Solihull

Special Educational Needs and Disability (SEND)

Definitions, Bands and Descriptors for Areas of Need

Communication and Interaction

Cognition and Learning

Social, Emotional and Mental Health

Sensory and Physical

Table of Contents

Version	Changes made:	Date:
Draft V0.1		30/05/17

Introduction

This document is intended for use by all education settings, Local Authority services and other service providers. It covers all areas of special education needs and the basic principles of how they may be met as set out in Chapter 6 of the *Code of Practice* (Department for Education and Department of Health, January 2015).

This document covers all children and young people aged 0 to 25. Banding information for children aged 4 to 25 may be found on pages 1 to 29, and Early Years (ages 0 to 4) on pages 30 onwards.

Each area of need has a brief definition. The banding levels have suggested teaching and learning strategies, some curriculum/intervention examples and possible resource requirements.

Every child and young person is an individual and their needs will be specific to them. **This document represents an outline of the Graduated Approach and expectations for how needs should be met in Solihull schools and settings.**

Bands 0 and 1 = Support within a mainstream setting, funded by the educational setting.
Guidance on when a child or young persons needs can to be identified as an SEN and provision given at 'SEN Support' and when to consider an application for an Education Health and Care Plan (EHCP) may be found below p.3.

Band 2 = Mainstream setting with an EHCP; additional funding provided from Local Authority High Needs Block - top up funding.

Bands 3, 4 and 5 = Specialist settings with an EHCP; place funding from the Local Authority High Needs Block- top up place funding, and possibly other service areas such as Social Care and Health.

The graduated approach also applies to young people aged 16 to 25 in Mainstream Schools, Academies, Further Education Institutions, Commercial & Charity Providers and Specialist Provider Institutions.[1] Education Funding Agency (EFA) Funding Elements 1 and 2 follow the

---

[1] These criteria and processes do not apply to young people entering Higher Education, except in some circumstances if attending a non-prescribed (*i.e.* below level 4) HE course.

criteria and expectations for Bands 0 and 1. EFA Element 3 will require an Education, Health and Care Plan along with an agreement and a contract with the Local Authority.[2]

In an effort to promote a positive approach to meeting needs the term 'difficulty' has been kept to a minimum as it tends to lead to a deficit model of thinking and can have negative implications for the child or young person. However, it is not always possible, nor realistic to avoid such a term completely, but is indicative of the importance of language in setting a forward looking, outcome focused tone of discussions and planning.

Throughout this document there is a presumption of person centred inclusivity in relation to all settings. Some indication of the implications of this are set out in a generic Band 0 to be considered in relation to all areas of need.

Children and young people may be subject to a range of plans, such as: Individual Health Care Plan, Child in Need Plan, Child Protection Plan, Continuing Health Care Plan and many others. Where a special educational need has been identified and the requirement for an EHCP has been established, then, as far as is practicable and within the wishes of the family, the outcomes and concomitant actions should be recorded and measured in the EHCP.

When a child or young person's needs can be identified as an SEN and provision given at 'SEN Support' – Band 1

- Solihull LA has produced a document with SABSEND/schools which gives guidelines as to when a pupil would be considered to have a SEND and receive provision at SEN Support: *Guidelines for SENCOs completing the census- using the support Code K*.
- Once a child or young person is identified with a special educational need support would be delivered through the graduated approach: Assess/Plan/ Do/ Review cycle, as outlined in the SEND *Code of Practice* (January 2015). Parents and pupil would be involved throughout the cycle including the setting and monitoring of targets.
- Provision for pupils should be detailed in an SEN Support Plan *e.g.* Pupil Profile, Needs Based Plan, Provision Map *etc*. which should detail their strengths, learning differences/ areas of difficulty, additional provision and intended outcomes.

When to consider a request for an EHCP – Band 2

---

[2] For further information on SEND 19-25 entitlement see <https://www.gov.uk/government/publications/send-19-to-25-year-olds-entitlement-to-ehc-plans>.

- Except in very exceptional cases evidence of at least three cycles of assess/plan/do/review using school focused plan which includes outcomes from timely, regular, evidenced based interventions.

- Despite support and intervention in identified areas of need through the graduated approach the child/young person`s progress is still very limited and indicates that long term specialist input and/or additional resources are required for continued access to the full curriculum and to allow participation in Further Education or Training.

- Data to demonstrate progress and achievement as measured against Key Stage baseline and age and prior attainment measures.

- Supporting evidence of advice and/or intervention from specialist external support services (*i.e*. Speech & Language Therapy, Specialist Teaching Services, Occupational Therapy, SOLAR, Educational Psychology, Child Psychology).

- Evidence of pupil and parental voice throughout the process.

   Note: identification of dyslexia or a diagnosis of dyspraxia, autism, ADHD or a mental health condition does not necessarily necessitate an application for an EHCP.

All Areas of Need

Band 0	DESCRIPTOR All Categories of Need	TEACHING & LEARNING STRATEGIES	CURRICULUM/INTERVENTIONS	RESOURCES (including staffing)
0	The pupil experiences low level/low frequency difficulties which can be managed well in a mainstream class within an inclusive and positive school setting with appropriate differentiation of tasks and modified teaching style. The pupil is working generally within or just below age related expectations. Some evidence the pupil is not making progress in the areas of personal, social, communication and learning at an age appropriate level, *e.g.* difficulties with learning may include some misconceptions and/or taking longer to understand new concepts.	The school demonstrates an inclusive ethos that supports the learning and wellbeing of all. Maintain high aspirations for all CYP, including those who have SEN. High quality teaching is consistently in place to support all learners through appropriate differentiation and includes supporting the acquisition of literacy and numeracy skills for all. The class/subject teacher is accountable for the progress of the CYP within the mainstream class. Personalised learning approaches are used.	The school is flexible in adapting the core offer to meet the needs of all pupils. At secondary school there will be a broad curriculum available which meets the needs of all learners. School is proactive in identifying individual needs and monitors that action is taken. Flexible grouping arrangements to promote self-esteem, confidence and promote positive learning. The wider curriculum promotes positive examples of diversity.	A regularly updated SEN policy details the arrangements and effectiveness of SEN in the school. An experienced teacher is employed as the accredited SENCO as defined in the SENCO Regulations 2008. Governors ensure that the SENCO is allocated sufficient time to fulfil all statutory and other duties. There is a link Governor for SEND. The SENCO is part of SMT or is represented by a senior member of staff on SMT.
0	Difficulties may be specific to one aspect of learning, such as listening and attention, *e.g.* distractibility. The pupil may find social situations confusing; can be unclear about appropriate responses and how to form relationships with peers *e.g.* problems sharing, turn taking, prefers playing alone.	Consider pupil's learning style, such as the need for visual or kinaesthetic preferences. Change the environment to meet the needs of all pupils *e.g.* seating position, personal space, classroom layouts, displays and signage. Allow pupil more time to process language and complete tasks. Use teaching strategies that develop independent learning. Use resources and displays to support independent learning, such as the use of	Catch-up interventions are available for pupils not making expected progress. Progress and response to positive feedback is monitored. School provides regular overlearning opportunities Interventions to support social and emotional development are provided *e.g.* SEAL Opportunities for social interaction between peers and the wider community of the school are engineered/supported to bolster self-esteem and confidence Other school pastoral interventions will include: - Meet and Greet	All staff have the core skills, as described in the Teachers Standards, in order to differentiate learning opportunities to meet the needs of the majority of learners. All staff receive training on SEN and understand how to support learning difficulties. This includes engaging in borough wide training initiatives *e.g.* AET, MHFA, Language Link. The school employs additional adults to support the needs of all

0	May have a tendency to seek repetitive actions or routines. May present with low level sensory likes and dislikes. May have difficulty following adult spoken language *e.g.* seeming not to comply with direction but follows routines, such as watching other children for lead in PE. May have difficulty following classroom routines/complying with adult direction.	symbols appropriate to the individual needs of the pupil. Provide targeted feedback to pupils using appropriate methods. Identify whether learning needs have a wider impact on a pupil's social and emotional wellbeing. Provide clear and positive rules and expectations for behaviour are apparent through visual means Teach appropriate behaviour with consistent delivery of behaviour management systems.	- Circle Time - Peer mentoring - Buddy Systems - Lunch clubs The school actively seeks the views of pupils and parents. Parents and the CYP are involved in identifying their strengths, areas of difficulty and support that is helpful.	pupils *e.g.* TA's, graduate coaches, mentors, Family Support Worker *etc*. Designated time is allocated to staff for planning and liaison with colleagues and families. There is access to 'quiet areas' / 'safe havens' in school. A range of alternative and augmentative equipment is available. A range of resources are provided to reduce pupil's barriers to learning.

Communication & Interaction (including Autism & Asperger's Syndrome)

Children and young people with **Communication and Interaction** needs have difficulty in communicating with others. The profile for every child with Communication and Interaction needs is different and their needs may change over time.

Speech, language and communication needs (SLCN) The Bercow Report (2008)[3] defines SLCN: 'SLCN encompasses a wide range of difficulties related to all aspects of communication in children and young people. These can include difficulties with: fluency, forming sounds and words, formulating sentences, understanding what others say and using language socially.'

