Attention and listening**   * An environment which supports attention and understanding (background noise minimised, zoned areas, equipment clearly labelled, accessible visual timetable) * Staff using a child’s name and if appropriate physical prompts to gain attention * Adults physically at the child’s level and face to face where possible * Supports (e.g. noise/action/shaker) used to gain the class’ attention * Specific positive reinforcement for good listening behaviour e.g. ‘Good sitting still’ rather than ‘Good boy’ * Opportunities to listen to stories or activities within a quieter environment or small group * Activities planned to promote early phonological awareness * Multi-sensory and engaging resources to promote engagement   **Receptive Language**   * Visual support used to enhance understanding * Information given in small ‘chunks’ * Clear concise language * Slower pace of delivery and encouragement to repeat, out loud, the information back to themselves (verbal rehearsal) * Staff using consistent language for equipment and routines * Additional processing time * Multi-sensory approaches to learning used with opportunities for repetition and reinforcement * Key words emphasised using slight stress and/or appropriate non-verbal communication * Avoidance of the use of sarcasm, ambiguities and idioms.   **Expressive language**   * Confidence building through specific praise and support * Adults following what the child wants to do or talk about * Staff offering limited choices * Adults modelling correct language and articulation * New vocabulary and concepts taught, with opportunities for repetition and reinforcement * Language modelled in social context e.g. ‘my turn…your turn…’ * Consistent approach to practice developmentally appropriate errors e.g. word endings * Practitioners modelling back speech sound corrections clearly; rather than telling the child they are wrong * Staff encouraging the child to use other means of communication   **Social Development, interaction and play**   * Opportunities for short, simple turn taking games/sequences * Skills explicitly taught, and rules of social interaction modelled * Positive reinforcement of good behaviour with individualised motivators * Positive redirection and distraction to stop inappropriate behaviour * To develop calming strategies for self-regulation. * Visual support to define areas and structure of the day e.g. visual timetable, drawers labelled with pictures in addition to words, social stories, emotion symbols etc * Promotion of interaction with peer groups through direct support   **Flexibility of thought**   * Advance warning and preparation for changes to routine and activity e.g. use of timers, now and next boards * Structured environment with clear routines and expectations and visual support and/or timetable * Reduced choices to provide positive options * Clear start and finish indicated in tasks * Staff use the language of ‘Now, Next’, backed up with a visual support * Staff cue child into instructions by saying their name first   **Sensory Processing**   * Staff anticipate impending sensory overload in order to intervene at an early stage * Systems in place to allow the child to remove themselves when they are not coping. Strategies are implemented so that child can indicate to staff when they need to do this * Staff discuss with parents about how sensory overload is managed * Staff prepare the child for new or unusual sensory experiences * Where possible the environment is adapted to reduce sensory overload or visual and auditory distractions. | In addition to universal provision and support some children will need:   * One-page profile for child written and shared with all staff     **Attention and listening**   * Staff awareness that a child with social communication needs will not always answer to their name, look up or give eye contact but they will be listening, allow the child to look down while talking to them. * To fiddle or hold something appropriate during whole group time, to aid concentration. * Incorporation of special interests and motivators to focus attention and increase motivation * Teaching and promotion of active listening skills and behaviours     **Receptive Language**   * Total communication system * Now and next cards * Limited (two) choices * Simple appropriate commentary * Promotion of functional language to request. * PEIC’D * Short simple instructions with time to respond (10 second rule) * Small group work focused on receptive language targets; e g common concepts and vocabulary * Barrier games   **Expressive Language**   * Total communication system * Use of gesture/ objects/photos/symbols of reference. * Modelling of simple language * Use of two choices (beginning with eye pointing or reaching for a single object, eye pointing, reaching or vocalising for preferred or non-preferred object and then possibly naming their preference from a choice of 2). * Use of pictures/symbols for child to make choices and communicate with * Small group work focused on expressive language targets e g common concepts and vocabulary * Barrier games * Specific speech sound and/or phonological awareness targets as advised by speech and language therapist   **Social Development**   * PEIC’D (Promoting Early Interactive Communication Dorset) approach using the recording tool to monitor progress. * Short simple turn taking games/sequences initially with a familiar adult, then a variety of adult's, before introducing a familiar child, less familiar child and progressing to small group work * Explicit teaching of important skills and rules of social interaction, with modelling and use of key phrases, e.g. ‘can I join in?’ * Personalised social stories to support understanding and choices * Encouragement to recognise their own emotions and those of others.   **Flexibility of thought**   * Now and Next - an adult led task followed by a motivator activity. * Independent work systems * Tasks broken down into manageable steps with a clear start and finish * Personalised social stories to develop understanding * Access to quiet area or distraction free environment, with adult support initially * Promotion of calming strategies when child is dysregulated * Use of a calm, firm and consistent approach to managing learning behaviour related to rewards that are motivating for the child * Use of visuals to support independence in routine * Use of a surprise card when needed   **Sensory Processing**   * Access to an environment that meets their need for movement based sensory input, access to outdoor space for movement and heavy muscle work e.g. pushing, pulling, jumping, climbing, running prior to learning or afterwards. * Regular short sensory breaks * Alternative acceptable items to meet child’s sensory needs, e.g. chew tools, twiddle at circle time and other group or focussed times, sit and move cushion * Access to a quiet space as needed with a box of favourite quiet activities chosen by the child and changed when necessary * Designated space or carpet square for sitting on the carpet * Sensory profile | In addition to the universal and targeted approaches put in place a few children may require:   * Additional adult support * Ongoing support from Portage, Speech and Language Therapy, Physiotherapists, Occupational Therapy, Outreach or Specialist Teacher service to assist in assessment and planning * Access to a more intensely focussed and personalised evidence-based intervention where appropriate * Delivery of a personalised therapy (SALT, OT, Physio) programme * Very close home-setting liaison   **Attention and Listening**   * Individual listening and attention targets   **Receptive Language**   * Total Communication approach used at all times with child: appropriate visual support and sign supported language (e.g. Makaton, Signalong)   **Expressive Language**   * Alternative Augmentative Communication needed e.g. Picture Exchange Communication System (PECS) * Focus on the development of functional language   **Social Development**   * PEIC-D approach * Personalised social stories to support understanding   **Flexibility of Thought**   * Personalised Now and next or timetable   **Sensory Processing**   * Adult support to meet child’s sensory needs * Access to a quiet space away from peers |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the child | * All children’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at universal level | * All children’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | Dorset’s [Portage workshops](https://www.dorsetnexus.org.uk/Page/13187): PEIC’D; Total Communication; Individual Plans; Sensory Awareness  Personalised Speech and Language Therapy training  [ECAT guidance for practitioners](https://foundationyears.org.uk/wp-content/uploads/2011/10/ecat_guidance_for_practitioners_12.pdf)  [ICAN Speech Language Communication Needs training](https://www.dorsetnexus.org.uk/Article/82980) [Home (ican.org.uk)](https://ican.org.uk/) | | |

**7.2 Cognition and Learning (universal, targeted and specialist)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all children there needs to be:   * EYFS- areas of learning * Characteristics of Effective Learning * What to expect when (DFE) * Well Comm screening * Every Child a Talker screening * 2 year old progress check and ASQ3 * Total Communication | In addition to universal assessment and planning approaches, some children will require:   * Small Steps to Success * Sensory awareness * Referral to Audiology/vision * Staff with knowledge of PEIC-D training | In addition to universal and targeted assessment and planning approaches a few children will also require:   * Referrals to specialist services such as Portage, OT, Physiotherapist, SALT, Paediatricians * Early Support materials and developmental journals * Derbyshire Small Steps profile * Eye point scales * PEIC-D programme and assessment tracker * PECS |
| **Do (provision & support)** | All children will require access to the following intervention and support approaches:   * The WellComm Toolkit * Activities from the WellComm ‘Big Book of Ideas’ * Total Communication strategies * Adult support to extend their play and learning * A wide range of play based learning opportunities | In addition to universal provision and support some children will need:   * A differentiated curriculum - differentiation by:   + Resource   + Expectation   + Outcome   + Level of adult support and supervision   + Task * Support at transition times * IPs (Individual Plans) * Learning targets * Dialogue with Early Years Support and Advice Officers and staff in the locality | In addition to the universal and targeted approaches put in place a few children may require:   * PEIC-D tracker * Derbyshire profile * Input from other professionals such as Portage, OT, Physiotherapist, SALT. |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the child | * All children’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at universal level | * All children’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | [ECAT guidance for practitioners](https://foundationyears.org.uk/wp-content/uploads/2011/10/ecat_guidance_for_practitioners_12.pdf)  [WellComm Early Years and Primary toolkits](https://www.dorsetnexus.org.uk/Article/70993). | | |

**7.3 Social, Emotional and Mental Health (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all children there needs to be:   * EYFS – SEMH checklist * Two year old progress check and ASQ3 Assessment * Parent consultations * Summative assessments * Baseline assessments * An understanding of the interests and wishes of the child | In addition to universal assessment and planning approaches, some children will require:   * ABC checklist * Individual Plans * TAF Meeting * Parenting Skills and Strategies session * Use of standardised questionnaires with a specific purpose, such as the Boxall Profile | In addition to universal and targeted assessment and planning approaches a few children will also require:   * Referral to specialist services to further explore underlying needs, for example, Portage, Educational Psychology Service, CAMHS, Health Visitor * SWIFTs/ID |
| **Do (provision & support)** | All children will require access to the following intervention and support approaches:   * Pre-school resources/practitioners * Clear routines and boundaries * Positive behaviour management * Consistent approaches * Training with impact measures, such as emotion coaching * Social and emotional coaching * Positive praise * Clear transition changes * Modelling * Meet and greet * Keyworker system/trusting relationship * Role play * Stories and puppets * Safe space/change of space * Working with parents * Scaffolding learning * Differentiated curriculum * Incredible Beginnings | In addition to universal provision and support some children will need:   * Part-time/full-time for two to four terms * Social stories * Time limited targeted group work to develop friendship skills, social skills, problem solving, emotional literacy * Modelling of positive behaviour management * I Can Problem Solve Programme * Buddy support/proximal praise * Visual aids including now and next, timelines, timers, schedules * Co-production with parents/carers * Early Years Additional Needs Funding. * Early Years Support and Advice Officer * Staggered start/finish time * Specific training to implement and change practice in relation to the child’s needs such as attachment and trauma * Incredible Years parenting programme | In addition to the universal and targeted approaches put in place a few children may require:   * Enhanced transition support provided by specialist teachers and portage consultants * Personalised curriculum using therapeutic approaches and activities * Multi-disciplinary team approach facilitated by a partner agency |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the child | * All children’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at universal level | * All children’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | [I Can Problem Solve](http://www.icanproblemsolve.info/)  Incredible Beginnings  Genie  [Minded.org](https://www.minded.org.uk/)  Inclusion Development Project  [www.nurturegroups.org](http://www.nurturegroups.org/)  [Dorset EP service](https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/education-and-learning/services-to-help-support-your-child/educational-psychologists.aspx) training on specific topics and areas of need  Informed childhood trauma training (online)  Dorset eLearning  Dorset’s [Portage workshops](https://www.dorsetnexus.org.uk/Page/13187): PEIC’D; Total Communication; Individual Plans; Sensory Awareness | | |

**7.4 Sensory (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | The child may:   * Have a mild hearing or visual impairment * Use hearing aids or glasses * Be colour blind * Many children have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. It may affect one (unilateral) or both ears (bilateral). 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 they need some short-term support, but it should not be assumed that they have special educational needs. * Require a referral to Vision Support Service (VSS)   N.B. A child with a diagnosed permanent hearing loss will be known to the Hearing Support Service. If the child wears hearing aids the Hearing Support Service will be actively involved.  A child with a diagnosed temporary loss will be known to the Hearing Support Service if they have been fitted with hearing aids. | The child may:   * Have a visual impairment which is affecting their learning and/or access to the curriculum e.g. holds books very closely or at an unusual angle, fails to respond to non-verbal instructions. * Have moderate hearing or visual impairment which has a sustained impact on their ability to access the Early Years Curriculum. * Show evidence of mishearing or misunderstanding * Be slower than expected to acquire new vocabulary. * Watch other children or needs adult prompts to be cued into activities | The child may:   * Have a severe and/or profound visual impairment and be registered visually impaired * Have visual difficulty that impair their mobility, emotional and social development * Have significantly reduced visual acuity (6/36 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 * A bilateral hearing loss that is severe and/or profound * Significant delay in expressive, receptive and functional use of language * Require weekly or fortnightly input from a specialist teacher   Need staff skilled in British Sign Language (BSL) if this is their mode of communication   * Need the Developmental Journal to be used in order to identify any gaps in development and appropriate activities to address them. |
| **Do (provision & support)** | All children will require access to the following intervention and support approaches:   * Staff understanding of the condition regarding both their abilities and difficulties * A maximising of opportunities to join in activities and develop their independence   **Vision**   * Plain, uncluttered background for all work and activities * Clearly organised learning environment * Minimum glare * Pulling blind * Change of the background colour on the board for greater contrast * Access to bright and clear educational toys and materials.   **Hearing:**   * Staff who ensures hearing aids are worn if required * Opportunities to play in a good listening environment * Unnecessary background noise kept to a minimum * Attention gained before an adult starts to speak * Names of other children and responses from other reiterated * Adults getting down to their level and facing them when speaking to them. * Understanding frequently checked * Staff model spoken language, reflecting and extending child's utterances to help develop vocabulary and syntax | In addition to universal provision and support some children will need:   * Staff to have advice and training from specialist professionals, e.g. Hearing and Vision Support Services (HVSS), audiologist, Occupational Therapist/ Physiotherapist. * CPD for key staff about meeting sensory needs * Adaptions to the physical environment – lighting, physical layout, acoustics, reduction of background noise * Use of strategies to promote social inclusion, e.g. buddy system/ circle of friends * Support with developing independent self-help skills and preparation for transitions and next stage   **Vision:**   * Labels and teaching materials in classroom clear and appropriate size * Highlighting to edges of steps and stair, handrails, door handles, and doorways, in contrasting coloured tape. * Good lighting in corridors * Individualised resources e.g. name labels, high contrast etc. * Use of assistive technology to support learning and recording, e.g. adapted books, interactive books, magnifying equipment, devices, dictation programmes etc. * Teaching of particular skills to improve curriculum access * Provision of appropriate equipment, e.g. sloping board, pencil grips and adaption to resources. * Assistance or supervision at break and lunchtimes for mobility/safety   **Hearing:**   * Opportunities to acquire targeted vocabulary or songs/action rhymes in 1:1 or small group sessions in addition to larger group topic or singing activities * Use of an assistive listening device (radio aid) from the Hearing Support Service to help reduce the problems experienced due to background noise or distance from the speaker * Staff trained in checking the hearing aids and/or assistive listening device and troubleshooting any problem | In addition to the universal and targeted approaches put in place a few children may require:  **Vision**:   * Direst instruction from a qualified teacher of visually impaired * Braille/pre-braille lessons from VSS * Support staff to learn braille if required * Access to Perkins manual Brailler * Use of braille paper * Use of Zychem paper to create raised tactile diagrams   **Hearing:**   * Direct intervention from Qualified Teacher of the Deaf, modelling communication and interaction strategies and use of appropriate resources |
| **Review (outcomes)** | All children’s progress needs to be monitored through regular reviews in consultation with the child and their parents.   * Improved access and participation * Child makes expected progress and attains early learning goals | Reviews of progress should take place at least three times per year.   * The gap between the child’s progress in their areas of difficulty and areas unaffected by their sensory impairment needs is closing or being maintained. * Greater participation in group activities. * If targets are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at universal level | Reviews of progress should take place at least three times per year.   * Child is making reasonable progress towards outcomes and short-term targets * Child is increasingly able to use specialist equipment and aids * Communication and social skills are developing * Progress is made towards independence targets * Parents and child are confident about the next steps, e.g. transition to next phase * If outcomes are reached, following discussion with the parents, setting, and relevant services, consider whether support can be provided at Targeted level, without the need for a statutory plan * Outcomes and provision can be updated and amended as needed through the annual review process |
| **Useful Links/Training** | [Vision Support Service](https://www.dorsetnexus.org.uk/Article/59178)  [Physical & Medical Needs: Resources for schools & settings](https://www.dorsetnexus.org.uk/Page/7308)  [NDCS resources for supporting CYP with hearing impairments in school](http://www.ndcs.org.uk/professional_support/our_resources/supporting.html)  SEND magazine article [‘Supporting the Visually Impaired Learner’](https://senmagazine.co.uk/content/specific-needs/visual-impairment/1643/supporting-the-visually-impaired-learner/)  [Environmental Sensory Audit](http://www.aettraininghubs.org.uk/wp-content/uploads/2012/05/37.1-Sensory-audit-tool-for-environments.pdf)  Poole Hospital NHS Trust handouts for parents (Children’s Therapy Services)  [School Nursing website](https://www.dorsethealthcare.nhs.uk/school-nursing) for resources contacts podcasts  [Special Education Resource Centre](http://redbridgeserc.org/)  [National Sensory Impairment partnership](https://www.natsip.org.uk/getting-started) | | |

**7.5 Physical (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all children there needs to be:   * All children have their gross and fine motor skills assessed by Health Visitor at approximately 10 months and 2 years * Staff working in partnership with parents * Where there are concerns about possible physical or medical difficulties, staff advise parents to seek medical advice, e.g. via their G.P or Health Visitor * Policies and practices regularly checked to ensure they do not discriminate against children with physical/ medical needs. | In addition to universal assessment and planning approaches, some children will require:   * Individual Healthcare Plans and/ or Medical Risk Assessments developed with input from the child’s family and relevant Health professionals * Where necessary, emergency protocols are also agreed - These are updated annually but sooner if there is a change in circumstance * Close home-setting links, so staff are aware of changes in circumstances that may impact on physical and/or medical needs * Early planning meetings with child’s family and relevant Health professionals to discuss transition to school | In addition to universal and targeted assessment and planning approaches a few children will also require:   * Staff to plan support with regular advice from specialist professionals, e.g. Occupational Therapist, Physiotherapist, Specialist Nurse etc * A Personal Emergency Evacuation Plan where appropriate * Rigorous qualitative and quantitative measures 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 early years curriculum. |
| **Do (provision & support)** | All children will require access to the following intervention and support approaches:   * Opportunities to be active and develop their co-ordination, control and movement * Help to understand the importance of physical activity and to make healthy choices * Disabled people represented in books and other materials * An environment planned to maximise accessibility for all (rooms and routes around the building are obstruction free and clearly organised to aid mobility) * Staff trained in awareness of the implications of physical and/ or medical difficulties | In addition to universal provision and support some children will need:   * The early years curriculum differentiated and presented to take account of individual needs, with reasonable adjustments made if required * Seating in their optimum position as recommended by Children’s Therapy practitioners for table work * Fine and/ or gross motor skill development targeted through specific activities * Strategies to promote social inclusion * Adult support with their individual physiotherapy or occupational therapy programme * Adult support above that which is usually necessary in an early years environment for: personal and self-care needs, assistance or supervision at break and lunchtimes, mobility and/ or safety, outdoor play, trips and visits * Staff trained in understand the child’s physical/ medical condition - Training may come from local Early Years specialists and/or relevant Health professionals, such as Children’s Therapy practitioners * An environmental audit to consider any barriers to accessibility * A safe space for administering of medicines or for undertaking daily medical procedures, allowing for privacy and dignity * Systems in place for staff to routinely access information about a child’s physical and/or medical needs | In addition to the universal and targeted approaches put in place a few children may require:   * A high level of adult support to manage very severe and complex needs, access the early years curriculum, remain safe and meet personal care needs * Highly specialist and individual physiotherapy or occupational therapy programme daily * Use of specialist equipment as prescribed by the Occupational Therapist or Physiotherapist and appropriate checks undertaken before each use, and in line with LOLER and PUWER Regulations 1998 * Physical activities adapted or modified to enable full participation with peers * Training undertaken by all staff supporting them to use specialist equipment prescribed by Occupational Therapist or Physiotherapist. * Staff to have received specialist medical training to manage complex medical needs and are signed off as competent to manage these * Staff working with them to have received moving and handling training and follow a Moving & Handling Risk Assessment and Care Plan written by a competent person * Adaptations to the physical environment specific to them |
| **Review (outcomes)** | All children’s progress needs to be monitored through regular reviews in consultation with the child and their parents.   * Children can access their learning environment and participate in the curriculum. If not, reasonable adjustments are made to target this. Advice may be sought from Children’s Therapy practitioners or Early Years specialists within locality. * Children make progress and attain their early learning goals; the rate of which may vary (which is normal). * If outcomes are not reached, consider progress to Targeted level in discussion with Manager/ SEND Lead. | Reviews of progress should take place at least three times per year.   * Children are making measurable progress; this may be small steps and the rate may vary in different areas. * Regular reviews with child’s family and where necessary, relevant Health practitioners. These should include specific reference to progress towards desired outcomes and targets. * If progress is made and outcomes achieved, then the child can move back into Universal or continue to be supported at Targeted. * If targets are not met, amend strategies/ resources and/ or reduce targets. Consider whether to move to Specialist level in discussion with Manager/ SEND Lead. | Reviews of progress should take place at least three times per year.   * Child is making reasonable progress towards outcomes and short-term targets. * Outcomes and provision can be updated and amended as needed through regular reviews and the Annual Review for a child with an EHC Plan. * If outcomes are reached, following discussion with the child’s family, and relevant professionals, consider whether support can be provided at Targeted level. * If outcomes are not reached, the child will continue to need intensive special educational provision. |
| **Useful Links/**  **Training** | [Disabled Children and the Equality Act 2010](https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-and-equality-act-2010-early-years) (Early Years) (Council for Disabled Children)  [Healthier Together](http://www.what0-18.nhs.uk/) (NHS Dorset) - improving the health of children and young people in Dorset and the surrounding areas.  [Parachute books](https://www.littleparachutes.com/) – picture books for children about a range of topics including disabilities  [Inclusive Technology](http://www.inclusive.co.uk/) – Supplier of IT hardware and software for CYP with SEND  [Whizz Kidz](http://www.whizz-kidz.org.uk/) – Provider of mobility equipment, support and life skills for CYP with physical disabilities. | | |

**8. School Age**

**8.1 Communication and Interaction (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all CYP there needs to be:   * Baseline assessments * Teacher/classroom checklist * Their views sought and listened to * Collaboration with parents * Classroom observations * Environment checklist * Screeners – assessments of speaking and listening skills * Planning for different learning styles * Seating plan review * Incorporation of pupil interests into learning activities * Whole staff awareness of the implications of communication and interaction difficulties | In addition to universal assessment and planning approaches, some CYP will require:   * An appropriate intervention for identified need with entry and exit data specific to the intervention * Closer monitoring by SENCo/class teacher and clear analysis of their needs * Consideration of their development in comparison to their peers * A clear plan for the use of support, that relates to outcomes * Social communication/ pragmatic skills checklist * Specific assessments of language, vocabulary (ie BPVS or language screener) * Consideration of level of visual support e.g. concrete object of reference to abstract written word. * Observations from SENCo. * A discussion at the joint planning meeting with EP and Specialist Teacher * Dorset Steps training as a whole school approach * Staff training on specific approaches. | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Professionals advice embedded in the curriculum and followed through * Form an action plan, using input from external professionals * SCERTS * Speech and language therapist involvement – individualist programme with targets outlined * Referral to specialist services to further explore underlying needs via the Development and Behaviour Pathway [Development & Behaviour Pathway (dorsetccg.nhs.uk)](https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/10/The-Development-and-Behaviour-Pathway.pdf) * Specialist Teacher – observation/ assessments for language, comprehension and social communication * Outreach from specialist provision * Dorset Steps individual plan in place * Sensory Profile * Specific targeted training to ensure highly skilled staff / staff have access to appropriate CPD / training * Supervision and group problem solving to the team of professionals working with the CYP |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:  **Quality First Teaching**   * Access to a broad and balanced curriculum within an inclusive educational setting and established communication friendly environment   **Attention and Listening**   * Good listening and attention behaviours explicitly taught, modelled and reinforced * Use of their name to gain attention and to achieve ‘active listening’ * Carefully planned opportunities to practise speaking and listening skills * Available aides and resources to support short-term memory – such as talking tins, timers and visuals * Opportunities available for quiet listening times and reduced background noise   **Receptive Language**   * Visual supports routinely available * Understanding checked by asking pupil/s to explain instructions/task in own words * Adult language is generally appropriate to level of understanding. * Differentiated/targeted questioning * Key words emphasised and tricky vocabulary explained. * Time given for processing / understanding sentences   **Expressive Language**   * Visuals/signals routinely provided so pupils can express when they haven’t understood * Clear concise language modelled * Talking partners * Scaffolded approaches which support spoken and written activities   **Flexibility**   * Visual support routinely available e.g. class visual timetables, planners and task boards used everyday classroom practice. * Advanced indication/warning for planned and unexpected changes to routine     **Social Communication**     * Adults monitoring and modelling expected social behaviours needed to work in small groups * Adults monitoring/modelling expected communication and social interaction * Buddy/peer support system * Language modelled in social context * Explanations for expressions given, not assumed to be understood     **Sensory**     * Sensory/movement breaks * Access to basic sensory tools * Multi-sensory approach to learning   **Environmental Considerations**   * Flexible use of staffing and resources to support access to learning and teaching * Language priority in planning to facilitate access to the curriculum. | In addition to universal provision and support some CYP will need:  **Adult supported small group work**   * Differentiated/scaffolded approaches for spoken and written language, activities and materials. * Outreach support from specialist provision, for example TADSS   **Attention and Listening**   * Targeted prompts to develop listening behaviours e.g. laminated strip on CYP's desk * Group activities/enhanced adult support to develop listening and attention skills (such as barrier games, auditory memory games, development of metacognitive strategies) * Increased use of visuals * Consideration given to seating * Individual workstation for specific curriculum areas   **Receptive Language**   * Targeted visuals, such as task planners or ‘now and next’ * Instructions broken down into smaller steps/delivered in sequence order for completion * Language modified/reduced language demands (for groups) * Small group activities to develop topic/ subject specific vocabulary - Specific strategies may include vocabulary map, word web etc * Small group activities to develop understanding of words – vocabulary, conceptual language and/or prepositional language, words with multiple meanings * Sentence level language simplified or accompanied by visual/ demonstration * Language for Thinking * Use of levels of questions - Levels of questions pitched at the CYP’s level of understanding (Blanks Levels of Questions) * Support to develop inference skills, e.g. Reading Between the Lines and Inference Training   ***Expressive Language***   * Use of IT programmes and assistive technology to enhance communication and recording of ideas * Regular use of objects and pictures to stimulate talking/discussion/language * Effective questioning skills are encouraged * Use of verbal prompts, such as T*ell me something about, how does this...?* * Group activities to develop sequencing * Story maps and role play to develop story telling skills/narrative language     **Flexibility**   * Increased use of visuals * Targeted visuals, such as task planners or ‘now and next’ * Personalised use of ’oops’ card * Visuals of change in staffing * Teaching through use of Social Stories as to why change happens     **Social Communication**     * Explicit teaching of social skills to work in small groups * Weekly targeted intervention where all CYP understand their role in the group and how to work as a group, such as Lego Group * Social skills groups * Comic strip conversations * Talk About books * Social stories * Socially speaking * Circle of Friends group * ELSA intervention * Opportunities to generalise social interaction skills, including home/ school liaison * Some additional support during unstructured times, such as playtime     **Sensory**     * Proactive sensory breaks * Support with self-regulation strategies     **Environmental Considerations**   * Access to ‘safe space’ or calming place | In addition to the universal and targeted approaches put in place a few CYP may require:   * Highly skilled staff to deliver individual and small group work * Speech and language programme * Specialist Learning Programme (Specialist Teacher Service) * Highly structured and personalised teaching environment     **Attention and Listening**     * Individual intervention delivered daily to develop listening and attention skills (such as barrier games, auditory memory games, development of metacognitive strategies)   Individual workstation used most of the time   * Individualised use of graphic organisers   **Receptive Language**   * Individualised visuals (including objects of reference, photos, pictures, symbols) * Individualised targets identified to develop receptive language (word level/sentence level/ narrative) * Individualised/targeted teaching of vocabulary delivered daily – may need more time, repetition and reinforcement * Development of Information Carrying Words     **Expressive Language**   * Highly specialist visuals/ communication systems (such as PECS) * Individualised approaches such as Colourful Semantics to develop oral and written language skills * Colour coding to highlight target grammatical structure * Specific assistive technology identified and made available including packages such as  Inspiration/Kidspiration/Mind Mapping techniques * Alternative means of recording (specialist IT equipment and programmes, voice recording, photos) * Use of narrative grids to support sequencing / story telling     **Flexibility**     * Individualised visuals (including objects of reference, photos, pictures, symbols) * Work systems/tasks systems * Explicit teaching of how to manage unexpected change, and rehearsal e.g. planned sabotage   **Social Communication**   * Individualised targets for social communication - use of SCERTS model – Social Communication, Emotional Regulation and Transactional Supports (SCERTS) * Social Play record * Social Thinking * Personalised social stories * Use of scripts * Developing early communication skills using PEIC’D * Individualised/small group and explicit teaching of unwritten rules for unstructured times * Opportunities for the child to explore their own ’down time’ during playtimes * Explicit and individualised approach to teaching non-verbal communication – reading facial expressions, gesture, body language, tone etc. * Specifically teach language of feelings * Opportunities created to initiate and extend interactions * Speak Out – teaching what to say when information has not been understood     **Sensory**     * Individualised sensory programme (if appropriate) written by a Specialist Teacher or Occupational Therapist * Explicit teaching, modelling and rehearsal of individualised self-regulation strategies. Eg Zones of Regulation, 5 Point Scale, Emotional Regulation targets from SCERTS resource     **Environmental Considerations**     * Aspects of the environment considered flexibly and modified for the individual * Flexible use of staffing and resources * Creative and responsive use of the environment |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the CYP | * All CYP’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at universal level | * All CYP’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile. * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | DfE The Better Research Programme reviews interventions for CYP with speech and language and communication needs  [www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs](http://www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs)  The Communication Trust  [www.thecommunicationtrust.org.uk/whatworks](http://www.thecommunicationtrust.org.uk/whatworks) Evidence based interventions for communication and interaction needs  [www.autismeducationtrust.org.uk](http://www.autismeducationtrust.org.uk)  Ambitious about Autism [www.ambitiousaboutautism.org.uk](http://www.ambitiousaboutautism.org.uk/)  The British Stammering Association [www.stammeringineducation.net](http://www.stammeringineducation.net/)  Dyspraxia Foundation [www.dyspraxiafoundation.org.uk/groups/speech-language](http://www.dyspraxiafoundation.org.uk/groups/speech-language)  Afasic [www.afasic.org.uk/professionals](http://www.afasic.org.uk/professionals)  Picture Exchange Communication System [www.pecs.org.uk](http://www.pecs.org.uk/)  Inclusion Development Programme: Speech, language and communication: <http://idponline.org.uk/downloads/ey-slcn.pdf>  Wellcomm Screening Tool: <https://www.gl-assessment.co.uk/products/wellcomm/>  ELKLAN Training: <https://www.elklan.co.uk/>  Supporting CYP with Autism in Mainstream Schools (KS2 – KS4): <https://search3.openobjects.com/mediamanager/poole/fis/files/draft_high_functioning_autism_booklet_version_1_09_19.pdf>  Autism Wessex <https://www.autismwessex.org.uk/> | | |