The report differentiates between: **primary SLCN**, including 'specific difficulties of which there is often no obvious cause', and **secondary SLCN** 'associated with other difficulties that the child may be experiencing such as autism, cerebral palsy, hearing loss or more general learning difficulties'. It is generally accepted that meeting secondary 'SLCN should be considered as part of the child's overall package of care.'

A disorder is identified when a child's listening, understanding and talking are developing in an unexpected way, differently to other children and not following a typical pattern.

Autism: a term used to describe a **neurological difference in brain development** that has a marked effect on how a person develops. There are **four areas of difference** that are particularly important for staff in schools and educational settings to understand and pay attention to because most pupils with autism will have individual educational needs to be met in these areas:

- **Understanding the social interactive style and emotional expression of staff and peers**
- **Understanding and using communication and language - both verbal and non-verbal**
- **Differences in how information is processed**
- **Differences in the way sensory information is processed**
  (Autism Education Trust (AET): definition taken from National Standards – AET and DfE 2013)

Autism Spectrum Difficulties (referred to throughout as Autism) are a range of lifelong developmental disabilities which are identified through a medical diagnostic process.

---

[3] 2008. *The Bercow Report: A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs.* DCSF

Band 1	DESCRIPTOR Communication & Interaction	TEACHING & LEARNING STRATEGIES	CURRICULUM / INTERVENTIONS	RESOURCES (including staffing)
1	The pupil will present with low/medium differences or difficulties with some of the following skills; : • Expressing themselves verbally; grammar, word finding, vocabulary • Fluency (stammering) • Speech sound development - may be following an atypical pattern or be delayed. • Voice problems *e.g.* persistent hoarseness • Understanding verbal instructions and directions • Pre-reading skills *e.g.* phonics, phonological awareness, sequencing • Use of language to problem solve, reading comprehension including literal understanding of language • processing and memory difficulties • Social skills and, low self-esteem • Fine and gross motor skills The pupil may have more complex needs described	Teaching is planned and adapted to take into consideration any previous assessment/advice and then reviewed alongside the outcomes and progress made by the pupil. Staff use appropriate classroom teaching strategies and activities recommended in school language programmes *e.g.* Language Link, the Inclusion Development Programme, or 'Every child a Talker'. Teachers use **communication friendly strategies** *e.g.* chunking instructions, introducing new vocabulary using multi-sensory approaches *e.g.* STAR approach, use of targeted resources, concrete materials used to teach new concepts *etc*. Group wok is planned carefully considering group dynamics and social communication needs *e.g.* provision of good role models, specific roles given for group work with clear expectations outlined etc. Access to group support and some individual support within the classroom based on need.	Results of screening and assessment tools are used to inform intervention targets and outcomes. Provision includes targeted small group support *e.g.* Time to Talk, Talking Partners, Narrative groups. Group work should be planned and tailored to meet identified needs and include where appropriate good role models. Small group work and 1:1 teaching planned to meet pupil's particular learning style and needs. Pre-teaching and over learning of key vocabulary and concepts. Teaching of reading and spelling through a structured, multi-sensory approach. Interventions should include the teaching of sub skills such as phonological awareness, auditory and visual memory, sequencing skills, and the structured teaching of vocabulary. Consideration should be given to speech sound development when delivering phonics, employing alternative support *e.g.* Cued Articulation and Nuffield in place of, or in addition to Jolly Phonics **Children with more complex needs** will require more frequent pre-teaching and overlearning opportunities and more regular interventions. External specialist support will be required to inform provision. Pupils identified with a speech, language and communication disorder (SLCD) may access provision from a specialist teacher in working with pupils with a SLCD. Support may include advice, or a time-limited intervention from an Inclusion Support Practitioner (ISP).	All staff are trained to the Universal level of the Speech, Language and Communication Framework and know how to provide a communication friendly classroom. Key staff have further training in identifying and supporting pupils with SLCN. Schools have a programme of on-going training *e.g.* in basic Makaton, Cued Articulation. Access to a quiet, distraction-free environment in which to deliver intervention groups. **Provision of SLCN targeted resources and skills, such as:** • Language Link materials • Language for Learning materials • Basic Makaton, signs or gestures • Use of Scribe/reader • Recording cards • First/next board • Visual cues e.g. Nuffield pictures, colourful semantics • Use of symbols and signs • Word webs • Vocabulary mats • Access to ICT resources *e.g.* Communicate in Print/Clicker 7

	as significant/severe speech, language and communication needs that have been identified by SALT and appear to be the main barrier to learning. The pupil may demonstrate an uneven profile of strengths and weaknesses and have co-occurring needs. They may have a diagnosis of dyspraxia/atypical development/disorder.		Where external specialists are involved with a pupil regular/daily small group and 1:1 teaching should be planned to achieve outcomes set. Coaching and Modelling from an Inclusion Support Practitioner should be shared with staff and parents. Manage access arrangements for internal and external examinations and assessments. *e.g.* reader or scribe, extra time for assessments as needed. For children with a severe SLCD, provision within an additionally resourced centre may be advised This is when needs assessed by a specialist SLCD Teacher indicate a pupil requires small group specialist teaching for over 50% of time, placement and associated outcomes to be reviewed at least annually.	• Auditory and visual memory interventions School uses provision mapping to make best use of resources and evaluate impact. Assessment and advice by external services is sought, such as Speech & Language Therapy, Educational Psychology, Specialist Teacher following the Graduated Approach. Provision within an Additionally Resourced Centre (ARC).
Band 1	**DESCRIPTOR** **Communication & Interaction : Autism**	**TEACHING & LEARNING STRATEGIES**	**CURRICULUM / INTERVENTIONS**	**RESOURCES** **(including staffing)**
1 1	The pupil has identified social and communication needs and may be undergoing an assessment for Autism or have a diagnosis of ASD. Learning differences/ difficulties may have a wider impact on the pupil's emotional wellbeing, self-esteem and/or mental health. The pupil may present with social communication which appears challenging, rude and/or non-compliant.	Teachers will use autism communication friendly strategies as recommended in the AET training to facilitate communication and to support pupils' access to learning. Identified daily support may include the following: • preparing relevant visual supports • teaching style adapted to suit pupil's learning style *e.g.* level/pace/amount of teacher talk reduced, access to practical activities. • Checking pupil's understanding of tasks and recording of work. • use of Social Stories	Access to small group support. Group work to be planned and tailored to meet identified need and includes good role models. Access to a trained key worker/mentor for meeting and greeting, checking in throughout the day, providing reassurance and support during vulnerable times. Peer awareness training is used where appropriate. Peer mentoring support is available. Time-limited intervention programmes with staff who have knowledge and skills to address specific needs. These may include withdrawal for social Interaction and communication groups. **Interventions may focus on:** • problem solving skills.	School staff are trained in meeting the needs of pupils with Autism *e.g.* AET L1-3, IDP. Support/advice is available from SENCO and Lead for Autism. Additional adults routinely used to support flexible groupings. Access to targeted small group work with class TA. Access to Learning Mentor. Access to low stimulus area for focused tasks *e.g.* individual

A pupil may be socially isolated and vulnerable to bullying. The pupil's autism could co-exist with other co-occurring special educational needs.	• adaptation of materials for lessons *e.g.* chunking work into manageable amounts, task boards *etc.* • use of alternative recording methods including access to ICT equipment and/or amanuensis as necessary • support for emotional development *e.g.* supporting pupil to recognise and communicate their feelings about the school day. • preparation for changes to activities, routines, staffing. Pupils learn through a combination of whole class teaching, with targeted support when they find the school environment difficult or stressful. Classroom Teaching Assistance (TA) is targeted towards support for access for specific tasks/settings and is not necessarily needed for learning. Personalised reward systems used by all staff in school that have contact with the pupil. These are implemented consistently across the curriculum and may link with home reward system. Pupils are provided with appropriate access arrangements for internal and external examinations and assessments. .	• social skills and/or self-esteem. • daily planning and organisation. • supporting specific activities particularly non-structured time that may be areas of difficulty *e.g.* assembly, RE, PE, outdoor play *etc.* • recognising and communicating feelings about the school day *e.g.* emotion scaling. • managing day to day transitions *e.g.* moving between classrooms, coming into school, lunchtime. • pre teaching and overlearning opportunities • aspects of structured teaching (such as TEACCH) to be used when required. Trained lead for autism or SENCO uses structured observation profiles to inform differentiation including IEPs, pupil profiles, pupil passports. Individual Management Plan including: - risk assessment re: tricky situations - anxiety management plan - Needs Based Plan - positive handling plan Use of ABC analysis of behaviour to conduct pattern analysis to identify specific triggers. School seeks advice from an external autism specialist to support the removal of barriers to learning in any area of the curriculum causing significant issues. Individualised support is provided to implement recommendations from specialist external advisors. Personalised timetable introduced where recommended, in negotiation with pupil, parents and staff. This may include alternative arrangements for some activities *e.g.* assemblies, specific non-core lessons. Where there are co-occurring conditions partners agree who will take the lead in delivering support and	workstation, safe zone for 'chill-out' at times of stress. Use of AET whole school environmental sensory audit and individual sensory checklist. Trained adult/TA available for focused support during unstructured times *e.g.* lunchtime supervision, targeted extra-curricular activities. Time available for scheduled meetings with parents and external agencies. Parents involved regularly and know how to support targets at home. Parents/carers are signposted to support groups *e.g.* Autism West Midlands, SASSI. Advice and support is sought from specialist external agencies *e.g.* Specialist Inclusion & Support Service, Educational Psychology, Speech & Language Therapy *etc.* Appropriate space is available for visiting professionals to work with individual pupils. The Autism Education Trust (AET) National Standards and the National Competency Framework are used to evaluate practice in addressing the needs of pupils with Autism. Use of the AET progression framework to identify learning

			interventions and a Team Around the Child approach will be undertaken.	priorities and measure progress in the areas that fall outside of the national curriculum.