**8.2 Cognition and Learning (universal, targeted and specialist)**

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| **Assessment and Planning** | For all CYP there needs to be:   * Systems to be in place for staff to routinely seek children’s and parents’ views about progress with learning * Whole school target setting, tracking and review process * School based assessment to monitor progress which may include standardised tests * Systems to support them to evaluate their own performance | In addition to universal assessment and planning approaches, some CYP will require:   * The school to gather the child’s views about their strengths and difficulties and the support approaches to be put in place * The school to raise and discuss concerns with the child’s parents and collaborate with them in planning support approaches * Both qualitative and quantitative measures used as a baseline from which progress can be judged which may include teacher assessment, as well as standardised/diagnostic tests where relevant * Consideration of their development in comparison to peers and their response to previous interventions * The Class Teacher in consultation with the SENCO to establish a clear analysis of the needs * The SENCO to consult with other professionals regarding interventions and targeted support (e.g. Educational Psychologist, Specialist Teacher, Speech and Language Therapist or Occupational Therapist) * Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets * Liaison with Link EP and Specialist Teacher at planning meetings or in between to discuss concerns | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Access to external services (e.g. Educational Psychologist, Specialist Teacher, Speech and Language Therapist or Occupational Therapist) who contribute via consultation or specialist assessment, which leads to a more specifically focussed plan * Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:   * High quality teaching * An appropriately differentiated curriculum to take account of individual needs * Classroom and whole school environment modified to take account of learning needs * Use of peer support systems across the school * Classroom groupings and seating arrangements which are used to facilitate learning * Out of hours learning opportunities (e.g. homework clubs, etc.) * Special arrangements in place for testing and assessments when required * Targeted adult support as needed which may include use of HLTAs, TAs and adult volunteers * Teaching of thinking skills and help to become aware of their own learning processes * Valuing strengths, effort and achievements so that self-esteem is maintained and enhanced * Careful use of language to support understanding * Strategies to promote the learning of vocabulary and language development * Use of visual, concrete and practical resources * Use of teacher modelling * Use of resources such as word banks/number /phonics mat * Systems to facilitate home school links * Explicit teaching of study skills * Approaches that involve them in monitoring and feeding back about progress | In addition to universal provision and support some CYP will need:   * Modifications to the classroom and whole school environment * Evidence-based interventions and support approaches * Individual arrangements made for seating and groupings * Close home-school links * Flexible grouping strategies, including opportunities to work in mixed ability groupings. * Increased differentiation of activities and materials * Pre-teaching of subject specific vocabulary, for example using word mapping strategies with visuals as appropriate * Staff trained in working with CYP with specific learning needs and able to break down skills into finely detailed steps * Time to process language * Regular highly structured personalised literacy and/or numeracy interventions on a regular basis e.g. First Class at Number, Fischer Family Trust, Rapid Reading, Inference training, Fresh Start * Use of approaches which involve CYP in explicit monitoring and feedback about progress * Staff who provide strategies to aid organisation * Access to assistive technology and to specialist equipment and materials as necessary e.g. Clicker, Read and Write Gold, reading pens, coloured overlays etc. * Support to connect and generalise concepts e.g. Semantic Links, mind mapping * Opportunities to repeat, revisit and consolidate new skills and knowledge * Information and instructions delivered in short chunks with staff checking understanding | In addition to the universal and targeted approaches put in place some CYP may require a very highly modified learning environment to meet their individual needs. This may include:   * A highly structured and individualised learning programme * Teaching by highly skilled staff who are trained in supporting children with additional learning needs |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the CYP | * All CYP’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at universal level | * All CYP’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile. * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | Introduction to dyslexia padlet: <https://padlet.com/nicolalawrence/ubczcf5itzy0>  Supporting primary children with writing<https://padlet.com/nicolalawrence/is09twfu6bemju9e>  Dyscalculia padlet: <https://dorsetsenspecialist.padlet.org/suzannacollins/v8jbfodl673dtxbp>  Call Scotland is useful for assistive technology information –[www.callscotland.org.uk](http://www.callscotland.org.uk)  [www.sendgateway.org.uk](http://www.sendgateway.org.uk)  NaSEN Graduated Response booklet: <http://www.nasen.org.uk/resources/resources>  sen-support-and-the-graduated-approach-inclusivepractice.html  Working Memory - Understanding Working Memory A Classroom Guide Free booklet by Professor Susan E. Gathercole & Dr Tracy Packiam Alloway  <https://www.mrc-cbu.cam.ac.uk/wp-content/uploads/2013/01/WM-classroom-guide.pdf>  Special Education Resource Centre http://redbridgeserc.org/  Dyspraxia Foundation: <https://dyspraxiafoundation.org.uk/about-dyspraxia/information-sheets>  British Dyslexia Association: <http://www.bdadyslexia.org.uk/>  Education Endowment Foundation:  <https://educationendowmentfoundation.org.uk/tools/guidance-reports/metacognition- and->self-regulated-learning/  Dyslexia Friendly Learning Environment: <https://www.bdadyslexia.org.uk/search?q=Dyslexia+friendly+secondary+classroom> | | |

**8.3 Social, Emotional and Mental Health (universal, targeted and specialist)**

SEMH should follow the principles of the iThrive Model which is systems framework. The Framework is needs-led. This means that mental health needs are defined by children, young people and families alongside professionals through shared decision making. Needs are not based on severity, diagnosis or health care pathways.

**http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf**

**[](https://www.google.co.uk/url?sa=i&url=https%3A%2F%2Fwww.annafreud.org%2Finsights%2Fblogs%2F2019%2F01%2Fhow-thrive-will-help-the-nhs-long-term-plan-transform-provision-for-children-and-young-people-s-mental-health%2F&psig=AOvVaw1WD4Rjvh57yJu27s0_fAPH&ust=1601470197409000&source=images&cd=vfe&ved=0CAIQjRxqFwoTCMiKncqzjuwCFQAAAAAdAAAAABAJ)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | CYP may periodically display SEMH needs and some children may have a short-term mental health difficulty. These difficulties may be the result of other underlying difficulties and circumstances such as a loss or bereavement. This may mean they need some short-term support but it should not be assumed that they have special educational needs  For all CYP there needs to be:   * Systems in place for staff to routinely seek information about CYP’s emotional and social concerns * Systems in place for staff to regularly seek the views of parents about their CYP’s social and emotional well-being * A whole school behaviour policy which sets out the way the school promotes positive behaviour and sets out the approach to develop behaviour for learning * Whole staff awareness of the implications of emotional, social and mental health difficulties * Appropriate whole school policies which set out the school’s approach to pastoral support and developing the emotional well-being of children * Health and safety and risk assessment policies to be in place and appropriate risk assessments to be completed * Assessing barriers to learning through -   + Review of classroom environment   + Attachment friendly classroom checklist   + Monitoring observations by SENCo   + Voice of the child   + Strengths and difficulties questionnaire   + Boxall Profile   + Baseline / summative assessment   + Academic performance data   + Parent consultation | Some CYP’s SEMH needs 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. The behaviour may be disrupting the CYP’s progress with learning or the learning of other children. These CYP will require:   * An initial intervention within the schools targeted support package * A graduated approach which draws on increasingly detailed interventions and support approaches * Strategies for specific CYP shared across the whole staff team * Individual SEMH plans with SMART targets e.g. Pastoral Support plan or PEP * Behaviour tracking eg. ABC charts, RAG ratings * Continued SENCo monitoring observations * Goals identified by themselves * Use of standardised questionnaires with a specific purpose such as * The Boxall Profile * Strengths, Difficulties Questionnaire * ELSA questionnaire * Regular collaboration with parents * Multi-agency approach/TAF Meeting * Supervision and group problem solving by the team of professionals working with CYP * Liaison with Virtual School Leads, Link Family Worker, Inclusion Lead, Early Help Hub or School Nurse * Incredible Years parenting programme * Liaison with Link EP and Specialist Teacher at planning meetings or in between to discuss concerns * Behaviour and Development Pathway referral * CAMHS referral | A few CYP’s SEMH difficulties are severe and longstanding and not a short-term response to stress or traumatic events.  These CYP will require:   * A graduated approach which draws on specialist expertise to inform interventions and support approaches and in successive cycles of assessment, planning, intervention and review, ensuring interventions match needs * EP involvement to contribute via consultation or specialist assessment, leading to a more bespoke plan * Locality and Health professionals may also be involved in assessment and planning so school are aware of changes in circumstances that may impact on behaviour * SWIFTs/ID CAMHS * Specialist CAMHS services * Referral to specialist services to further explore underlying needs via the Development and Behaviour Pathway[Development & Behaviour Pathway (dorsetccg.nhs.uk)](https://www.dorsetccg.nhs.uk/wp-content/uploads/2018/10/The-Development-and-Behaviour-Pathway.pdf) |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches, prioritising well-being:   * High-quality teaching * Trusting relationships * Positive behaviour management * Clear routines and boundaries * Visual supports, for example timetables and checklists * Consistent approaches adopted by staff * Approaches to develop social and emotional wellbeing, for example, circle time, peer mediation, playground buddies * Social and emotional coaching * Access to safe space within class * Differentiated curriculum * PSHCE Relationships curriculum e.g. Jigsaw * Scaffolding * Working with parents * Training for staff | In addition to universal provision and support some CYP will need:     * ELSA intervention * Small group work * Lego Therapy * Circle of Friends group * Social Stories * Five Point Scales / traffic light cards * Buddy peer support * Individual visual timetable * Personalised cumulative reward system * Scaffolding approaches - ‘Now and Next’ or task board * Meet and Greet * Sensory strategies, for example wobble cushion, movement breaks, fidget tools * Emotional literacy resources deployed within the teaching class * Support for specific areas of difficulty, for example transitions, unstructured social times, PE * Reduced language to support processing needs and/or emotional arousal * Individual safe space * Calm box * Workstation for specific parts of the curriculum * Responsibilities given to CYP * Record of success – compiling concrete evidence of success * Key adult team approach (extended support team around the child beyond classroom staff) * Home / School positive communication system * Dorset Steps training as a whole school approach * Specific training to implement and change practice in relation to the CYP’s needs such as * Attachment and Trauma * ADHD * Self Harm * Anxiety * Outreach support from specialist provision, such as TADSS | In addition to the intervention and support approaches put in place at the targeted level these CYP may require:   * Access to a more intensely focussed and greater range of appropriate evidence-based interventions * Individual programmes used to develop social and emotional skills throughout the school day * Trauma informed interventions and strategies * Personalised curriculum using therapeutic approaches and activities |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the CYP | * All CYP’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at universal level | * All CYP’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile. * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | Dorset EP service – Attachment Friendly Schools programme; Academic Resilience Approach project. Schools should contact their link EP for further information.  Dorset Steps [Dorset Steps – TADSS](https://tadss.co.uk/school-support/dorset-steps/) [Dorset-Steps-leaflet.pdf (tadss.co.uk)](https://tadss.co.uk/wp-content/uploads/2020/07/Dorset-Steps-leaflet.pdf)  Young Minds <https://youngminds.org.uk/>  Anna Freud Centre iThrive Model <http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf>  MindEd <https://www.minded.org.uk/> MindEd (the MindEd programme), the UK’s first comprehensive systematic review of e-mediated therapies and computer-based applications for the prevention and treatment of mental health problems, and substance misuse www.minded.org.uk/  Every Mind Matters <https://www.nhs.uk/oneyou/every-mind-matters/>  Future Learn online training courses <https://www.futurelearn.com/>  Youth Mental Health First Aid <https://mhfaengland.org/>  DfE Identifying young people and young people with mental health difficulties and planning appropriate provision. [www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2](http://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2)  Young Minds Provides advice and information on programmes to support positive mental health and emotional wellbeing in young child [www.youngminds.org.uk](http://www.youngminds.org.uk).  Emotional Literacy Support Assistant (ELSA) Network National and local information about the ELSA programme and how it supports young people and young people with temporary or longer-term emotional needs [www.elsanetwork.org](http://www.elsanetwork.org)  Nurture Group Network Information and guidance on the development of nurture groups to support young people with social, emotional and mental health needs [www.nurturegroups.org](http://www.nurturegroups.org)  Kooth Award-winning online supports for young people to help them better understand mental health. Online counselling and supervised chat rooms. Useful articles, further contact details and easy referral processes. [www.kooth.com](http://www.kooth.com)  Youth in Mind Strengths and Difficulties questionnaire to support identification of social / emotional needs [www.sdqinfo.com](http://www.sdqinfo.com)  PSHE Association [www.pshe-association.org.uk/default.aspx](http://www.pshe-association.org.uk/default.aspx)  The Sutton Trust-EFF Teaching and Learning Toolkit The toolkit / guidance for teacher and schools on how to use their resources to improve attainment <https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit>. SEN support: research evidence on effective approaches and examples of current practice in good and outstanding schools and colleges A resource for mainstream leaders, teaching and support staff. [https://www.sendgateway.org.uk/resources.sen-support-research-evidence-on-effective-approaches-and- examples-of-current-practice-in-good-and-outstanding-schools-and-colleges.html](https://www.sendgateway.org.uk/resources.sen-support-research-evidence-on-effective-approaches-and-%20examples-of-current-practice-in-good-and-outstanding-schools-and-colleges.html)  <https://www.ncb.org.uk/what-we-do/together-we-deliver-better-childhood/transforming-mental-health-wellbeing/schools?gclid=EAIaIQobChMI8pW4iZvL7AIVx-3tCh2gYgz-EAAYAiAAEgJp2fD_BwE>  [www.preparingforadulthood.org.uk/outcomes](http://www.preparingforadulthood.org.uk/outcomes) | | |