Cognition & Learning

The following definitions are the generally accepted definitions used to support the identification of needs:

Moderate Learning Difficulties

'Pupils with moderate learning difficulties will have attainments significantly below expected levels in most areas of the curriculum, despite appropriate interventions. Their needs will not be able to be met by normal differentiation and the flexibilities of the National Curriculum. **They should only be recorded as MLD if additional educational provision is being made to help them to access the curriculum.** Pupils with moderate learning difficulties have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.' (DfES, 2003)

It is important to be aware that using MLD in relation to individual pupils can have negative implications for their identity and status.

MLD is in an uncertain area between severe learning difficulties and those not having an SEN, but having low attainment. It is used in contrast with specific learning difficulties and should be identified through specialist assessment.

Specific Learning Difficulties

A child or young person with a Specific Learning Difficulty/ Difference (SpLD) may have difficulty with one or more aspects of learning. This includes a range of conditions such as dyslexia, dyscalculia, dyspraxia/Developmental Coordination Disorder (DCD). Children with MLD may also be identified with dyslexia, dyscalculia, dyspraxia. There are many overlaps between Specific Learning Difficulties and many children and young people with a SpLD may have co-occurring difficulties.

Dyslexia: is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. It is recognised that: pupils with dyslexia may have difficulties in phonological awareness, memory and processing speed; dyslexia occurs across the range of intellectual abilities; dyslexia is best thought of as a continuum and there are no clear cut-off points; co-occurring difficulties may be seen in aspects of language, motor coordination and personal organisation; a good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the pupil responds or has responded to well-founded intervention.

Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis for a staged process of assessment through teaching. (Working Party of the DECP, 1999)[4]

Dyscalculia: 'a condition that affects the ability to acquire arithmetical skills. Dyscalculic learners may have difficulty understanding simple number concept, lack of an intuitive grasp of numbers, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence'. (DfES, 2001)

Chinn (2004)[5] has added other aspects to dyscalculia: the tendency of difficulties to persist despite appropriate teaching, the difficulty of retrieving number facts quickly, even if they have been successfully learned. Some researchers suggest dyscalculia is fundamentally an inability to recognise the number of things in a small set. Others suggest this is one of many factors alongside weaknesses in visual spatial abilities and working memory systems. 'Assessment is complex and not everyone who has difficulties with number will have dyscalculia.' (PATOSS, 2013)[6]

---

[4] British Psychological Society. *Dyslexia, literacy and psychological assessment: Report by a working party of the Division of Educational and Child Psychology of the British Psychological Society*. Leicester: British Psychological Society, 1999.

[5] Chinn, Stephen J. *The Trouble with Maths: A practical guide to helping learners with numeracy difficulties*. London: Routledge Falmer, 2004.

[6] The Professional Association of Teachers of Students with Specific learning difficulties.

Developmental Coordination Disorder (DCD) also known as Dyspraxia: is a common disorder affecting fine and gross motor coordination in children and adults. The Dyspraxia Foundation (2014) defines developmental dyspraxia as 'an impairment or immaturity of the organization of movement. It is an immaturity in the way that the brain processes information, which results in messages not being properly or fully transmitted.' 'Dyspraxia affects the planning of what to do and how to do it. It is associated with problems of perception, language and thought.'

Band 1	DESCRIPTOR Moderate Learning Difficulties	TEACHING & LEARNING STRATEGIES	CURRICULUM / INTERVENTIONS	RESOURCES (including staffing)
1	The pupil is working below age related expectations. Progress is limited in most/all areas of learning and development. May not sustain pace of curriculum delivery. Little or no progress in most areas despite 'good teaching' and appropriate targeted support. Significant gaps in attainment between the pupil and their peers across the curriculum following a period of robust SEN Support and review cycles utilising additional and different strategies and resources.	Pupil has identified needs which are highlighted to all staff with advice on, the outcomes sought, the support provided and any teaching strategies or approaches that are required e.g. pupil profile, passport etc. A personalised, differentiated curriculum is provided for the pupils in all relevant curriculum areas. This may be through differentiating presentation, outcome, timing, scaffolding, and additional resources e.g. modified text, access to audio texts, technology to support access to written materials. Simplified level/ pace/ amount of teacher talk. Simplified language reinforced by visual and tactile materials and approaches are in place to support understanding. Provide structure with logical progression, small steps teaching and explicit links made between steps.	Some additional and/or different provision enhances the core curriculum offer. At secondary level access to a curriculum for independent living. Curriculum plans include individual/group targets. Some adaptation to programmes of study will be necessary to reflect attainment outside the expected range for the year group or key stage. Smaller classes are planned for students with difficulties accessing the age appropriate curriculum. Pupils are involved in setting and monitoring their targets. Parents are involved regularly and know how to support targets at home. Baseline assessment of skills (e.g. phonic knowledge, word reading and spelling) is undertaken to identify strengths and weaknesses and plan support.	Main provision is by class/subject teacher with advice from SENCO and advice from other professionals and specialists teachers. . All staff have up to date training in identifying the barriers to learning of pupils with learning difficulties and strategies to remove those barriers e.g. IDP materials, NASEN training materials-MLD. Routine curriculum resources are made available including: writing frames; word banks; writing mats; practical equipment; visual cues; cue cards; alphabet cards/strips appropriate to both literacy and numeracy etc.

The pupil has significant difficulty in understanding concepts and reasoning based on teacher assessment, specialist teacher assessment and, if appropriate, a Speech and Language Therapy report. Specialist assessment identifies significant difficulties across a range of skills and cognitive abilities- significantly below the average range. The pupil's academic self-concept, self-esteem and general emotional well-being may be affected by the impact of their moderate learning needs.	Appropriate activities and time are built into lesson planning to give opportunities for pupils to work on their own targets and which promote independence. TAs are used flexibly so that the teacher can support individuals and groups. Additional adults support the pupil, under the direction of the teacher to: - work on significantly modified curriculum tasks - access daily individual support - encourage independence - create opportunities for peer to peer interaction Over learning opportunities are planned with 'little and often' practice to aid automatic retrieval. Alternative forms of recording are routinely offered and used e.g. oral presentation, posters, sound buttons, mind maps, matching labels to pictures, sorting into category and the use of appropriate technology or software *etc*. Success-based learning to improve self-confidence and reduce anxiety and frustration. Support is regularly adapted depending on effectiveness in achieving expected outcomes. Specialist advice for school staff is implemented to enable full access to the curriculum and provide support for most curriculum areas or skills.	Time limited, evidence based interventions are matched to pupil need and delivered by suitably trained staff. Pre-tutoring is used effectively to support access to the curriculum. Opportunities are provided for skill reinforcement, over learning, revision, and application of learning. Progress in interventions is recorded, evaluated and shared with teachers so that learning is transferred and focussed teaching can be planned to address any difficulties. Whole school systems evaluate the impact of interventions and monitor the quality of teaching and learning within intervention sessions. A careful review of needs is undertaken with parents and professionals in good time to plan for transitions between classes and to next key stage e.g. starting pre-school, primary, secondary, post 16, adult life. Where a pupil makes little or no progress despite well-founded support matched to a child's needs, school seeks advice from qualified specialists. A detailed assessment of strengths and weaknesses is undertaken by a qualified specialist. Recommendations are provided which inform whole school approaches and personalised school based support and interventions. Results are discussed with parents/ carers/ those involved with the pupil and are used to inform personalised planning and target setting. SENCO, class teacher, with specialists implement well-founded and effective teaching approaches, appropriate strategies and interventions to support	Topic specific additional resources are routinely provided. Additional adults, including trained TAs, are routinely used to support flexible groupings and differentiation. Additional trained adult under the direction of teacher to provide sustained targeted support/ interventions on an individual/group basis. Time is allocated for planning and feedback between teacher and TAs. This may include written records and notes. School provides specific equipment resources, games and appropriate software and access to hardware. Where appropriate the use of an additional trained adult for focused support during unstructured times *e.g*. lunchtime supervision/ targeted extra-curriculum activities, supervision in the playground. Where appropriate CPD opportunities for the teacher and TAs are planned including specific training, shadowing and visits to other schools. There is regular liaison between school staff, external agencies and parents.

| | | Skills teaching is provided which concentrate on the development of useful and transferable skills to reduce burdens on memory.