**8.4 Sensory (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | The CYP may:   * Have mild hearing or visual impairment * Use hearing aids or glasses * Be colour blind   **Hearing:**  Many CYP have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. It may affect one (unilateral) or both ears (bilateral).Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in Early Years/Foundation Stage. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short-term support, but it should not be assumed that they have special educational needs. | Despite quality first teaching and individualised support there are persistent difficulties which impact upon learning and progress.      Moderate hearing or visual impairment which has a sustained impact on their ability to access the curriculum (may use hearing aids)      **Vision:**   * Functional Vision assessment to determine near and distance vision * Facilitate time for forward planning and liaising     **Hearing:**   * CYP is observed to mishear or misunderstand. * CYP is slower than expected to acquire new vocabulary and concepts * CYP Watches other CYP or needs adult prompts to be cued into activities | Specialist provision should be implemented if there are significant and persistent learning difficulties despite access to appropriate learning opportunities and support such as provision identified in the targeted provision section.    **Vision:**   * A severe and/or profound visual impairment and registered visually impaired * The child/young person’s visual difficulty impairs mobility, emotional and social development.     **Hearing:**   * Bilateral Sensory hearing loss is severe and/or profound * expressive, receptive and functional use of language is significantly delayed. * The child/young person is likely to require weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum * If British Sign Language (BSL) is the mode of communication of the CYP, adults working with the CYP will be adequately skilled in BSL (recommended level 2 minimum and level 3 preferable) |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:   * Whole school ethos celebrating difference and promotes inclusion and independence * Staff who understand their condition, regarding both their abilities and difficulties * A differentiated curriculum which takes into account individual needs (for example size of text, methods of recording, and expectations regarding work rate) * An environment planned and adapted to maximise accessibility to the curriculum and premises for every child     **Vision:**  For all CYP there needs to be:   * Seating in the optimum position (considering vision in each eye) to be able to see the board and focus * Plain, uncluttered background for all work and activities * Background noise kept to a minimum * A clearly organised learning environment * Staff ensuring minimum glare * Pulling blinds * Use of matt surfaces including laminated materials * Use of paper and background colours on electronic boards that provide good contrast * Adults using pens that provide good contrast when writing on a board or pupil’s books, e.g. when giving feedback * Encouragement to use aids and keep glasses clean (if applicable) * A range of resources that support visual access so that pupil can choose the most appropriate resource for an activity, e.g. different types of pens, pencils, high visibility rulers etc * Use of resources that facilitate visual access across the curriculum, e.g. coloured balls in PE * Logical layout of work on board/worksheets with reduction of visual clutter on and around board/worksheet * Distinct colour boundaries on charts, graphs, environment etc     **Hearing:**  A child with a diagnosed permanent hearing loss will be known to the Hearing Support Service. If the child wears hearing aids the Hearing Support Service will be actively involved in supporting the school.    A child with a diagnosed temporary loss will be known to the Hearing Support Service if they have been fitted with hearing aids.    For all CYP there needs to be:   * Staff who ensure they wear hearing aids if these are required * Opportunities to be taught in a good listening environment * Unnecessary background noise is kept to a minimum * CYP’s attention gained before starting to speak, the names of other children and responses from others are reiterated * Frequent check of understanding * Opportunities to work in small groups to aid learning * Staff aware of the need to give good models of spoken language, reflecting and extending CYP’s utterances to help develop vocabulary and syntax | In addition to universal provision and support some CYP will need:   * The curriculum differentiated and presented to take account of individual needs (for example size of text, methods of recording, and expectations regarding work rate) * Staff to have advice and training from specialist professionals, e.g. Hearing and Vision Support Services (HVSS) * Key staff with CPD about meeting sensory impairment needs * Adaptations to the physical environment – lighting, physical layout acoustics, reduction of background noise * Use of visual cues and artefacts to support learning * Access arrangements in place for examinations and assessments. * Use of strategies to promote social inclusion, e.g. buddy system/circle of friends * Support with developing independent self-help skills * Use of resources and assistive technology to support learning and recording (e.g. adapted books, interactive books, magnifying equipment, assistive listening devices, soundfield systems, dictation programmes)     **Vision:**   * Labels and teaching materials in classroom clear and appropriate size * Ensure contrast where necessary to identify hazards in environment or on stairs   Some class resources may need to be individualised, e.g. name labels   * Their own copy of materials and to avoid sharing books/monitors so pupil can position them in the best angle/distance * Clear verbal explanations when giving a demonstration or verbalise what you write on a board * Work in a large bold format, which is simple and uncluttered * Use of [www.RNIBBookshare.org](http://www.RNIBBookshare.org) to access electronic files for textbooks, used on tablet or laptop computer * High contrast PE equipment e.g. cones, bibs, balls * Use of specific adaptation and modification style as advised by Qualified Teacher of the Visually Impaired (QTVI) e.g. double line spacing, small sections of print * Dedicated adult time to adapt and modify materials – time required according to needs * Accessible science equipment etc. – as advised by QTVI * Teaching of particular skills to improve curriculum access, e.g. touch typing (e.g. ‘BBC Dance Mat Typing’) or dictation (for possible use with programmes such as ‘Dragon Dictate’). * Timely access to appropriate modified resources and curriculum, e.g. enlarged print, modified materials, good quality copies with good contrast and clutter free * Staff with appropriate training to meet specific needs * Specific social and emotional needs met * Assistance or supervision required at break and lunchtimes for mobility/safety   **Hearing:**   * Opportunities for pre and post teaching of targeted vocabulary and concepts in 1:1 or small group sessions * Use of an assistive listening device (radio aid) from the Hearing Support Service to help reduce the problems experienced due to background noise or distance from the speaker * Staff trained in checking the hearing aids and/or assistive listening device and troubleshooting any problems | In addition to the universal and targeted approaches put in place a few CYP may require:   * Strategies, equipment and approaches to support individual needs in place and based on specialist advice   **Vision:**   * Support to promote age appropriate independence by staff who have received appropriate training * Opportunity to develop self-advocacy skills * Child/young person has opportunity to develop low vision aid skills e.g. access to board, magnifiers * VSS provide the equipment to allow school to create adapted resources * Additional time and reduction in the workload but ensure learning objectives are still met * Use of tactile pictures, diagrams, charts etc * Use of verbal comments to support facial expression * Address all students by name during classroom discussions * Clear floor policy in school to support safe mobility * Access to training in daily living skills * Access to specialist daily living equipment * Access to specialist mobility training   **Hearing:**   * An acoustic audit is carried out by the Hearing Support Service and the recommendations put in place to the best of the setting's ability |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need. * Voice of the CYP | * All CYP’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at universal level | * All CYP’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the child’s one-page profile. * If targets are reached, following discussion with the CYP’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | Digital Alternate format materials available from [www.rnibbookshare.org](http://www.rnibbookshare.org)  NDCS resources for supporting CYP with hearing impairments in school <http://www.ndcs.org.uk/professional_support/our_resources/supporting.html>  SEND magazine article <https://senmagazine.co.uk/articles/articles/senarticles/supporting-the-visually-impaired-learner>  Special Education Resource Centre <http://redbridgeserc.org/>  National Sensory Impairment partnership <https://www.natsip.org.uk/getting-started> | | |

**8.5 Physical (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all CYP there needs to be:   * A Whole school ethos celebrates difference and promotes inclusion and independence * Disabled people represented in books and teaching materials and used as role models * The environment is planned to maximise accessibility for all - Classrooms and routes around the school are obstruction free and clearly organised to aid mobility * Staff with awareness training regarding the implications of physical and/or medical difficulties * School policies and practices are regularly checked to ensure they do not discriminate against CYP with physical/ medical needs. | In addition to universal assessment and planning approaches, some CYP will require:   * Staff trained in and with an understanding of their medical condition - Training may come from relevant Health professionals, including Children’s Therapy practitioners * An environmental audit to consider any barriers to accessibility * A safe space for administering of medicines or for undertaking daily medical procedures, allowing for privacy and dignity * Individual Healthcare Plans and/or Medical Risk Assessments developed with input from them, their family and relevant Health professionals * Where necessary, emergency protocols are also agreed - These are updated annually but sooner if there is a change in circumstance * Systems in place for staff to routinely access information about CYP’s physical and/or medical needs * Teachers who know their abilities and their difficulties and set personalised learning targets * Consideration given to the use of assistive technology to support learning or recording of work, with an ICT Assessment requested, where appropriate * Close home-school links, so school are aware of changes in circumstances that may impact on their physical and/or medical needs * Clear plans for the use of support which relate to expected long term outcomes and include short term SMART targets * Early planning meetings with them, their family and relevant Health professionals to discuss transition to next educational stage | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Staff to plan support with regular advice from specialist professionals, e.g. Occupational Therapist, Physiotherapist, Specialist Nurse etc. * Adaptations to the physical environment, specific to the them planned and undertaken * Subjects undertaken on the ground floor where adaptations enabling access to upper floors are not possible * Staff to undertake training to use specialist equipment * Staff to receive specialist medical training to manage complex medical needs and signed off as competent to manage these * Staff working with them to receive moving and handling training and follow a Moving & Handling Risk Assessment and Care Plan written by a competent person * A Personal Emergency Evacuation Plan where appropriate * Rigorous qualitative and quantitative measures used as a baseline from which progress can be judged * Measures should also be made of the impact of their difficulties on their ability to access the curriculum * A request for a specialist ICT Assessment to be made where difficulties with recording work or communicating persist |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:   * Opportunities to be active and develop their co-ordination, control and movement * Help to understand the importance of physical activity and to make healthy choices * Where there are concerns about possible physical or medical difficulties, schools advise parents to seek medical advice, e.g. via their G.P or School Nurse * The school’s Accessibility Plan is regularly reviewed, acted upon and updated every 3 years. * The school’s *Supporting CYP with medical conditions* policy is followed and reviewed annually | In addition to universal provision and support some CYP will need:   * The curriculum differentiated to take account of individual needs and reasonable adjustments are made (e.g. alternative methods of recording, work expectations reduced, opportunity to avoid busy corridor times) * Seating in their optimum position as recommended by Children’s Therapy practitioners * Small group sessions to target fine and/ or gross motor skill difficulties * Adult support to enable them to follow their individual physiotherapy or occupational therapy programme * Appropriate equipment, e.g. sloping board, pencil grips, specialist scissors etc. and adult support where required for specific activities * Support to catch up following any periods of illness or time in hospital * Suitable rest areas and rest breaks for CYP who experience fatigue, in line with medical advice * Adult support for personal and self-care needs and for developing independence in these areas in the future * Use of assistive technology to support learning and recording, e.g. laptops, dictation software, dictaphones or having handouts and other written information available in advance. * Assistance or supervision at break and lunchtimes for mobility and/or safety * Access arrangements made for examinations and assessments * Use of strategies to promote social inclusion, e.g. buddy system/ circle of friends * Support to attend educational trips and school visits | In addition to the universal and targeted approaches put in place a few CYP may require:   * A high level of adult support to manage very severe and complex needs, access the curriculum, remain safe and meet personal care needs * A highly specialist and individual physiotherapy or occupational therapy programme daily * Specialist equipment as prescribed by the Occupational Therapist or Physiotherapist and appropriate checks undertaken before each use, and in line with Lifting Operations and Lifting Equipment Regulations (LOLER) and = Provision and Use of Working Equipment Regulations (PUWER) Regulations 1998 * Adaptation of the amount of work set, how it is presented and recorded, according to the CYPs concentration, stamina, physical abilities and health * Regular use of specialist assistive technology, including communication and recording technology * Physical activities, such as P.E. adapted or modified to enable full participation with peers * Opportunity to develop self-advocacy skills |
| **Review (outcomes)** | * All CYP’s progress needs to be monitored through regular reviews in consultation with them and their parents. * Children/ young people can access their learning environment and participate in the curriculum. If not, reasonable adjustments are made to target this. Advice may be sought from Children’s Therapy practitioners. * Children/ young people make progress; the rate of which may vary (which is normal). * If outcomes are not reached, consider progress to Targeted level in discussion with SENCO. | * Reviews of progress should take place at least three times per year. * Children/ young people are making measurable progress; this may be small steps and the rate may vary in different areas. They are participating in school life. * Regular reviews with child/ young person, their family and where necessary, relevant Health practitioners. These should include specific reference to progress towards desired outcomes and targets. * If progress is made and outcomes achieved, then the child/ young person can move back into Universal or continue to be supported at Targeted. * If targets are not met, amend strategies/ resources and/ or reduce targets. Consider whether to move to Specialist level in discussion with SENCO. | * Reviews of progress should take place at least three times per year. * Child/ young person is making reasonable progress towards outcomes and short-term targets. Where applicable, they are increasingly able to use specialist equipment and aids, making progress towards independence targets and can communicate and interact socially more. * Outcomes and provision can be updated and amended as needed through regular reviews and the Annual Review for a child with an EHC Plan. * If outcomes are reached, following discussion with the child/ young person, their family, school and other relevant professionals, consider whether support can be provided at Targeted level. * If outcomes are not reached, the child/ young person will continue to need intensive special educational provision. |
| **Useful Links/**  **Training** | [PD Net](file://dccfile/educommon/Inclusion%20Services/Physical%20%26%20Medical%20Needs/Kelly%20Lambert/Graduated%20Response/pdnet.org.uk)– Effective practice standards, Resource Hub and Level 1 Training in Physical Difficulties  [Physical & Medical Needs Service Resource Page](https://www.dorsetnexus.org.uk/Page/7308) (Dorset Nexus) includes the following:   * ICT and Specialist Equipment Entitlement Policy – for CYP with SEND * Supporting CYP with medical conditions: Local authority policy * Supporting CYP with medical conditions: Local authority guidance for schools, academies and other educational providers * Managing Chronic Fatigue Syndrome (CFS)/ Myalgic Encephalomyelitis (ME) in school and college: Local advice for schools, academies and colleges * Accessibility Plans: Local authority guidance for schools – to be released in January 2021   [The Equality Act 2010 and schools](https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools) (Department for Education)  [Disabled Children and the Equality Act 2010](https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-and-equality-act-2010-schools) (Council for Disabled Children)  [Reasonable Adjustments for Disabled Children and young people](https://www.equalityhumanrights.com/en/publication-download/reasonable-adjustments-disabled-pupils) (Equality and Human Rights Commission, 2015)  [Supporting children and young people at school with medical conditions](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3) (Department for Education)  [Healthier Together](http://www.what0-18.nhs.uk/) (NHS Dorset) - improving the health of children and young people in Dorset and the surrounding areas.  [Parachute books](https://www.littleparachutes.com/) – picture books for children about a range of topics including disabilities  [Tomorrow’s Leaders – A World Beyond Disability](https://www.excellencegateway.org.uk/content/etf3202): a publication featuring young people who are all achieving great things in their own lives, in their communities and wider society  [Inclusive Technology](http://www.inclusive.co.uk/) – Supplier of IT hardware and software for CYP with SEND  [Whizz Kidz](http://www.whizz-kidz.org.uk/) – Provider of mobility equipment, support and life skills for CYP with physical disabilities. | | |

**9. Post-16**

The SEND Code of Practice states that “support should be aimed at promoting student independence and enabling the young person to make good progress towards employment and/or higher education, independent living, good health and participating in the community” (7.13).