Monitor the progress of the pupil using highly structured methods.

School trips are planned well in advance and take into consideration the needs of all pupils. | pupil progress with clear outcomes identified in an SEN Support Plan.

Support is available for students who may require additional support for their social development, self-esteem and emotional wellbeing.

Opportunities are provided for a pupil to engage in community activity.

Access arrangements are organised for pupils with identified learning difficulties, if appropriate and with reference to curriculum and examination guidance. | Dates for review meetings with parents/carers are planned well in advance to include input from other professionals. Progress and issues are discussed, action agreed and minuted.

Classroom staff have access to teachers and professionals with specialist knowledge, skills and understanding in the teaching of children with moderate learning difficulties. |
|---|---|---|---|---|
| **Band 1** | **DESCRIPTOR Specific Learning Difficulties** | **TEACHING & LEARNING STRATEGIES** | **CURRICULUM / INTERVENTIONS** | **RESOURCES (including staffing)** |
| 1 | Progress is limited in specific areas of learning and development *e.g.* difficulties in the acquisition/use of language / literacy / numeracy and/or motor skills.

Significant gaps in attainment between a pupil and their peers in 1 or 2 areas of the curriculum.

Little or no progress in specific areas of difficulty despite 'good teaching' and appropriate, targeted, evidence based support/ interventions. | Pupil has identified strengths and needs which are highlighted to all staff with advice on, the outcomes sought, the support provided and any teaching strategies or approaches that are required *e.g.* pupil profile, passport *etc*.

A differentiated curriculum is provided for the pupils in relevant curriculum areas. This may include providing a 'dyslexia friendly environment'.

Staff differentiate the curriculum *e.g.* presentation, timing, scaffolding, written outcomes and additional resources *e.g.* access to audio texts, technology to support access to written materials and resources to support children with motor skills difficulties.

Alternative forms of recording are routinely offered and used *e.g.* oral presentation, | Pupils with a SpLD should be grouped carefully according to their ability and not their literacy levels.

Some adaptation to programme of study may be necessary to reflect attainment outside the expected range for the year group or key stage.

Specific evidence-based programmes or activities are in place to support progress in developing literacy, numeracy, fine and gross motor skills. Programmes are planned by the teacher and delivered by a trained TA/teacher to address specific difficulties.

Intervention for specific areas of difficulty may include phonics, memory, phonological awareness training. | Main provision by class/subject teacher with support from SENCO and advice from other professionals and specialists teachers.

All staff have the core skills as described in the Teachers Standards in order to differentiate learning opportunities to meet the needs of the majority of learners with SpLDs including dyslexia.

CPD from specialist staff ensures that mainstream staff have an understanding of SpLDs and are provided with appropriate strategies and advice. |

Specialist assessment identifies significant difficulties with specific skills and cognitive abilities. Pupil has a range of specific co-occurring needs which alone are not considered significant difficulties but together are considered severe and complex. These may be with aspects of language, motor coordination, personal organisation, maths and attention or concentration. The pupil's academic self-concept, self-esteem and/ or general emotional well-being is evidenced to be significantly affected by the impact of their specific learning difficulty.	posters, sound buttons, mind maps, matching labels to pictures, sorting into category and the use of appropriate technology or software *etc*. The use of a highly structured, multi-sensory approach. Over learning with 'little and often' practice to aid automatic retrieval. Metacognition is used to encourage pupils to think about what strategies and approaches would be best for them to use in different circumstances. Success-based learning to improve self-confidence and reduce anxiety and frustration. Support is regularly adapted depending on effectiveness in achieving expected outcomes. Skills teaching which concentrate on the development of useful and transferable skills to reduce burdens on memory. Where a pupil makes little or no progress in areas of specific difficulty despite well-founded support matched to a child's needs, or progress is only made with a high level of support, school seeks advice from qualified specialists. Classroom staff have access to teachers and professionals with specialist knowledge, skills and understanding in the teaching of children with dyslexia, dyscalculia, dyspraxia and other SpLDs	Structure with logical progression, small steps teaching where appropriate and explicit links made between steps. Emphasis on automaticity, skill mastery and generalisation of skills. A detailed assessment of strengths and weaknesses is undertaken by a qualified specialist. Parent and pupil views are actively sought and acted upon. Results are discussed with parents and those involved with the pupil and used to inform personalised planning and target setting. SENCO, class teacher, together with specialists implement well-founded and effective teaching approaches, provide appropriate equipment, strategies and interventions to support a child's progress with clear outcomes identified in their SEN Support Plan. Pupil with literacy and/or numeracy difficulties including dyslexia and dyscalculia should draw from evidence-based practice both in relation to national research and pupils' responses to interventions. This should include advice from Solihull LA's SpLD Policy. Regular monitoring and evaluation of programmes to measure outcomes. Assessment procedures for identifying dyslexia are in place as advised by the Rose Review (2009) and within the Solihull LA SpLD Policy (2016). Assessment procedures for identifying dyspraxic and dyscalculic type difficulties are in place *e.g.* recommended checklists and assessment tools as outlined in the SpLD Policy (2016).	Individualised personalised resources in order to meet need are made easily available at all times. School provides specific equipment resources, games and appropriate software and access to hardware. Additional adult under the direction of teacher provides sustained targeted support on an individual/group basis. Time is allocated for planning and feedback that includes written records and notes. The quality of teaching and learning for pupils in mainstream classes is monitored by the SENCO/ specialist teacher. There is regular liaison between school staff, external agencies and parents. Dates for review meetings with parents/carers are planned well in advance to include input from other professionals. Progress and issues are discussed, action agreed and minuted. Provision within an Additionally Resourced Centre (ARC).

| | Recommendations provided by a specialist inform whole school approaches and personalised school based support.

Support is available for students who may require additional support for their social development, self-esteem and emotional well being.

All staff are able to implement adaptations to support children with motor skills difficulties *e.g.* from NHS/SISS motor skills checklists and advice sheets. | Where specialist teacher assessment identifies the possibility of dyslexia, dyscalculia or dysgraphia, with agreement from the pupil and parent/guardian, schools make a referral to the LA SpLD Panel for the identification of a specific learning difficulty.

Access arrangements are organised for pupils with specific learning difficulties, if appropriate and with reference to curriculum and examination guidance.

Appropriate additional and different provision is consistently in place to meet the needs of pupils with specific learning difficulties including dyslexia and dyscalculia, based on regular and detailed assessment and monitoring of their skill levels.
. | |

Social, Emotional and Mental Health (SEMH)

SEMH is an overarching term for children who demonstrate difficulties with emotional regulation and/or social interaction and/or are experiencing mental health problems. Children and young people who have difficulties with their emotional and social development may have immature social skills and find it difficult to make and sustain healthy relationships. These difficulties may be displayed through the child or young person becoming withdrawn or isolated, as well as through challenging, disruptive or disturbing behaviour.

A wide range and degree of mental health problems might require special provision to be made. These could manifest as difficulties such as problems of mood (anxiety or depression), problems of conduct (oppositional problems and more severe conduct problems including aggression), self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained. Some children and young people may have other recognised disorders such as attention deficit disorder (ADD), attention deficit hyperactive disorder (ADHD), attachment disorder, autism or

a disorder that falls within the category of pervasive developmental disorder, an anxiety disorder, a disruptive disorder or, rarely, schizophrenia or bipolar disorder.

Underlying Reasons

Inappropriate, disturbing or challenging behaviours can be interpreted as a symptom or communication of an underlying need. In order to address such presenting behaviours we must address the underlying needs. It is crucial to identify, understand and then address/ support the underlying factors that impact on children and young people, such as Speech, Language and Communication Difficulties, attachment difficulties, unhelpful thought processes or learning needs. The majority of inappropriate / disturbing / challenging behaviours can be avoided or at least significantly reduced and managed through proactively promoting and supporting positive social, emotional and mental health. The potential implications of unmet SEMH needs for education settings, individuals and their families can be extreme.

Due to the complex nature of difficulties with SEMH, measuring the impact of SEMH interventions is challenging. Whilst an individual's behaviour may be measured as one externalised indicator of their social, emotional and mental health, a true measure can only be gained through assessing the condition of their interrelated underlying needs. A range of specific quantitative and qualitative measures can be employed in order to do so.