**9.1 Employment**

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| **Universal** | **Targeted** | **Specialist** |
| For all CYP there needs to be:   * Careers guidance at school to discuss which subjects student may achieve good grades in, which subjects they plan to take for GCSE * Access to suitable study programmes and no repeating of learning that they have already completed successfully * Employment ambitions for all learners within an ethos that celebrates difference and promotes inclusion and independence * Good careers advice and guidance to help-young people with their decision making * Disabled people represented in books, employment studies and used as role models * Signposting to: Jobcentre Plus, employer networks, young people’s services and local enterprise partnerships * Employment tasters and opportunities planned in advance to ensure accessibility for all * Policies and practices regularly checked to ensure they do not discriminate against young people with physical/medical needs * Use of vocational profiles to find out what kind of jobs a young person may be interested in and ensure work experience options reflect this * Work experience and/or volunteering opportunities both on site and by working with other employers * Practice sessions on writing CVs and completing job applications | In addition to universal assessment and planning approaches, some CYP will require:   * Clear, evidenced-based employment pathways with opportunities for volunteering, supported internships, traineeships and apprenticeships * Signposting to Jobcentre Plus including Disability Employment Advisors, supported Employment providers and Access to Work * Those working with the young person to receive training and understand their physical/ medical condition and how this might impact upon employment options * Environmental audits undertaken to consider barriers to accessibility in the workplace * Opportunities to practice work related skills, particularly where specialist ICT or other equipment is required * Adult support for personal and self-care needs   Support on when to declare a disability when applying for jobs | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Preparing for employment to be considered in detail at all reviews prior to the young person moving on from education * Use of the government Access to Work scheme (a government grant scheme) which supports disabled people in work for things such as:   + Taxis to and from work or a driver where public transport is infrequent or inaccessible   + Specialist ICT hardware or software   + A support worker   + Other specialist equipment * Use of a job coach; a professional who supports someone to get a job, learn how to do the job and continue providing just enough support until the young person no longer needs it, or until natural support can be provided within the work environment * Exploration of job carving (splitting up job) and other employment options, such as alternatives to salary for reduced or different tasks undertaken (e.g. access to otherwise paid services – swimming, cinema etc.) during work experience or where a typical job is not possible due to the needs of the young person * Disabled Student's Allowance (DSA) - The DSA provides funding that can be put towards the extra course costs as a direct result of sensory impairment and/or other disabilities. It enables access to course materials on an equal basis to other students. As part of the process the student will be assessed for the type of extra support that they need and the funding will be allocated to cover it. * A high level of personal assistance to manage very severe and complex needs, remain safe and meet personal care needs * Opportunities to develop self-advocacy skills |
| [PD Net](file://dccfile/educommon/Inclusion%20Services/Physical%20%26%20Medical%20Needs/Kelly%20Lambert/Graduated%20Response/pdnet.org.uk)– Effective practice standards, Resource Hub and Level 1 Training in Physical Difficulties  [Preparing for Adulthood](https://www.preparingforadulthood.org.uk/) – website containing resources, research and case studies  [Council for Disabled Children](https://councilfordisabledchildren.org.uk/our-work/adulthood) – Into Adulthood Resources  [My Future Choices](https://councilfordisabledchildren.org.uk/transition-information-network/my-future-choices-magazine) – Magazine about projects to support disabled young people with articles on transition from young people themselves  [Disability Rights UK](https://www.disabilityrightsuk.org/how-we-can-help) – Factsheets and guides  [Scope Career Pathways](https://www.scope.org.uk/employment-services/career-pathways/) - Online advice and guidance  [Physical & Medical Needs Service Resource Page](https://www.dorsetnexus.org.uk/Page/7308) (Dorset Nexus) includes the following:   * ICT and Specialist Equipment Entitlement Policy – for CYP with SEND * Supporting CYP with medical conditions: Local authority policy * Supporting CYP with medical conditions: Local authority guidance for schools, academies and other educational providers * Managing Chronic Fatigue Syndrome (CFS)/ Myalgic Encephalomyelitis (ME) in school and college: Local advice for schools, academies and colleges   [Inclusive Technology](http://www.inclusive.co.uk/) – Supplier of IT hardware and software for CYP with SEND  [Whizz Kidz](http://www.whizz-kidz.org.uk/) – Provider of mobility equipment, support and life skills for CYP with physical disabilities.  [Microsoft Word - Document3 (mencap.org.uk)](https://www.mencap.org.uk/sites/default/files/2016-11/Factsheet%203%20-%20What%20kinds%20of%20work%20can%20people%20with%20a%20learning%20disability%20do_.pdf) - Information sheet from Mencap which explains ‘job carving’  A number of relevant publications from the National Deaf Children's Society:  <https://www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/supporting-the-achievement-of-deaf-children-and-young-people/>  eg  - Supporting the Achievement of deaf young people on apprenticeships  - Next steps: supporting successful transitions into post 16 education and employment for deaf young people in England  [Tomorrow’s Leaders – A World Beyond Disability](https://www.excellencegateway.org.uk/content/etf3202): a publication featuring young people who are all achieving great things in their own lives, in their communities and wider society | | |

**9.2 Independence**

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| **Universal** | **Targeted** | **Specialist** |
| For all CYP there needs to be:   * Access to the local offer * Smart money course and planning a budget * Work on own personal budget:   + Savings   + Rent + Heat + Electricity + Internet   + Food   + Pets   + Mobile Phone + Service   + Cinema + Concerts + Entertainment   + Eating Out + Coffee Shops   + Clothes   + Miscellaneous Minor Emergencies | In addition to universal assessment and planning approaches, some CYP will require:   * Assess to independent living skills and mobility * Conversations with others who have been or are going through the same experiences as them to share stories and to learn from one another * LOOK mentorship program * Mobility training on specific routes getting to work or leisure activity * A focus on housing options, for example providing young people and their families with links to housing associations and providers; housing departments/ officers, welfare benefit advisors and advocacy organisations | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Access to support from a British Sign Language interpreter if appropriate * Transfer to adult services: At age 18, social care normally transfers from children’s services to adult services. Young person should ask for a Children’s Needs Assessment before age 18 so that adult social services can advise on what help will be available. Young person should decide if they would like to manage their own finances for your education and care support by having a direct payment. |
| RNIB <https://www.rnib.org.uk/?gclid=EAIaIQobChMInef48JCi7AIVgevtCh1ksAWPEAAYASAAEgIbVPD_BwE>  Thomas Pocklington Trust <https://www.pocklington-trust.org.uk/>  Disability Living allowance <https://www.gov.uk/disabled-students-allowances-assessment-centre>  [Preparing for Adulthood](https://www.preparingforadulthood.org.uk/) – website containing resources, research and case studies  [Council for Disabled Children](https://councilfordisabledchildren.org.uk/our-work/adulthood) – Into Adulthood Resources  [My Future Choices](https://councilfordisabledchildren.org.uk/transition-information-network/my-future-choices-magazine) – Magazine about projects to support disabled young people with articles on transition from young people themselves  [Disability Rights UK](https://www.disabilityrightsuk.org/how-we-can-help) – Factsheets and guides  [Personal Independence Payment (PIP)](https://www.gov.uk/pip) – guidance and application process from GOV.UK  [Scope Advice & Support](https://www.scope.org.uk/advice-and-support/) – online advice and support regarding benefits, housing and home adaptations, money etc. | | |

**9.3 Friends, Relationships and Community**

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| **Universal** | **Targeted** | **Specialist** |
| For all CYP there needs to be:   * Access to information and opportunities to contribute to and participate in community activities * Signposted to information on charitable organisations which provide local opportunities to meet young people with similar disabilities * Aware of charitable organisations that arrange events and offer opportunities for them to meet others with similar disabilities (e.g. Dorset Deaf Children's Society and the National Deaf Children's Society) * A peer group they can relate to | In addition to universal assessment and planning approaches, some CYP will require:   * Support to develop peer and community links e.g. someone to go over the steps to make a reservation at a community event or class * Access to appropriately * differentiated information and opportunities * to contribute to and participate in community activities * Risk assessments enabling them to participate safely in community activities * Targeted activities to support greater community participation and inclusion * In planning for the future, taking into account how the young person’s physical/ medical needs may contribute to feelings of isolation in their community * Support to develop and maintain friendships and relationships, perhaps through the use of strategies such as buddy systems and circle of friends if required. | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Support to participate in events in the community * Signposting to information on Personal Independence Payments and organisations who can offer support (e.g. BSL interpreters) |
| RNIB  Dorset Deaf Children's Society  National Deaf Children's Society  Interpreters Dorset  Royal Association for the Deaf  [Preparing for Adulthood](https://www.preparingforadulthood.org.uk/) – website containing resources, research and case studies  [Council for Disabled Children](https://councilfordisabledchildren.org.uk/our-work/adulthood) – Into Adulthood Resources  [My Future Choices](https://councilfordisabledchildren.org.uk/transition-information-network/my-future-choices-magazine) – Magazine about projects to support disabled young people with articles on transition from young people themselves  [Disability Rights UK](https://www.disabilityrightsuk.org/how-we-can-help) – Factsheets and guides  [Friends, relationships and sex (Scope)](https://www.scope.org.uk/advice-and-support/friendships-relationships-sex/)  – online guidance and advice | | |

**9.4 Good Health**

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| **Universal** | **Targeted** | **Specialist** |
| For all CYP there needs to be:   * An understanding of their own needs/visual impairment/disability * Positive statements to describe disability * Healthy eating * Exercise * Access to services, such as school nurse | In addition to universal assessment and planning approaches, some CYP will require:   * Activities to address feelings of isolation, rejection, loneliness and self-image * Access to appropriately differentiated and supported sports/ leisure activities and information * Support to manage their own health as they move into adulthood (However, adult support is provided where needed, for example, with some occupational therapy or physiotherapy exercises) * Advice from health professionals * Risk assessments enabling them to participate safely in sports/ leisure activities * Some of these activities might be targeted to a specific user group, for example an autism social group * N.B. Young people with learning disabilities are registered with GPs from age 14 and annual health checks and plans are offered. | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Personalised support and individualised strategies |
| <https://youngminds.org.uk/find-help/looking-after-yourself/> Mental health issues for young minds  <https://www.papyrus-uk.org/> Suicide prevention  [Preparing for Adulthood](https://www.preparingforadulthood.org.uk/) – website containing resources, research and case studies  [Council for Disabled Children](https://councilfordisabledchildren.org.uk/our-work/adulthood) – Into Adulthood Resources  [My Future Choices](https://councilfordisabledchildren.org.uk/transition-information-network/my-future-choices-magazine) – Magazine about projects to support disabled young people with articles on transition from young people themselves  [Disability Rights UK](https://www.disabilityrightsuk.org/how-we-can-help) – Factsheets and guides  [Holidays and Leisure (Scope)](https://www.scope.org.uk/advice-and-support/holidays-leisure/) – online advice and guidance about accessing sports and exercise etc.  [Healthier Together](http://www.what0-18.nhs.uk/) (NHS Dorset) - improving the health of children and young people in Dorset and the surrounding areas.  [Mental Health First Aid](https://mhfaengland.org/) – Online and face to face training in Youth Mental Health First Aid practices | | |