Band 1	DESCRIPTOR Social, Emotional and Mental Health Difficulties	TEACHING & LEARNING STRATEGIES	CURRICULUM / INTERVENTIONS	RESOURCES (including staffing)
1	The Child or Young Person experiences low /medium to frequent levels of persistent difficulties which may include issues such as: • Not following adult direction *e.g.* regular incidences of non-compliance and/or uncooperative behaviour	Consistent application of whole school behaviour policy; positive behaviour modification and de-escalation techniques. Assertive teaching style maintained. Teach and model appropriate behaviour. Consistent delivery of behaviour management systems.	Support staff to be routinely included in planning and/or are provided with lesson plans to ensure their input is effective. Time-limited intervention programmes with staff who have knowledge and skills to address specific needs. Small group support to include *e.g.* SEAL (Wave 2), Circle of Friends, self-esteem group, social skills group.	Whole staff CPD on positive behaviour modification and de-escalation techniques. Key staff to have access to targeted training *e.g.* Mental Health First Aid, de-escalation / Team Teach). The pupil's SEMH needs require flexible use of additional support from within school resources:

e.g. refusal to work, disrupting the learning of others. • Poor self-regulation (*e.g.* hyperactivity, impulsivity, anxiety, distress, anger, aggression, frequent emotional or aggressive outbursts). • not showing appropriate learning behaviour *e.g.* sustained attention and concentration, motivation to engage with work-related tasks • low self-esteem or significant self-esteem issues affecting relationships and behaviour patterns ('acting in' or 'acting out') • responding to social situations, leading to social isolation from peers (*e.g.* may be fearful or anxious) • behaviour causing a barrier to learning *e.g.* disengaging, may destroy own / others' work, use work avoidance strategies, • poor socialising with peers and adults *e.g.* lack of empathy, victim or perpetrator of bullying • may show low mood or refuse to communicate for periods of time	Information about pupil's strengths/ needs/difficulties is shared with relevant staff. Careful consideration to group dynamics within class. Sharing of advice on successful strategies and set targets *e.g.* use of visual supports, developing organisational skills. Careful consideration to preferred learning style and motivational levels for the pupils when differentiating Learning tasks differentiated by task and outcome to meet individual needs. Preparation for changes to activities/ routines/ staffing. Opportunities for small group work based on identified need. Group work to be planned and tailored to meet identified need and include good role models. Classroom Teaching Assistance is targeted towards support for accessing specific tasks, based on agreed SMART targets. Pupil involved in setting and monitoring their own targets. Personalised reward systems known to all staff in school who have contact with the pupil, implemented consistently across targeted lessons / activities or the curriculum depending on need.	Identified daily support to teach social skills and address behavioural targets. Teaching of problem solving skills. Mindfulness, resilience building and identify gaps in resilience profile. Observations by SENCO / Pastoral Lead / equivalent in a variety of learning and social contexts. Use of behaviour checklists, such as: ABC (Antecedent, Behaviour, Consequence) sheets used to identify patterns. Parents involved regularly and know how to support targets at home. Personalised timetable introduced in negotiation with the CYP, parents and staff. This may include temporary withdrawal from some activities *e.g.* assemblies, specific non-core lessons. Alternative curriculum opportunities at KS4 *e.g.* vocational / college / work placements. Individualised support to implement recommendations from specialists. More formal meetings/conferences using Restorative Practices, to include parents if appropriate. Consider need for Early Help Assessment. Outcomes agreed and monitored with pupil and parents/carers..	• Support/advice from SENCO / Pastoral Lead / equivalent • Personalised programme with SMART targets reviewed and updated regularly • Additional adults routinely used to support flexible groupings • Additional individual support for challenging situations and 'hotspots', in line with risk assessments • Access to targeted small group work with class Teaching Assistant (TA) • Access to intervention group work with Teaching Assistant, Learning Mentor, *etc*. • Additional adults for focused support during unstructured times *e.g.* lunchtime supervision/ targeted extra- curricular activities • Access to a quiet area / safe haven • Access to visual cues/ timetable if needed • Access to in-school support base (*e.g.* Nurture Group). • Consultation with support services • Home-school communication book • Time for scheduled meetings with parents / carers on a regular basis • Personalised timetable providing access to a support staff for up to 15 hours per week • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies • Time to discuss, develop and review individualised reward systems and report cards

	• risk of isolation or becoming socially vulnerable • reliance on adults for reassurance • deliberate self-harm • reluctance to attend school The pupils SEMH needs may co-exist with other needs.	Positive Handling Plan in place where CYP presents a risk to self /others. Use of key-working approaches to ensure the pupil has a trusted adult to offer support during vulnerable times. 'Round Robins' to relevant staff to gain overview of behaviour to inform planning.	Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns *etc*. in order to plan appropriate strategies. Where a pupil is assessed as requiring small group provision for over 50% of their teaching time, but for a limited period before returning to mainstream provision consider application to an appropriate ARP.	Advice and support from external specialist e.g. Specialist Inclusion Support Service, Educational Psychology, Child Psychology, SOLAR (previously known as CAMHS) *etc*. Allocate appropriate space for visiting professionals to work with individual pupils. Intervention programmes and support is adapted based on advice sought from specialists. Access to specialist SEMH 1:1 / group intervention Internal exclusion / time-out facilities. Referral to Additionally Resourced Centre (ARC).

Sensory & Physical (including Medical needs)

Visual Impairment

A long term, medically defined, visual impairment that cannot be corrected with standard glasses or contact lenses; including visual processing difficulties such as Cerebral Visual Impairment. The child/young person's impairment has an impact on their access to the curriculum and on their ability to be fully involved in learning and social activities. Solihull uses the National Sensory Impairment Partnership (NatSIP) eligibility framework to assess levels of visual impairment.[7]

Hearing Impairment

---

[7] The NatSIP framework considers a wide range of contextual factors in addition to the degree of the visual or hearing impairment.

This is a medically diagnosed hearing impairment which necessitates the use of amplification equipment. Solihull uses the NatSIP eligibility framework to assess levels of hearing impairment. The child/young person's impairment has an impact on their access to the curriculum and on their ability to be fully involved in learning and social activities.

Multi-Sensory Impairment

Children and young people are considered to have a multi-sensory Impairment because they have a dual modality sensory impairment (vision and hearing). They may also have additional difficulties or a range of difficulties, but function as if they have significant sensory impairment/s. Their impairments have an impact on their access to the curriculum and on their ability to be fully involved in learning and social activities.

Physical Disabilities

This is a medically identified physical disability which limits a person's physical functioning, mobility, dexterity or stamina. The child/young person's level of physical functioning will be a cause of concern and have an impact on their access to the curriculum and on their ability to be fully involved in learning and social activities. Examples of long term conditions include cerebral palsy, spina bifida, achondroplasia and brittle bones.

Band 1	DESCRIPTOR Sensory Impairment	TEACHING & LEARNING STRATEGIES	CURRICULUM / INTERVENTIONS	RESOURCES (including staffing)
1	CYP may have academic abilities that have been hidden behind communication difficulties concomitant with their sensory need. **VI**: (*NatSIP Score 5 to 29*) The child/ young person may have tracking, scanning, depth, speed of work difficulties.	Teachers will deliver high quality personalized teaching to directly support the pupil's access to the curriculum at all times. Use of whole-school approaches that support pupils with a visual impairment, including practical lessons and PE. All staff have an understanding that the sensory impairment may have a wider impact on social and emotional well being. Employ strategies to ensure that the pupil is central in planning and delivery and has opportunities to express their views.	CYP must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships. Ensure all staff working with the pupil have a good understanding of the pupil's sensory condition and the unique impact that it has on the individual. Understand the necessity for strategies to be put in to place even when academically the pupil may be making progress. Key pupil information to be shared with all staff including supply staff. Ensure all staff	: Specialist training and advice sought for all staff from specialist support teacher. Ensure that all teaching is targeted towards being VI/HI friendly. Provide staff time for liaison and coordination with family and external specialists such as specialist teacher or medical practitioner. Make use of external specialist teacher to undertake basic assessment of functional vision.

The child/young person may also have difficulties with spatial awareness. The child/ young person will have significant difficulty in the use of standard text and pictorial materials. **HI**: *(NatSIP Score 5 to 69.)* The CYP will have a diagnosed permanent or temporary hearing loss. The CYP will wear hearing aids required for amplification. Information received via hearing aids, though improved, will remain incomplete and distorted. May have problems with some speech sounds, but will be generally intelligible and able to make needs known verbally. May have delayed receptive and expressive language and immature functional use of language. **Sensory Impairment may also lead to:** Difficulties following the rules of social interaction in a group.	Reasonable adjustments to meet the needs of the pupil with a sensory impairment with reference to the Equality Act 2010. Allow time for consolidation and practice for enhanced learning of skills and tasks. Recommendations made by a specialist teacher are implemented. Collate pupil information to identify their specific needs, including progress in school and other professionals involved. Regular monitoring of access and progress. Consider the pupil's level of effort and fatigue throughout the school day and alternative arrangements to accommodate this. Reduce background noise to improve acoustic environment. Preferential seating to minimise distraction and optimise position re: teacher. Routine targeted intervention focusing on specific area(s) of need which will work in parallel to any work delivered by the specialist teachers and/or Inclusion Support Assistants. Oversee and monitor social integration and the mental health of pupils with visual impairments. Consideration of the pupil's specific needs when planning visits and residential trips including a personalised risk assessment to ensure the child is included in the activity.	are updated as to the pupil's current needs and that all strategies remain in place. Provide pastoral support for CYP coming to terms with visual impairment and support for the pupil to learn to manage their own equipment. Provide blocks of work on personal understanding of deafness and support for the pupil to learn to manage their own equipment. Pupils with a hearing impairment have access to deaf peers. Provide 1-1 support for pre and post tutoring as necessary. Provide support to ensure pupils are included in social activities. The CYP's views, and those of their family, are taken into consideration and they are involved in decision making at a level reflecting their age and ability. Development and implementation of teaching programmes to provide enriched language input *e.g.* individual and small group teaching, specialist teacher to develop listening and communication skills, literacy, visual/hearing impairment awareness *etc*. Adult intervention targeted at specific curriculum areas or specific social times. Advise external specialists of any meetings or annual reviews and provide adequate time for reports and assessments from specialists to be prepared and circulated.	Also to gather student's perspective about their learning. Provide specialist equipment or Low Vision Aids and assist CYP in moving them to different parts of the setting. Provide training to CYP and relevant staff on the use of any specialist equipment. Access to lip reading/subtitles on audio visual material/induction loop/Radio Aid (FM) system. Communication will include use of sign: Sign Supported English (SSE), British Sign Language (BSL). Regular advice, support and/or input of external services will have been sought, such as, Specialist Teacher, medical practitioner. Provide opportunities for the Specialist Teacher to work with the SENCO/class teacher in the school to consider needs and appropriate strategies the school will implement. Provide opportunities for parents to meet with key staff to discuss concerns, with the outcome of meeting to include a solution-focused action plan. Regular checks on: equipment, progress, adaptations, the learning environment.

	Some difficulties in expressing/understanding more abstract and complex ideas/information, although they may be able to follow most conversations, instructions in context. May appear confused, anxious and sometimes respond or behave inappropriately.		Assistance with developing self-help skills, *e.g.* dressing, toileting, feeding. Speech testing (one in depth + Ling sounds/other as appropriate).	Parents informed of educational provision, equipment, social activities, resources, agencies and organizations that may be useful. Children / young people invited to SPI Club Solihull social events to nurture positive identity.
Band 1	**DESCRIPTOR** **Multi-Sensory Impairment**	**TEACHING & LEARNING STRATEGIES**	**CURRICULUM / INTERVENTIONS**	**RESOURCES** **(including staffing)**
1	The CYP will have a diagnosed, permanent or temporary, dual modality impairment. The CYP may also have other difficulties. NatSIP Score 16 to 70.	See Visual and Hearing Impairment sections above. However, the complexities of multi-sensory impairment will require more detailed and nuanced assessments and planning. As the balance of dominant sense and greatest need will vary for every child.	Inclusive and integrative approaches will be essential to ensure that CYP is fully engaged in the learning and social life of the setting.	Use of external agencies such as specialist teachers, education psychologist and medical practitioners will be required to refine planning and to address the individual's needs. Involvement of the family in assessments and decision points will be essential.
Band 1	**DESCRIPTOR** **Physical Difficulties**	**TEACHING & LEARNING STRATEGIES**	**CURRICULUM / INTERVENTIONS**	**RESOURCES** **(including staffing)**
1	The child/ young person has an identified physical disability which requires additional, specific provision or specialist advice. They will be independent in the majority of self-help skills. They may need support to set up equipment but may be able	All staff to have awareness of a child or young person's condition and the impact it has on them. Key pupil information is shared with all staff including supply staff. Reasonable adjustments to meet the needs of a pupil with a physical disability are in place, with reference to the Equality Act 2010. Consideration is given to the pupil's level of effort and fatigue throughout the school day and	Use of whole-school approaches that support pupils with a physical disability, including practical lessons and PE. Collate pupil information to identify their specific needs including progress in school and other professionals involved All staff working with the pupil have a good understanding of the pupil's condition and the unique impact that it has on the individual and understand the necessity for	The school's Accessibility Plan addresses the needs of pupils with a physical disability. CYPs may require medicine to be administered; suitable policy, planning and training is in place. Access specialist training for whole school on areas of need and adaptations to specific areas of the curriculum.

to work independently in a range of curriculum areas. They may have intermittent needs which require monitoring, *e.g.* arthritis and diabetes. Pupil may be showing signs of some anxiety as a result of their physical disability which is impacting upon their emotional wellbeing, this may be despite making academic progress. Pupil may not be accessing the curriculum appropriately or making expected progress as a direct result of their physical disabilities or may be demonstrating significant anxiety about their school experience. Their medical conditions may reduce their level of independence.	alternative arrangements made to accommodate this. The pupil's views are taken into consideration and they are involved in decision making at a level reflecting their age and ability. Oversee and monitor social integration and the mental health of pupils with physical disabilities. Consideration of the pupil's specific needs when planning visits and residential trips including a personalised risk assessment to ensure the child is included in the activity.	strategies to be put in to place even when academically the pupil may be making progress. All staff are updated as to the pupil's current needs and that reminders are provided if necessary to ensure all strategies remain in place. Strategies are employed to ensure pupil voice is taken into account in planning and delivery. Targeted intervention focusing on specific area(s) of need is provided, which will work in parallel to any work delivered by a specialist teacher and/or Inclusion Support Assistants. Provide access to lunchtime structured support *e.g.* lunchtime clubs, after school activities. Provide opportunities for parents to meet with key staff to discuss concerns, with the outcome of meeting to include a solution-focused action plan.	Provide opportunities for external professionals *e.g.* specialist teachers to work with the SENCO/ class teacher to consider needs and appropriate strategies the school will implement. Also to complete a monitoring report – to be reviewed on an annual basis. Ensure a good communication system is in place with parents to ensure consistency and sharing of any potential triggers of anxiety. Coordinate and act on advice from external professionals *e.g.* Specialist Teacher, Occupational Therapist, medical practitioner, Educational Psychologist. Ensure any specialist equipment is available to CYP, and any specific training to be able to use the equipment.

Band 2

Bands 0 and 1 set out brief definitions related to each area of need and possible descriptions of a child or young person's learning profile. This includes needs, expectations of provision available and how these areas of need may be met from within the existing financial framework of the setting.

> High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people.
>
> Some children and young people need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. *Code of Practice* 1.24, p.25.

Band 2 will focus on those children and young people that have an Education Health and Care Plan and attend a mainstream setting. The areas of need and definitions remain identical to those already outlined, but the EHC assessment process has identified that additional support to that offered by Bands 0 and 1 is required to meet the needs of the child or young person.

One of the principles underpinning the *Code of Practice* (9.20 - 9.26, pp. 147–149) is that the assessment and planning for a young person should be **person centred**. The same is also true when planning outcomes and the services delivered to enable a child or young person to reach those intended outcomes.

> An outcome can be defined as the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be formal or accredited, it should be specific, measureable, achievable, realistic and time bound (SMART). When an outcome is focused on education or training, it will describe what the expected benefit will be to the individual as a result of the educational or training intervention provided. *Code of Practice* 9.66, p. 163.

The specificity and personalisation of EHCPs make it impractical to provide a broad range of possible manifestations of need or list the wide range of possible providers and types of support to achieve agreed outcomes. Therefore assessing the appropriate funding level in Band 2 will be carried out via the outcomes identified in the child or young person's EHCP and the inputs required to achieve them.

> **Band 2 contains three possible funding levels: A, B and C.** The level will be determined by considering the additional inputs required to achieve the outcomes noted in the EHCP that cannot be met from within Bands 0 and 1. Specialist equipment *etc*. may come under the duty to make reasonable adjustments as required by the Equality Act (2010).

When considering the inputs for outcomes they fall into broad groups or types of input, such as: communication within a setting, communication between settings and other agencies, time, specialist teaching or advisory input to the child or young person, training for staff, specialist materials, the use of off-site provision, additional support staff.

The table below indicates how a consideration of the inputs required to meet outcomes can be considered when determining which level to assign within Band 2. However, please be aware that:

- The table covers all areas of need.
- Band 2 will consider only those inputs that are over and above Bands 0 and 1.
- The function of an EHCP is to support inclusion. It is not the function of an EHCP to provide support which maintains a pupil within a mainstream setting but outside of a classroom, for the majority of the teaching week.
- Where a personal budget has been agreed with the family, the process of calculating funding will follow the Personal Budget Policy, in addition to the table below.

Band	Exemplar inputs/activities to determine level of Band 2 (in addition to regular use of Bands 0 & 1 activities)
2A	- Use of regular (*annually/ termly*) training/advice for staff from external professions including health/education. - Use of external support/monitoring and advice/ further assessment direct to the child or young person is required annually - Additional support staff time is required to enable the pupil to access the curriculum; this is targeted to specific areas of the curriculum and is less than 50% of the timetable (*e.g.* up to 12.5 hours per week, term time only). - Regular use of small group/1:1 support is required for interventions, which support access to the curriculum and pupil progress. - Purchase of specialist materials additional to that provided under the Equalities Act 2010.
2B	**Provision at 2A plus**: Regular (*e.g..* half termly) support/ advice for the child or young person from external specialist provider

2C	**Provision at 2B plus:**
	• Provision within an Additionally Resourced Centre where small group or 1:1 teaching from a specialist teacher and other external professionals is required to support inclusion and pupil progress.
	• Some use of off-site provision (time limited).
	• Requests for this level of provision must be approved by the EHCP Stage 2 panel.
Where at a review meeting it is thought that the pupil requires additional provision beyond the school SEND offer, then an application can be made to the Stage 2 Education and Health Care Panel for additional top-up funding.	