**9.5 Communication and Interaction (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | CYP may have :  **Receptive Language and Memory Indicators**   * Difficulties understanding meaning and concepts of verbal information * Difficulties following verbal instructions * Difficulties in starting and completing tasks * Difficulties recalling information * Inattention during lessons   **Expressive Language (talking) Indicators**   * Unwillingness to volunteer verbal responses * Difficulties organising ideas, structuring sentences, acquiring and accessing vocabulary and expressing meaning * Confusion of words with similar sounds or meanings * Non-specific language used * Difficulties sequencing and organising events * In some cases, vocabulary knowledge exceeds expressive language skills     **Semantic and Pragmatic Language Indicators**     * Difficulties with the meaning of verbal information and the ability to use language in social situations * Difficulties with eye contact, taking turns and staying on topic when speaking * Some lack of empathy and difficulties with social skills * Difficulties holding and initiating conversations * Social and non-verbal cues missed or mis-interpreted * Some evidence of social anxiety     **Cognition and Learning Indicators**     * Some difficulties in applying skills * Inflexible approaches to learning | Some CYP may have:  **Receptive Language and Memory Indicators**   * Difficulties in processing orally presented information at an appropriate speed * Poor understanding of verbal instruction * Difficulties with implied meaning and colloquialism (words/ sentences without literal meaning) * Literal interpretation of language * Difficulties in processing abstract information   **Expressive Language Indicators**   * Language particularly hesitant or sound immature * Spoken words not always * easily understood * Difficulties in expressing meaning or extra time being needed to do so * Unwillingness or refusal to speak in certain situations * N.B. Alternative communication modes may be necessary     **Semantic and Pragmatic Language Indicators**     * Difficulties accessing the curriculum and or learning opportunities * Negative effect on learning progress, especially in subjects that require interpretation of other people’s thoughts and behaviour * Difficulties understanding social and nonverbal cues. May lead to frustration and inappropriate/difficult interaction with others and difficulties with social relationships. * Difficulties in emotional regulation leading to possible escalation in negative and inappropriate behaviour * Needs requiring support for activities needing creative planning or organisational skills * Difficulties transferring strategies/skills to support language difficulties in all situations     **Cognition and Learning Indicators**   * A mixed profile of strengths and difficulties evident in learning (often strong rote memory skills) * Difficulties in applying skills to new situations | A few CYP may have:   * **More complex, long-term speech and language difficulties and communication skills causing substantial barriers to learning and social relationships and participation in community activities.**     **Receptive Language Indicators**     * Reliance on sign/visual communication methods to support understanding * Very limited progress, long term specialist input and/or additional resources required to access the full curriculum/programme and allow participation in Further Education or Training * Not understand social situations and will respond inappropriately, possibly leading to social isolation and/or frustration     **Expressive Language Indicators**     * Extremely limited verbal communication requiring visual support to indicate basic wants and needs * Rigid use of language * A typical behaviours such as being obsessive, challenging and withdrawn * Language and communication difficulties as a result of permanent sensory or physical impairment * Behaviours associated with Autistic Spectrum Condition e.g. highly ritualised and repetitive behaviours, limited or repetitive expressive language, severe anxiety, severe difficulties engaging in tasks/activities other than those linked to particular interests * Possible presence of difficulties associated with psychological wellbeing and emotional development, extreme rigidity in behaviour, extreme difficulties with sensory modulation, and additional physical/medical conditions     **Cognition and Learning Indicators**   * Very rigid and inflexible approaches to learning * Overreliance on memorising facts and processes |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:  **General Strategies:**   * Differentiated/scaffolded support * Structured teaching/instruction strategies embedded into programmes of work * Clear information with supporting visuals * Whole staff trained in the implications of communication and interaction difficulties * Work presented in a manner appropriate to the young person’s level of language and communication development * Learning environments which offer security, structure and safety * Guidance and advice offered on their choice of further education/employment or training * Social Communication opportunities through wider sports, leisure and community activities to encourage positive self-esteem     **Receptive Language and Memory Support**   * Visuals to support instructions   Chunking - organising or grouping pieces of information together   * Slowing down pace of delivery Saying of their name to gain attention prior to an instruction * Key words highlighted, explained and recording visually * Use of pictures/drawings/mind maps to record verbal information * Pre-teaching of specific vocabulary     **Expressive Language (talking) Support**   * Encouragement of verbal rehearsal * Use of pre-emptive questions * Narrative resources (writing prompt sheets/writing packs etc) * Visual resources to reinforce verbal learning/instructions, such as mind maps, word maps, sound maps and writing frames   **Semantic and Pragmatic Language Support**     * Staff/peer modelling to promote communication, social skills and interaction * Provision of non-threatening opportunities to practice communication skills, e.g discussion groups, games, group activities, group presentations | In addition to universal provision and support some CYP will need:  **General Strategies:**   * Structured and personalised teaching/instruction * Some support in the classroom and at transition and unstructured times * Help to manage emotional and behavioural need * Staff trained in supporting young people with specific communication and interaction needs * Differentiation of curriculum delivery e.g. visuals in place to support verbal information processing * Additional support/resources provided to minimise barriers to learning and demonstrating skills (e.g. homework instructions written down) * Ability appropriate targeted approaches to support social understanding (e.g. Social Stories; Comic Strip Conversations; Socially Thinking materials) * Regular liaison with home * Liaison and consultation with external support services and professionals where appropriate – to include SALT referral * Where there is evidence of possible autism need assessment through a multiagency assessment * Support with their right to a community care assessment and their parents of a right to a carer’s assessment **(**for young people over 18) * Specialist interventions that support participating in society, including understanding mobility and transport support, and how to find out about social and community activities   **Receptive Language and Memory Support**   * Instructions modified and repeated as necessary * Pre-teaching/instruction to introduce new, and reinforce specific vocabulary and concepts * A high level of visual support provided in order to support language processing * Group intervention programmes as advised by SALT   **Expressive Language (talking) Support**     * Use of Alternative and Augmentative Communication Aids * Use of specific IT programmes and specialist equipment to enhance communication and recording and presentation of work * Alternative ways to record work/learning, to include photographic or video recording     **Semantic and Pragmatic Language Support**     * Targeted support to understand emotions in others and develop self-regulation of own emotions * Support in developing and maintaining friendships and relationships * Teaching/instruction of social interaction skills and social language, through adult one to one support or small group work * Additional support to develop emotional vocabulary using visual and real-life situations | In addition to the universal and targeted approaches put in place a few CYP may require:   * EHCP Outcomes focus on Preparation for Adulthood themes * Consideration of Mental Capacity in planning and decision making; proactive steps taken to ensure the young person has had access to the necessary information in order to make decisions (including direct experience of possible options) * Strategies and approaches to support differentiation are in place and based on specialists’ advice * High quality specialist training is provided for all staff involved in delivering and monitoring targeted provision * SALT to oversee therapy on a regular basis and have close involvement with the delivery by other staff of speech therapy recommendations and targets for the young person’s individual action plan * SALT to liaise with parents/carers and provide advice and resources so that they can continue to support language development at home * Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or sensory sensitivity * Access to differentiated opportunities that enable young people to participate in community activities. This should include accessing advice from specialist professionals * To be made aware of their right to request advocacy support to help them with planning, meetings and decision making * Opportunities to learn and practise key skills in different settings |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need * Voice of the young person | * All young people’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at universal level | * All young people’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the young person’s one-page profile If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | DfEThe Better Research Programme reviews interventions for CYP with speech and language and communication needs  [*www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs*](http://www.gov.uk/government/publications/what-works-interventions-for-children-and-young-people-with-speech-language-and-communication-needs)  The Communication Trust [*www.thecommunicationtrust.org.uk/whatworks*](http://www.thecommunicationtrust.org.uk/whatworks) *Evidence based interventions for communication and interaction needs*  The British Stammering Association [*www.stammeringineducation.net*](http://www.stammeringineducation.net/)  Afasic [*www.afasic.org.uk/professionals*](http://www.afasic.org.uk/professionals)  Special Education Resource Centre <http://redbridgeserc.org/>  Supporting CYP with Autism in Mainstream Schools (KS2 – KS4): <https://search3.openobjects.com/mediamanager/poole/fis/files/draft_high_functioning_autism_booklet_version_1_09_19.pdf>  Autism Education Trust  Dorset EPS Autism Training | | |

**9.6 Cognition and Learning (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all CYP there needs to be:  Regular   * Regular assessments and observations to inform class planning which is differentiated and appropriate * Ways for them or parents to raise concerns and a system in place for monitoring this and actions   N.B:   * Settings may use Functional Skills outcomes in order to monitor progress * National testing includes Functional Skills Level 1 & 2 * Preparation for Adulthood must form part of the core curriculum offer | In addition to universal assessment and planning approaches, some CYP will require:   * Interventions planned to address specific areas of need * SMART targets agreed linked to appropriate support and intervention * Holistic planning which considers all support across education, health and social care, with clear planning for adulthood pathways and fully involves the young person and parent carer at every stage | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Individual assessments, including standardised tests completed by an appropriately qualified professional (e.g. Specialist Teacher with level 7 equivalent qualification) and used to inform individual programmes of intervention   N.B.   * The achievements and rates of progress of the young person are significantly below expectations despite appropriate evidence-based, targeted interventions, or achievements and/or rates of progress show some improvement but are still well below expectation despite evidence of consistently high levels of intervention over time. * Young people with complex learning difficulties have conditions that co-exist. They may present with a range of issues and combination of layered needs e.g. mental health, relationships, behavioural, physical, medical, sensory, communication and cognitive. * Their attainments may be inconsistent, presenting an atypical or uneven profile. |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:   * An inclusive learning environment with high quality teaching for example:   + A classroom which meets dyslexia-friendly standards   + Metacognitive strategies   + Rest breaks   + Recorded lectures made available   + Print out of lecture notes available   + Extra time for completion of tasks   + Consideration given to seating arrangements within the setting and grouping so that peer support can be implemented   + Information broken down into smaller chunks and finely detailed steps   + Extra time to respond * Access to suitable study programmes that encourage and enable progress to higher study or employment.  e.g. Foundation Skills Entry levels 1, 2 and 3, Level 2 courses * Access to courses that provide a clear focus on preparing young people with SEND for the world of work and offer pathways to employment * Avoidance of repeated study/learning if it has been successfully completed Participation in meaningful work-related activities and non-accredited activities, to develop skills that can easily be transferred into the workplace * Development of long term outcomes that focus on preparing for adulthood * Transition planning which supports them to make the transition to adulthood and life outside of the setting. This includes information on universal adult health services | In addition to universal provision and support some CYP will need:   * Additional support with study skills and managing the demand of more individual study * Regular check-ins to learning base to remain on track with coursework * Repetition of teaching/instruction  and delivery in other contexts, particularly concepts and abstract ideas * Assistive technology such as Read Write/ Docs Plus/ text to speech/speech to text * Alternative ways of demonstrating competencies such as photos, videos, recordings * Study support and strategies e.g. such as listening skills, study skills and coursework support * Some additional adult support in lessons/lectures * Opportunities for Pre-teaching/instruction and over learning, including repetition * Support in finding a job, and learning work skills through work experience or the use of job coaches * Support with any welfare benefits that might be available in workplace * Support using access to work scheme to support employment and access in employment * Signposting to the Disabled Students Allowance for young people transitioning to university * Exam access arrangements * Evidence- based interventions which offer highly structured reading, spelling and numeracy programmes e.g. Lexia, Touch Type Read and Spell, ASDAN * Consideration given to personalised workstations and designated learning areas where necessary, which could also include access to adapted environments where distractions are minimised | In addition to the universal and targeted approaches put in place a few CYP may require:   * Information about the adult social care transition assessment when the young person is likely to have care needs upon leaving the setting * Highly personalised study skills and interventions * Highly personalised literacy and numeracy to develop key functional skills in preparation for adulthood |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need * Voice of the young person | * All young people’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at universal level | * All young people’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the young person’s one-page profile If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | NaSEN Graduated Response booklet: <http://www.nasen.org.uk/resources/resources>  sen-support-and-the-graduated-approach-inclusivepractice.html  Working Memory - Understanding Working Memory A Classroom Guide Free booklet by Professor Susan E. Gathercole & Dr Tracy Packiam Alloway.  <https://www.mrc-cbu.cam.ac.uk/wp-content/uploads/2013/01/WM-classroom-guide.pdf>  Special Education Resource Centre http://redbridgeserc.org/  Dyspraxia Foundation: <https://dyspraxiafoundation.org.uk/about-dyspraxia/information-sheets>  British Dyslexia Association: <http://www.bdadyslexia.org.uk/>  Education Endowment Foundation:  <https://educationendowmentfoundation.org.uk/tools/guidance-reports/metacognition- and->self-regulated-learning/  Dyslexia Friendly Learning Environment: <https://www.bdadyslexia.org.uk/search?q=Dyslexia+friendly+secondary+classroom>  Access to Work Scheme: <https://www.gov.uk/government/publications/access-to-work-guide-for-employers/access-to-work-factsheet-for-employers>  Disabled Student Allowance: <https://www.gov.uk/disabled-students-allowances-dsas> | | |

**9.7 Social, Emotional and Mental Health (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assessment and Planning** | For all young people there needs to be:   * Fitness to Study Policy in place in order to determine if any reasonable adjustments need to be made * Health & Safety and Risk Assessment Policies in place and appropriate risk assessments completed * Systems in place for staff to routinely seek information about young people’s emotional and social concerns and progress * Appropriate arrangements for assessment of the learning environment which are reviewed at least annually * A behaviour policy which sets out the way the learning environment promotes both positive behaviour and young people’s social / emotional wellbeing * Whole staff awareness of social, emotional and mental health needs | In addition to universal assessment and planning approaches and with the consent of the young person (or in the best interest of the young person and in accordance with their capacity), some young people will require:   * A transition programme for the young person to adapt to their social, learning and workplace environment(s) * Teaching staff and SENCo to work together to carry out analysis of the young person’s SEMH needs and how these relate to preparation for adulthood outcomes (Quantitative and qualitive data to be used) * The setting to gather both the young person’s and parent / carer’s views and perspectives about the area(s) of need. * Young person’s progress and development to be considered relative to peers. Rate of progress to previous interventions to also be considered. * Liaison with external professionals and support services where appropriate (e.g. Educational Psychologist, Specialist Teachers, SALT, Social Care, Youth Worker) * Where appropriate, external services contribute via consultation or specialist assessment (Educational Psychology, CAMHS) leading to a more specifically focussed plan * Strong links and systems to support regular communication with home / supported housing, so that the setting can work in partnership and be aware of circumstances, which may affect the young person’s mental health, well-being and progress * Assessment and planning to support development in and preparation for adult life: Intervention will need to be centred around developing skills in: Employment, Independent Living, Community Inclusion and Health (Physical and Emotional). * Use of SMART targets and baseline measures so that progress can be judged * Support plans to involve and be made in collaboration with the young person and their families * Evidence to be provided to show; Person Centred Approaches and measures taken to develop the young person’s capacity in expressing their view and decision making | In addition to universal and targeted assessment and planning approaches and with the consent of the young person (or in the best interest of the young person and in accordance with their capacity), a few young people will require:   * External Services such as Educational Psychologist, Specialist Teacher, Mental Health School’s Team, School Nurse to lead via consultation or specialist assessment leading to a more specifically focused plan * Some young people may require a co-ordinated, enhanced multi-agency plan, including health care and social care, Family / Youth Support agencies and voluntary sector groups * Enhanced interventions involving support approaches and specialists working with setting staff. |
| **Do (provision & support)** | All CYP will require access to the following intervention and support approaches:   * Staff to receive training that provides knowledge and awareness of SEMH needs of young people (e.g. Youth Mental Health First Aid) * Staff set personalised learning targets for all young people. * Learning environment modified to take account of social and emotional needs * Consistent behaviour management by all staff including regular reinforcement of positive behaviours * Appropriate differentiation of the curriculum to ensure that learners are motivated to learn and to minimise emotional, social and behavioural difficulties * Use of peer support systems across the learning environment. | In addition to universal provision and support some CYP will need:   * Further modifications to the learning environment to take account of individual needs. Where required specialist advice and equipment to be sought in accordance with impact on SEMH needs * Staff providing support to have specialist skills and to have accessed additional training from specialist services (e.g. in Attachment, ASD, ADHD) * Implementation of recommendations from Specialist services (e.g. Educational Psychology, CAMHS, Specialist Teachers), through a ‘Plan Do, Review’ process * Access to school and specialist evidence- based interventions within a 1:1 or small group context (e.g. ELSA, Counselling, Mentoring) * Some additional adult support may be required (e.g. direct support with individual as part of a small group) * Differentiated/alternative curriculum and materials required for home orcommunity-based skills required for independent living in accordance with young person’s SEMH need * Breaks to support emotional regulation (sensory/movement/ to check in with a key adult), as required within or between tasks * Staff to provide break and lunch time support for young person to engage in supported activities with peers * Additional social and learning opportunities (sport clubs, opportunities to volunteer in community projects) provided * Systems in place for information sharing and support for staff working with the young person (for example regular meetings or supervision- to be occurring at least half termly) * Systems in place for effective communication and collaboration between young person, school and home * Referral to services supporting preparation for adulthood (for example Ansbury Careers Service) * Regular supportive meetings between the young person, home, school andother professionals involved (if appropriate a TAF/TAC) | In addition to the universal and targeted approaches put in place a few CYP may require:   * A very highly modified learning environment to meet their individual SEMH needs * A highly structured and individualised learning programme based on evidence- based interventions, in accordance with their SEMH needs * A high level of adult support may be required to provide: * A highly structured Individual Positive Behaviour Plan * Risk assessments * Care, Nurture and Supervision * Individually supported programmes to develop social and emotional skills throughout the day |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need * Voice of the young person | * All young people’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at universal level | * All young people’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the young person’s one-page profile If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | DfE Identifying young people and young people with mental health difficulties and planning appropriate provision. [www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2](http://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2)  MindEd (the MindEd programme), the UK’s first comprehensive systematic review of e-mediated therapies and computer-based applications for the prevention and treatment of mental health problems, and substance misuse www.minded.org.uk/  Young Minds Provides advice and information on programmes to support positive mental health and emotional wellbeing in young child [www.youngminds.org.uk](http://www.youngminds.org.uk).  Emotional Literacy Support Assistant (ELSA) Network National and local information about the ELSA programme and how it supports young people and young people with temporary or longer-term emotional needs [www.elsanetwork.org](http://www.elsanetwork.org)  Nurture Group Network Information and guidance on the development of nurture groups to support young people with social, emotional and mental health needs [www.nurturegroups.org](http://www.nurturegroups.org)  Kooth Award-winning online supports for young people to help them better understand mental health. Online counselling and supervised chat rooms. Useful articles, further contact details and easy referral processes. [www.kooth.com](http://www.kooth.com)  Youth in Mind Strengths and Difficulties questionnaire to support identification of social / emotional needs [www.sdqinfo.com](http://www.sdqinfo.com)  PSHE Association [www.pshe-association.org.uk/default.aspx](http://www.pshe-association.org.uk/default.aspx)  The Sutton Trust-EFF Teaching and Learning Toolkit The toolkit / guidance for teacher and schools on how to use their resources to improve attainment <https://educationendowmentfoundation.org.uk/evidence-summaries/teaching-learning-toolkit>.  SEN support: research evidence on effective approaches and examples of current practice in good and outstanding schools and colleges A resource for mainstream leaders, teaching and support staff. [https://www.sendgateway.org.uk/resources.sen-support-research-evidence-on-effective-approaches-and- examples-of-current-practice-in-good-and-outstanding-schools-and-colleges.html](https://www.sendgateway.org.uk/resources.sen-support-research-evidence-on-effective-approaches-and-%20examples-of-current-practice-in-good-and-outstanding-schools-and-colleges.html)  <https://www.ncb.org.uk/what-we-do/together-we-deliver-better-childhood/transforming-mental-health-wellbeing/schools?gclid=EAIaIQobChMI8pW4iZvL7AIVx-3tCh2gYgz-EAAYAiAAEgJp2fD_BwE>  Youth Mental Health First Aid (YMHFA): [www.mhfaenfland.org](http://www.mhfaenfland.org)  [www.preparingforadulthood.org.uk/outcomes](http://www.preparingforadulthood.org.uk/outcomes) | | |