Specialist Provision

If the interventions and support required for a child/young person to participate in the full curriculum, the wider school community and achieve their agreed outcomes are greater than those that can be provided at band 2 then a specialist setting should be considered: Bands 3, 4 and 5.

These settings will have a recognized specialism in the area of identified primary need of the child or young person. The setting will also have higher levels of teacher to pupil ratio, intervention, and support than is available in other settings, for example:

- Higher staff to pupil ratios than available within a mainstream setting to promote engagement with learning, to support transitions, to ensure safety within the school and wider community, to support with personal care.
- Learning environments that are routinely smaller than those available in other settings.
- Modified curriculum provided for the pupil for most of the day.
- Access to a curriculum that incorporates the development of life skills and independent living.
- Access to specialist teaching staff to enable full access to the curriculum and provide support for most curriculum or skill areas and/or task analysis, differentiated activities and resources in small groups, situations or smaller classes.
- Access to a personalised learning programme.

  Band 3: Specialist ARC for which an EHCP is an admission requirement.

  Band 4: Specialist day setting for which an EHCP is an admission requirement.

  Band 5: Specialist residential setting.

Band 3

	Specialist provision required for identified area of need – small group teaching is required for most/all areas of the curriculum
3	• Provision within a specialist Additionally Resourced Provision (ARP) where small group or 1:1 teaching from a specialist teacher and other external professionals is required to support inclusion over and above what is available at Band 2.[8] Where the DfE refers to Additionally Resourced Provisions (ARP), these are also known as Additionally Resourced Centres (ARC) in Solihull.
	Where at a review meeting it is thought that the pupil requires additional provision beyond the specialist offer, then an application can be made to the Stage 2 Education and Health Care Panel for additional top-up funding. *Where provision is thought to be required within an out of borough special school then an application can be made to the Stage 2 Education and Health Care Panel to agree placement and determine funding.*

---

[8] The DfE distinction between an Additionally Resourced Provision (Centre) and a SEN Unit is:

Resourced provisions [ARCs] are where local authority commissioned places are reserved at a mainstream school for pupils with a specific type of SEN, taught mainly within mainstream classes, but requiring a base and some specialist facilities around the school… are usually for pupils with statements or those with EHC plans (but could include pupils with SEN but without a statement or a plan).

SEN units are local authority commissioned special provisions within a mainstream school where the children are taught mainly within separate classes… are usually for pupils with statements or EHC plans (but may also provide support for pupils with SEN who have neither statement nor plan)… Most pupils placed in units will have the unit written into their statement or EHC plan.

Special Educational Needs Survey 2017, September 2016, pp. 25 – 26**.**

	Band 4

	Solihull specialist setting for identified area of need – small group teaching with specialist skills required for all areas of the curriculum and broader social development.
4A	Provision within a Solihull special school setting for pupils with a Moderate Learning Difficulty. • Consistent structured environment with direct teaching of core skills and high emphasis on practical skills. Routine use of small class/group settings (Primary classes of 12 and Secondary classes of 14). • Modified curriculum provided for the pupil for most of the day. • Specialist teaching staff to enable full access to the curriculum and provide support for most curriculum or skill areas and/or task analysis, differentiated activities and resources in small groups, situations or smaller classes (1 Teacher and 1 LSA to a class of 12 or 14). • Significant modification of curriculum resources and materials *e.g.* modified text. • Access to a curriculum for life skills and independent living. • Access to positive behaviour management system which supports the development of emotional literacy and self regulation skills. • Clear boundaries and explicit teaching of social rules. • Designated areas to facilitate 1:1 interventions. • Staff trained in approaches for de-escalation and physical intervention, *e.g.* Team Teach. • Access to practical, outdoor and extra-curricular activities. • Use of some 1:1 support and therapeutic models of intervention.
4A Enhanced	• Where, in order to meet defined outcomes, a higher staff/pupil ratio than is ordinarily available in the setting is required. • Pupils requiring personalised programme of learning requiring individual curriculum and staffing. • Pupils requiring medical care plans. • Pupils with complex mental health issues. • Pupils requiring sensory diet/ physical management (PD). • Pupils with complex challenging behaviour requiring individual staff support.
4B	Provision within a Solihull special school setting for pupils with a Severe Learning Difficulty; Profound Multiple Learning Difficulty; Complex Needs. • Modified delivery of a highly differentiated curriculum in terms of level, pace and approach.

	• Consistent structured environment with direct teaching of core skills. The emphasis should be on exercising choice, developing independence, interpreting the environment and communication. • Teaching should focus on developing communication, understanding and personal independence as well as literacy, numeracy and life skills work. Older pupils will require greater attention to work skills, personal and social goals and functional applications. • Specialist teaching staff to enable full access to the curriculum, differentiated activities and resources in small groups, smaller classes (8-10 pupils, dependent on cohort, with 1 teacher and 2 LSAs). • Significant modification of curriculum resources and materials *e.g.* modified text. • Availability of a sensory curriculum. • At all phases, access to a curriculum to maximise opportunities for independence. • Access to positive behaviour management system which supports the development of emotional literacy and self regulation skills. • Clear boundaries and explicit teaching of social rules. • Designated areas to facilitate 1:1 interventions. • Allocation of specialist resources such as soft play, sensory rooms. • Work within a multi-professional health team such as physiotherapy, occupational therapy, speech therapy as directed by EHCP. • Adapted toileting, personal hygiene areas. • Modified buildings which are health & safety compliant as well as the allocation of specialist resources, such as soft play, warm pool, sensory room – as appropriate. • Staff trained in approaches for de-escalation and physical intervention, *e.g.* Team Teach. • Access to practical, outdoor and extra-curricular activities. • Use of 1:1 support and therapeutic models of intervention.
4B Enhanced	• Where, in order to meet defined outcomes, a higher staff/pupil ratio than is ordinarily available in the setting is required. • A student with PMLD and a medical care plan. • Severe medical needs may require additional support and/or staff especially trained to react appropriately to medical emergencies. • Specialist equipment, *i.e.* hoisting, and associated staffing. • Full access to an adapted sensory curriculum. • Pupils requiring personalised programme of learning requiring individual curriculum and staffing. • Pupils requiring medical care plans. • Pupils with complex mental health issues. • Pupils with complex challenging behaviour requiring individual staff support. • Pupils requiring staff intensive augmentative communication systems (such as PECs).
4C	Provision within a Solihull special school setting for pupils with Social Emotional and Mental Health as primary need. • High levels of additional support to address behavioural, emotional and social difficulties (classes of 8 with 1 teacher and 1 LSA). • Use of approaches to teach emotional literacy, *e.g.* SEAL.

	• Use of approaches to teach emotional literacy, *e.g.* SEAL. • Staff trained in approaches for de-escalation and physical intervention, *e.g.* Team Teach. • Access to a modified curriculum with an emphasis on structure, security, consistency, predictability and nurture. • Access to a curriculum that incorporates life skills, independent living and British values. • Access to practical, outdoor and extra-curricular activities. • Use of 1:1 support and therapeutic models of intervention. • Multi-professional support for pupils.
4C Enhanced	• Where, in order to meet defined outcomes, a higher staff/pupil ratio than is ordinarily available in the setting is required. • Pupils requiring specialist support from OT/SaLT/Physio and staff to implement programmes
4D	Provision for Sensory needs. There are no specialist settings in Solihull where primary need is HI/VI (not associated with learning difficulty). Therefore where such provision is required placement in an out of borough special setting should be considered by the Stage 2 Education and Health Care Panel to agree placement and determine funding. • Access to a curriculum that incorporates specialised life skills, independent living and so forth. • Access to support from staff trained in specialist communicative interventions. • Regular input from specialist support services. • Multi sensory delivery of the whole curriculum throughout the day.
	Where at a review meeting it is thought that the pupil requires additional, enhanced, provision beyond the special school offer, then an application can be made to the Stage 2 Education and Health Care Panel for additional top-up funding. *Where provision is thought to be required within an out of borough specialist setting then an application can be made to the Stage 2 Education and Health Care Panel to agree placement and determine funding.*

Band 5

Residential placement is required for identified area of need and/or complex social care and/or health needs.	
5	Placement, provision and funding to be agreed by EHC Panel or Complex Needs Panel as appropriate.

From birth to two – early identification

Parents' early observations of their child are crucial. Children with more complex developmental and sensory needs may be identified at birth. Health assessments, such as the hearing screening test, which is used to check the hearing of all new-born babies, enable very early identification of a range of medical and physical difficulties. Health services, including paediatricians, the family's general practitioner, and health visitors, should work with the family, support them to understand their child's needs and help them to access early support.

Where a health body is of the opinion that a young child under compulsory school age has, or probably has a special educational need, they must inform the child's parents and bring the child to the attention of the appropriate local authority. The health body must also give the parents the opportunity to discuss their opinion and let them know about any voluntary organisations that are likely to be able to provide advice or assistance. This includes the educational advice, guidance and any intervention to be put in place at an early point and before the child starts school.