**9.8 Sensory (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | The young person:   * May have mild hearing or visual impairment * May use hearing aids or glasses * May be colour blind * May have some degree of hearing difficulty (identified by medical practitioners), which may be temporary or permanent. It may affect one (unilateral) or both ears (bilateral). * N.B. Temporary hearing losses are usually caused by the condition known as ‘glue ear’ and occur most often in Early Years/Foundation Stage. Such hearing losses fluctuate and may be mild or moderate in degree. This may mean they need some short-term support, but it should not be assumed that they have special educational needs. | For some CYP:   * Despite quality first teaching and individualised support there are persistent difficulties which impact upon learning and progress * Moderate hearing or visual impairment has a sustained impact on their ability to access the curriculum * Both young person and the staff are aware of the support needed to ensure the vision impairment or hearing impairment plus any additional needs have been met and included in transition planning * College staff should liaise with student, school and local authority to decide what support they will need for all the different aspects of the course * This includes lectures, classes, practical sessions, field trips, work experience placements, course assessments and exams * Access arrangements are put in place for examinations and assessment * Functional Vision assessment to determine near and distance vision | For a few CYP:   * Specialist provision should be implemented if there are significant and persistent learning difficulties despite access to appropriate learning opportunities and support such as provision identified in the targeted provision section * Preparing for adulthood” review to support transition into college or vocational training * At age 18, social care normally transfers from children’s services to adult services. Young person should ask for a Children’s Needs Assessment before age 18 so that adult social services can advise on what help will be available   **Vision:**   * A severe and/or profound visual impairment and registered visually impaired * The child/young person’s visual difficulty impairs mobility, emotional and social development   **Hearing:**   * Bilateral Sensory hearing loss is severe and/or profound * Expressive, receptive and functional use of language is significantly delayed. * The young person is likely to require weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum * If British Sign Language (BSL) is the mode of communication of the young person, adults working with the young person will be adequately skilled in BSL (recommended level 2 minimum and level 3 preferable) |
| **Do (provision & support)** | For all CYP:   * Staff understand their condition, regarding both their abilities and difficulties * The curriculum is differentiated and presented to take account of individual needs (for example size of text, methods of recording, and expectations regarding work rate) * The environment is planned and adapted to maximise accessibility to the curriculum and premises for every young person   **Vision:**   * Young people are seated in the optimum position (considering vision in each eye) to be able to see the board and focus. * Plain, uncluttered background for all work and activities * Background noise is kept to a minimum * Classroom and learning environment is clearly organised * Staff ensure that there is minimum glare pulling blinds or changing the background colour on the board and using matt surfaces including laminated materials * Use paper, background colours in electronic boards that provide good contrast * Adults to use pens that provide good contrast when writing on a board or the young person’s books, e.g. when giving feedback * Encourage young people to use aids and keep glasses clean (if applicable) * Provide a range of resources that support visual access so that young people can choose the most appropriate resource for an activity, e.g. different types of pens, pencils, high visibility rulers etc. * Use resources that facilitate visual access across the curriculum, e.g. coloured balls in PE * Logical layout of work on board/worksheets with reduction of visual clutter on and around board/worksheet * Distinct colour boundaries on charts, graphs, environment etc   **Hearing:**   * Staff ensure young person wears hearing aids if these are required * The young person is given opportunities to be taught in a good listening environment * Unnecessary background noise is kept to a minimum * Young person’s understanding is frequently checked * Opportunities to work in small groups to aid learning | For some CYP:   * Advice and staff training from specialist professionals, e.g. Hearing and Vision Support Services (HVSS) * CPD for key staff about meeting sensory impairment needs * Adaptations to the physical environment – lighting, physical layout acoustics, reduction of background noise * Visual cues and artefacts used to support learning * Access arrangements are put in place for examinations and assessments * Use of strategies to promote social inclusion, e.g. buddy system * Support with developing independent self-help skills * Use of resources and new technologies to support learning and recording (e.g. adapted books, interactive books, magnifying equipment, assistive listening devices, soundfield systems, dictation programmes)   **Vision:**   * Labels and teaching materials are clear and appropriate size * Ensure contrast where necessary to identify hazards in environment or on stairs * Some resources may need to be individualised, e.g. name labels. * Provide young person with their own copy of materials and avoid sharing books/monitors so pupil can position them in the best angle/distance * Provide clear verbal explanations when giving a demonstration or verbalise what you write on a board * Staff present work in a large bold format, which is simple and uncluttered. * Use [www.RNIBBookshare.org](http://www.RNIBBookshare.org) to access electronic files for textbooks, used on tablet or laptop computer * High contrast PE equipment e.g. cones, bibs, balls * Use of specific adaptation and modification style as advised by Qualified Teacher of Visually Impaired (QTVI) e.g. double line spacing, small sections of print * Dedicated adult time to adapt and modify materials – time required according to needs * Accessible science equipment etc. – as advised by QTVI * Teaching of particular skills to improve curriculum access, e.g. touch typing (e.g. ‘BBC Dance Mat Typing’) or dictation (for possible use with programmes such as ‘Dragon Dictate’) * Young person has timely access to appropriate modified resources and curriculum, e.g. enlarged print, modified materials, good quality copies with good contrast and clutter free * Staff have had appropriate training to meet the young person’s specific needs * Young person’s specific social and emotional needs are being met * Assistance or supervision may be required at break and lunchtimes for mobility/safety and preparation for transitions and next stage   **Hearing:**   * Opportunities to for pre and post teaching of targeted vocabulary and concepts in 1:1 or small group sessions * Use of an assistive listening device (radio aid) from the Hearing Support Service to help reduce the problems experienced due to background noise or distance from the speaker * Staff will be trained in checking the hearing aids and/or assistive listening device and troubleshooting any problems | For a few CYP:   * Strategies, equipment and approaches to support individual needs are in place and based on specialist advice * High quality training is provided for all staff involved in delivering and monitoring targeted provision and using specialist technology and equipment   **Vision:**   * Young person has support to promote age appropriate independence and is supported by staff who have received appropriate training * Young person has opportunity to develop self-advocacy skills * Young person has opportunity to develop low vision aid skills e.g. access to board, magnifiers * Young person has opportunity to develop touch typing skills * VSS provide the equipment to allow setting to create own adapted resource * Give young person additional time and reduce the workload but ensure learning objectives are still met * Use of tactile pictures, diagrams, charts etc. * Use verbal comments to support facial expression * Address all students by name during discussions * Clear floor policy in setting to support safe mobility * Access to training in Daily living Skills * Access to specialist daily living equipment * Access to specialist mobility training.   **Hearing:**   * An acoustic audit is carried out by the Hearing Support Service and the recommendations put in place to the best of the setting's ability. |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need * Voice of the young person | * All young people’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at universal level | * All young people’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the young person’s one-page profile If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | A number of relevant publications from the National Deaf Children's Society (e.g. Supporting the achievement of deaf young people on apprenticeship and Next steps: supporting successful transitions into post 16 education and employment for deaf young people in England) <https://www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/supporting-the-achievement-of-deaf-children-and-young-people/>  Digital Alternate format materials available from [www.rnibbookshare.org](http://www.rnibbookshare.org)  NDCS resources for supporting pupils with hearing impairments in school http://www.ndcs.org.uk/professional\_support/our\_resources/supporting.html  SEND magazine article https://senmagazine.co.uk/articles/articles/senarticles/supporting-the-visually-impaired-learner  Special Education Resource Centre http://redbridgeserc.org/  National Sensory Impairment partnership <https://www.natsip.org.uk/getting-started> | | |

**9.9 Physical (universal, targeted and specialist)**

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|  | **Universal** | **Targeted** | **Specialist** |
| **Assess and Plan** | For all CYP:   * Policies and practices are regularly checked to ensure they do not discriminate against young people with physical/ medical need * The environment is planned to maximise accessibility for all - routes are obstruction free and clearly organised to aid mobility * Staff with awareness training regarding the implications of physical and/or medical difficulties * The setting’s Accessibility Plan is regularly reviewed, acted upon and updated every 3 years * The setting’s *Supporting CYP with medical conditions* policy is followed and reviewed annually | In addition to universal assessment and planning approaches, some CYP will require:   * Staff trained in and with an understanding of their medical condition - Training may come from relevant Health professionals, including Children’s Therapy practitioner * An environmental audit to consider any barriers to accessibility * A safe space for administering of medicines or for undertaking daily medical procedures, allowing for privacy and dignity * Individual Healthcare Plans and/or Medical Risk Assessments developed with input from them, their family and relevant Health professionals * Where necessary, emergency protocols are also agreed - These are updated annually but sooner if there is a change in circumstance * Systems in place for staff to routinely access information about CYP’s physical and/or medical needs * Staff who know their abilities and their difficulties and set personalised learning targets * Consideration given to the use of assistive technology to support learning or recording of work, with an ICT Assessment requested, where appropriate * Close links with home so staff are aware of changes in circumstances that may impact on their physical and/or medical needs * Early planning meetings with them, their family and relevant Health professionals to discuss transition to next educational stage | In addition to universal and targeted assessment and planning approaches a few CYP will also require:   * Staff to plan support with regular advice from specialist professionals, e.g. Occupational Therapist, Physiotherapist, Specialist Nurse etc. * Adaptations to the physical environment, specific to the them planned and undertaken * Subjects undertaken on the ground floor where adaptations enabling access to upper floors are not possible * Staff to undertake training to use specialist equipment * Staff to receive specialist medical training to manage complex medical needs and signed off as competent to manage these * Staff working with them to receive moving and handling training and follow a Moving & Handling Risk Assessment and Care Plan written by a competent person * A Personal Emergency Evacuation Plan where appropriate * A request for a specialist ICT Assessment to be made where difficulties with recording work or communicating persist * Preparing for employment is considered in detail at all reviews prior to the young person moving on from education * At age 18, social care normally transfers from children’s services to adult services. Young person should ask for a Children’s Needs Assessment before age 18 so that adult social services can advise on what help will be available |
| **Do (provision & support)** | For all CYP:   * Young people have access to suitable study programmes and do not repeat learning that they have already completed successfully * Disabled people are represented in books, employment studies and are used as role models * Opportunities to be active and develop their co-ordination, control and movement * Help to understand the importance of physical activity and to make healthy choices * Where there are concerns about possible physical or medical difficulties, parents are advised to seek medical advice, e.g. via their G.P or School Nurse | In addition to universal provision and support some CYP will need:   * The curriculum differentiated to take account of individual needs and reasonable adjustments are made (e.g. alternative methods of recording, work expectations reduced, opportunity to avoid busy corridor times) * Small group sessions to target fine and/ or gross motor skill difficulties * Adult support to enable them to follow their individual physiotherapy or occupational therapy programme * Appropriate equipment, e.g. sloping board, pencil grips, specialist scissors etc. and adult support where required for specific activities * Support to catch up following any periods of illness or time in hospital * Suitable rest areas and rest breaks for young people who experience fatigue, in line with medical advice * Adult support for personal and self-care needs and for developing independence in these areas in the future * Use of assistive technology to support learning and recording, e.g. laptops, dictation software, dictaphones or having handouts and other written information available in advance * Assistance or supervision at break and lunchtimes for mobility and/or safety * Access arrangements made for examinations and assessments * Support to attend visits | In addition to the universal and targeted approaches put in place a few CYP may require:   * A high level of adult support to manage very severe and complex needs, access the curriculum, remain safe and meet personal care needs * A highly specialist and individual physiotherapy or occupational therapy programme daily * Specialist equipment as prescribed by the Occupational Therapist or Physiotherapist and appropriate checks undertaken before each use, and in line with Lifting Operations and Lifting Equipment Regulations (LOLER) and Provision and Use of Working Equipment Regulations (PUWER) 1998 * Adaptation of the amount of work set, how it is presented and recorded, according to the young person’s concentration, stamina, physical abilities and health * Regular use of specialist assistive technology, including communication and recording technology * Physical activities, such as P.E. adapted or modified to enable full participation with peers * The young person may require a high level of personal assistance to manage very severe and complex needs, remain safe and meet personal care needs * Opportunities to develop self-advocacy skills |
| **Review (outcomes)** | * Minimum of termly reviews * Summative assessments * Specific evidence of what is working in the identified area of need * Voice of the young person | * All young people’s progress should be monitored through termly reviews in partnership with parents and carers * Evidence of the impact of what is working with regard to the support and interventions in the identified area of need and identification of next steps * If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at universal level | * All young people’s progress should be monitored through a minimum of termly reviews in partnership with parents and carers. This should include reviewing the young person’s one-page profile If targets are reached, following discussion with the young person’s family, and relevant professionals, consider whether support can be provided at targeted level |
| **Useful Links/Training** | [PD Net](file:///\\dccfile\educommon\Inclusion%20Services\Physical%20&%20Medical%20Needs\Kelly%20Lambert\Graduated%20Response\pdnet.org.uk)– Effective practice standards, Resource Hub and Level 1 Training in Physical Difficulties  [Preparing for Adulthood](https://www.preparingforadulthood.org.uk/) – website containing resources, research and case studies  [Council for Disabled Children](https://councilfordisabledchildren.org.uk/our-work/adulthood) – Into Adulthood Resources  [My Future Choices](https://councilfordisabledchildren.org.uk/transition-information-network/my-future-choices-magazine) – Magazine about projects to support disabled young people with articles on transition from young people themselves  [Disability Rights UK](https://www.disabilityrightsuk.org/how-we-can-help) – Factsheets and guides  [Scope Career Pathways](https://www.scope.org.uk/employment-services/career-pathways/) - Online advice and guidance  [Physical & Medical Needs Service Resource Page](https://www.dorsetnexus.org.uk/Page/7308) (Dorset Nexus) includes the following:   * ICT and Specialist Equipment Entitlement Policy – for children and young people with SEND * Supporting children and young people with medical conditions: Local authority policy * Supporting children and young people with medical conditions: Local authority guidance for schools, academies and other educational providers * Managing Chronic Fatigue Syndrome (CFS)/ Myalgic Encephalomyelitis (ME) in school and college: Local advice for schools, academies and colleges     [Personal Independence Payment (PIP)](https://www.gov.uk/pip) – guidance and application process from GOV.UK  [Scope Advice & Support](https://www.scope.org.uk/advice-and-support/) – online advice and support regarding benefits, housing and home adaptations, money etc.  [The Equality Act 2010 and schools](https://www.gov.uk/government/publications/equality-act-2010-advice-for-schools) (Department for Education)  [Disabled Children and the Equality Act 2010](https://councilfordisabledchildren.org.uk/help-resources/resources/disabled-children-and-equality-act-2010-schools) (Council for Disabled Children)  [Reasonable Adjustments for Disabled Children and young people](https://www.equalityhumanrights.com/en/publication-download/reasonable-adjustments-disabled-pupils) (Equality and Human Rights Commission, 2015)  [Supporting children and young people at school with medical conditions](https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3) (Department for Education)  [Healthier Together](http://www.what0-18.nhs.uk/) (NHS Dorset) - improving the health of children and young people in Dorset and the surrounding areas.  [Tomorrow’s Leaders – A World Beyond Disability](https://www.excellencegateway.org.uk/content/etf3202): a publication featuring young people who are all achieving great things in their own lives, in their communities and wider society  [Inclusive Technology](http://www.inclusive.co.uk/) – Supplier of IT hardware and software for CYP with SEND  [Whizz Kidz](http://www.whizz-kidz.org.uk/) – Provider of mobility equipment, support and life skills for CYP with physical disabilities. | | |

**10. Scenarios**

**10.1 Early Years**

At age 2 Amy was referred to Portage by her Health Visitor, following her 2 year old progress check ASQ scores as her Social, Emotional and Mental Health (SEMH) score was 120. Amy was attending pre-school with 2 year old funding. Pre-school report that Amy presents as clumsy, she falls over a lot and is not making verbalisations. Amy was communicating through hitting, biting and leading adults by the hand. Amy is not taking up her full 15 hours entitlement at pre-school, and her attendance is sporadic.

At the age of 3 Amy was awarded Disability Living Allowance and as a result of this the setting accessed Disability Access Funding (DAF). There were still concerns with her development, pre-school reported that Amy showed limited attention, flitting between activities. She shows a preference for lining everything up and becomes very distressed if her play is disturbed. Amy shows no awareness of people around her and no bond with adults in the setting including her keyperson. She is very solitary and shows no awareness of boundaries/routines in the setting eg outside time, circle time.

Mum and dad were also struggling with Amy’s challenging behaviour at home and this was having an impact on her siblings and on family life. Pre-school spoke to Amy’s parents about holding a Team Around the Family (TAF) meeting as there were many professionals involved and lots of issue to discuss. They explained that this would ensure the right support was given at the right time. Pre-school also gained parents’ consent to refer Amy to the paediatrician using the Behaviour and Development Pathway.

At the TAF meeting, it was agreed that regular TAF meetings would be help every 6 weeks to keep everyone involved with progress. It was agreed at the TAF that Amy’s needs would impact on her long term learning and development and it was agreed to submit a Request for assessment for an EHC plan. The setting had started a graduated approach and spoken to the portage worker and their Early Years Support and Advice Officer for support with this. The setting are using their DAF funding to make reasonable adjustments in agreement with parents. The setting applied for Early Years Additional Needs Funding to meet Amy’s needs within the setting.

As a result of the TAF an individual plan was put in place with the pre-school SENCo and keyworker, which is reviewed in a timely manner to reflect her attendance patterns. As a result of this assessment, an EHCP plan was secured and will be reviewed every 6 months until Amy turns 5. From the TAF meeting a need for a full family assessment and support was identified and a family worker was requested and allocated from the locality team to complete this work.

During the spring and summer term before Amy started school, pre-school and the receiving school met regularly to discuss a robust transition plan which included visits from and to school and home visits from the Reception teacher and Teaching Assistant. The Portage Consultant and the Specialist Teacher also met to discuss and arrange a handover of work and support.

**10.2 School Age**

Lily is in year 6 at her local primary school. She lives with her mum, dad and her younger sister.

Lily’s mum raised a concern with the class teacher in year 1 at the autumn term parents evening. She explained that she was worried about how Lily seemed slower to understand instructions that her younger sister and that she was concerned about her memory. The class teacher agreed to gather some information and an additional meeting was agreed. The class teacher and the teaching assistant spent time in different lessons watching Lily more closely than before. They noticed that she often followed the others, waiting a few seconds longer before responding.

The class teacher met with mum after school to complete the first ‘Assess-Plan-Do’ proforma together. A plan of support and targets were agreed. These included Lily being a part of a ‘Time to Talk’ group with others in the class. Lily was also supported in class with visual prompts and teacher check-ins. Concerns about Lily’s confidence and understanding remained and so she was included in a group run by the ELKLAN-trained HLTA in school. The SENCo was invited to be part of the next review meeting as Lily had not met the agreed outcomes; one of the agreed actions following the meeting was that the SENCo would make a referral to speech and language therapy service.

Lily was found to have a receptive language difficulty, with a weak memory for sentences. Lily’s expressive language was developing appropriately. The speech and language therapist included comprehensive recommendations for supporting Lily in class and provided ideas for intervention. In addition the class teacher and the teaching assistant watched the webinar training on ‘Supporting Children with Language Difficulties’ to ensure that the strategies to support Lily were in place.

The school continued to monitor Lily’s progress. At the end of year 2, Lily was achieving ARE for maths and was working towards ARE for reading and writing. After two further reviews, Lily was more confident, and mum agreed with the class teacher that she did not need to remain at SEN support.

When Lily reached the end of year 4, her literacy levels were below ARE and the gap between her and her peers was widening. The year 5 class teacher asked to meet with the SENCo at the start of the year and reviewed Lily’s previous SEN file. The class teacher arranged a meeting with the parents to agree another SEN support plan; the focus this time was on reading and writing interventions.

In the summer term, the SENCo raised Lily as a concern at the Joint Planning Meeting. Lily had been reluctant to come to school and her attendance was dropping; Lily was becoming more withdrawn and she had a few problems with friendships. A full diagnostic assessment was agreed by the Specialist Teacher. This assessment identified that Lily had dyslexia. Lily had a very slow processing speed and a poor verbal memory. Recommendations included using assistive technology and continuing personalised intervention. In lessons, the class teacher reduced the amount of work Lily had to complete but maintained the level of challenge. The class teacher involved Lily’s parents with games to play to improve her reading and spelling of high frequency words.

This support allowed Lily to access the curriculum; her progress for reading and writing improved. She is narrowing the gap between herself and her peers. Lily will continue to be supported at SEN Support. The primary school have begun preparing Lily to be more independent in her learning, prior to the move to secondary school.

**10.3 Post-16**

Jack has an EHC plan and attended a special school until the end of Key Stage 4. Jack has difficulties with cognition and learning, ADHD, speech and language difficulties and social and emotional health (SEMH) needs. When Jack left the special school that he was attending, due to mental health issues he was not engaged in any post 16 activity. Jack was also diagnosed with schizophrenia and spent time in hospital.

With support from his parents, he enrolled at College and started on a transition to college package. He started on just one hour per week, but gradually over time built it up. He studied some English and maths and spent time settling into college life. He was also supported by CAMHS for his mental health and wellbeing and a Speech and Language specialist to support his communication needs. This transition placement lasted for one year.

This transition into college proved very successful for Jack and he was able to proceed onto a fulltime course at college. The course was an entry level 3 qualification – NOCN Entry Level Certificate in Skills for Employment, Training and Personal Development (entry 3). This course helped him address his personal development needs as well as providing vocational, numeracy and literacy support. Jack coped well on the course and competed it in the summer.

The following September Jack enrolled in his third year at college on a Supported Internship - Routes to Employment Level 1 programme. This involved completing a work placement alongside a NOCN Level 1 Certificate in Skills for Employment, Training and Personal Development qualification. During the work placement Jack was initially fully supported by a job coach. The work placement started as just 1 hour at a time with the job coach. This was gradually built up as Jack grew in confidence and developed skills, so that by the end of the course Jack had completed 32 weeks work experience with the same organisation and was working independently. In the summer Jack completed this course. The valuable experience Jack gained – building self-esteem, confidence and developing existing and new skills led to Jack being offered a job in the organisation he completed his work experience in. Jack is now working full time – he is starting out in his career in the catering industry.

**11. Contacts**

|  |  |  |
| --- | --- | --- |
| North Locality | [northlocality@dorsetcouncil.gov.uk](mailto:northlocality@dorsetcouncil.gov.uk) | [01258474036](tel:01258474036) |
| Dorchester Locality | [dorchesterlocality@dorsetcouncil.gov.uk](mailto:dorchesterlocality@dorsetcouncil.gov.uk) | [01305224220](tel:01305224220) |
| West Locality | [westlocality@dorsetcouncil.gov.uk](mailto:westlocality@dorsetcouncil.gov.uk) | [01308425241](tel:01308425241) |
| Chesil Locality | [chesillocality@dorsetcouncil.gov.uk](mailto:chesillocality@dorsetcouncil.gov.uk) | [01305762400](tel:01305762400) |
| East Locality | [eastlocality@dorsetcouncil.gov.uk](mailto:eastlocality@dorsetcouncil.gov.uk) | [01929557000](tel:01929557000) |
| Purbeck Locality | [purbecklocality@dorsetcouncil.gov.uk](mailto:purbecklocality@dorsetcouncil.gov.uk) | [01929557000](tel:01929557000) |

**12. Support for Parents, CYP**

|  |  |  |
| --- | --- | --- |
| Dorset’s SEN Local Offer | <https://www.dorsetcouncil.gov.uk/children-families/sen-and-disability-local-offer/dorsets-local-offer.aspx> |  |
| Dorset Special Educational Needs Information, Advice and Support Service (SENDIASS) | [sendiass@dorsetcouncil.gov.uk](mailto:sendiass@dorsetcouncil.gov.uk) |  |
| Dorset Parent-Carer Council (DPCC) | [dpcc@dorsetparentcarercouncil.co.uk](mailto:dpcc@dorsetparentcarercouncil.co.uk) | 07827793244 |

**13. Glossary**

**CAMHS – Child and Adolescent Mental Health Service**

**CIC – Children in Care**

**EHCP – Education Health Care Plan**

**ELSA – Emotional Literacy Support Assistant**

**EP – Educational Psychologist**

**EPS – Educational Psychology Service**

**HI – Hearing Impairment**

**HLTA – Higher Level Teaching Assistant**

**LDA – Learning and Disability Assessment**

**MLD – Moderate Learning Difficulty**

**OT – Occupational Therapist**

**PfA – Preparing for Adulthood**

**SALT – Speech and Language Therapist**

**SEMH – Social, Emotional and Mental Health**

**SENCO – Special Educational Needs Co-ordinator**

**SEND – Special Educational Needs and Disabilities**

**SLD – Severe Learning Difficulties**

**SMART targets – Targets which are Specific, Measurable, Agreed, Realistic and Time limited**

**SpLD – Specific Learning Difficulty**

**TA – Teaching Assistant**

**VI – Virtual Impairment**

**14. Appendices**

**14.1 One-page profile example**

**8: What I want to Achieve:**

**1 Outcomes At Review include whether outcomes are achieved**

**2**

**3**

**14.2 Assess, Plan, Do, Review template** [**'Assess-Plan-Do-Review' Proforma**](file:///C:\DorsetGraduatedResponse\Shared%20Documents\General\Assess%20Plan%20Do%20Review%20Document.docx)

**14.3 School’s Education and Health Care Needs Assessment (EHCNA) request form** [SEND - useful policies and forms | Dorset Nexus](https://www.dorsetnexus.org.uk/Page/3803)

**14.4 Parental Education and Health Care Needs Assessment (EHCNA) request form** [SEND - useful policies and forms | Dorset Nexus](https://www.dorsetnexus.org.uk/Page/3803)

**14.5 EHCP template** [SEND - useful policies and forms | Dorset Nexus](https://www.dorsetnexus.org.uk/Page/3803)

**14.6 EHCP review template** [SEND - useful policies and forms | Dorset Nexus](https://www.dorsetnexus.org.uk/Page/3803)