This support can take a number of forms, including:

> • specialist support from health visitors, educational psychologists, speech and language therapists or specialist teachers, such as a teacher of the deaf or vision impaired. These specialists may visit families at home to provide practical support, answering questions and clarifying needs
>
> • training for parents in using early learning programmes to promote play, communication and language development
>
> • home-based programmes… which offer a carefully structured system to help parents support their child's early learning and development.
>
> *Code of Practice*, 5.14 to 5.16, pp. 81– 82

Ages two to four

Graduated Approach in Early Years Settings

All early years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the EYFS framework. The EYFS framework also requires practitioners to review children's progress and share a summary with parents.

Code of Practice, 5.12, p. 81

All early years settings must work to the SEND Code of Practice 2015. This document highlights the main requirements of the code including:

-   The graduated approach; the process of differentiated provision, from the universal entitlement to the higher levels of SEND support through the assess, plan, do, review cycle

-   Continued emphasis on including parents/carers and the child in discussions concerning support put in place.

What is a special educational need?

All children learn and develop at different rates and have areas of strength and interest, and areas of weakness. A child may have a special educational need if, despite appropriate activities, and differentiated planning and support, they continue to experience a greater difficulty than their peers in learning and developing skills.

A child has an identifiable SEND if their needs are such that the provider must put in place support that is additional to or different from that generally made for other children of the same age.[9]

Where a child appears to be behind expected levels, or where a child's progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting, from formal checks, from practitioner observations and from any more detailed assessment of the child's needs. From within the setting practitioners should particularly consider information on a child's progress in communication and language, physical development and personal, social and emotional development. Where any specialist advice has been sought from beyond the setting, this should also inform decisions about whether or not a child has SEN. All the information should be brought together with the observations of parents and considered with them.

A delay in learning and development in the early years may or may not indicate that a child has SEN, that is, that they have a learning difficulty or disability that calls for special educational provision. Equally, difficult or withdrawn behaviour does not necessarily mean that a child has SEN.

---

[9] See *Code of Practice* xiii – xvii, pp. 15-16.

However, where there are concerns, there should be an assessment to determine whether there are any causal factors such as an underlying learning or communication difficulty. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour, a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, should be adopted.

Code of Practice, 5.28 – 5.29, p. 84

Areas of Special Educational Need

Communication and Interaction: - Speech, Language and Communication Needs (SLCN) - Autistic Spectrum Disorder (ASD) - **Cognition and Learning:** - Specific Learning Difficulty (SpLD) - Moderate Learning Difficulty (MLD) - Severe Learning Difficulty (SLD) - Profound and Multiple Learning Difficulty (PMLD)	**Social, Emotional and Mental Health:** - Emotional and Social Development (SEMH) - **Sensory and/or Physical:** - Visual Impairment (VI) - Hearing Impairment (HI) - Multi-sensory Impairment (MSI) - Physical Disability (PD)

A child may have needs which span one, two or more categories, for example a child with a hearing loss may also experience difficulty interacting with their peers. Each child should be considered holistically, so that all their needs can be identified. Also consider the environment of the setting, as this may be impacting on their learning.

Any needs identified should be prioritised so that targets and provision can be focused upon achieving measurable progress. The approaches and support detailed in the descriptors of SEND should be made in collaboration with all those who support the child (internal and external support mechanisms and agencies), and in full partnership with their parents/carers.

Targeted Plans & SEN Support

For a plan to be effective it must cross reference the educational provision within a setting with the progress made by the child, in order to evaluate whether the additional provision has had an impact.

They should include:

- the short term measurable outcome led targets set for the child (SMART)
- the teaching/support strategies to be used
- the provision to be put in place

- when the plan is to be reviewed
- success/exit criteria (*i.e*. when child has made adequate progress on developmental levels)
- outcomes, recorded when the plan is reviewed
- pupil voice
- parent/carers views

The plan should only record what is 'additional to' or 'different from' the differentiated curriculum in place for all children.

Targets/outcomes should be used to support the Early Years Foundation Stage Progress Check at 24-36 months, when all Early Years practitioners must review progress at age 2 for every child within Early Years settings in full consultation with their parents/carers. It should also help inform the Health Visitor check at this stage in the child's life. The summary of the check must highlight:

- Areas in which the child is progressing well
- Areas where additional support might be required
- A focus on areas where there is a potential developmental delay
- A description of the activities and strategies to be put in place at home and in the setting.

Band 0 – Universal Entitlement

Compatible with 'Development Matters in the Early Years Foundation Stage' *i.e.* that which is ordinarily available to all children. Most children will be able to participate in the normal entitlement available in settings and make progress within the Early Learning Goals but some may need some support through effective interventions and support within the early years setting.

Funding: Pupil funding allocation to setting

All early years settings have a duty under the Equality Act 2010 to be inclusive. Therefore all children with an emerging or identified special educational need are entitled to access the EYFS through the provision offered by each setting. There is an expectation that settings will manage the majority of lower level needs themselves. This will include children who are underachieving and/or are less experienced learners (for many reasons) but who do not have an identified special educational need and whose needs are met within universal practice.

Children making slower progress may include those for whom English is an additional language (EAL), but it should not be assumed that children have special educational needs just because their progress is slower than others. These children who are making slower progress will need carefully differentiated learning opportunities to support their development, together with regular and frequent monitoring of their progress.

All early years settings should already have the following in place:

- A Special Educational Needs Coordinator (SENCO). This person should have additional training and knowledge in matters of SEN including:

  - The SEND Code of Practice
  - The Role of the SENCO
  - Behaviour Management
  - Speech and Language
  - AET Training

- Well-developed systems for observational assessment. Settings need to evaluate the effectiveness of the learning environment and support strategies being used with the child and make changes to enable them to learn and develop more effectively.

Band 0 - Description of the Child & Areas of Need				
Cognition and Learning (including elements from play)	**Social, Emotional and Mental Health**	**Communication and Interaction**	**Sensory and/or Physical Development**	
			Physical Development and Medical	**Sensory Visual and Hearing**
Where a child's skills in one or more areas of learning are below the norm for that developmental age group.

Concentrates for only a very short period of time.

Continuous use of multisensory activities needed to reinforce learning and provide meaningful experiences.

Exploration through play – preference and schemes developing which might be of limited variety. | Plays alongside, rather than with other children.

Predominantly ego-centric – theory of mind/ability to empathise with others gradually emerging at later stages.

Emotional literacy and awareness of feelings gradually developing through play, stories and use of language.

Picks up on feelings/behaviours of others – *e.g.* tone of voice, body language etc. which might affect behaviour.

Difficulty sharing, taking turns or accepting support from adults.

Child follows simple everyday rules and routines that are clearly set out and frequently reinforced by staff.

Lack of concentration but generally appropriately behaved and able to sustain relationships with supportive adults. | Difficulty in speaking to adults outside the family.

Immature speech sounds.

Requires repetition, slow pacing of language and use of key words.

Difficulties following simple instructions. | Less agile than might be expected for children at child's age.

Eye-hand coordination developing at a slower rate than would be expected for age.

Laterality (left or right preference) not firmly established.

Difficulty dressing and undressing independently.

Chronic (everyday) medical condition that requires regular medication during the day *e.g.* mild asthma | Recently prescribed glasses and needs to be encouraged to wear them.

Patching/treatment for squints. |

Band 0 - Good Practice Interventions, Strategies and use of External Agencies

Stories:
Short, well-illustrated and read with enthusiasm by adult / use of props/story sacks etc. / story group kept as small as staffing resources allow. Repetitive phrases for children to join in with.

Instructions:
Cue the child in by using their name and provide a short instruction that is repeated and accompanied by clear and concise gestures/visuals prompts, wait 10 seconds to allow child to process and repeat, if necessary, using exactly the same instruction (do not rephrase).
Provide advanced warning of change

Adults:
To join in with an activity the child has selected and play alongside as a play partner / to support turn taking, possibly in group games / act as a role model.
Be receptive and give time to children having difficulties speaking or who need time to understand and process.
Give children time and opportunity to build relationships with key person and peers.
A consistent approach **must** be used by all practitioners.

Positive Language:
To use praise and positive reinforcement immediately when warranted.
Say what you want the child to do rather than what you don't want *e.g.* 'Walk' or 'walk nicely' rather than 'don't run'.

Behaviour Strategies:
Model positive behaviour and recognise positive behaviour in others to illustrate expectations.
Use positive individual/whole class reward charts.
Use assertive language *e.g.* 'I need you to…'

Group work:
Within key person groups / for planned activities / according to themes identified within learning and development plans.
Plan to support at their emotional age of development.

Environment:
Acoustically friendly environments / sensory friendly environments / visually friendly environments/structured and organised to include a quiet low stimulus space.

Resources:
Use pictures for labels and picture/visual timetables.
Plan for adults to participate in imaginative play activities to support and extend play.
Make arrangements for drug administration in line with health and safety policy.
Provide accessible changing facilities and staff available to deal with toileting needs.
Focussed support for all children delivered in small groups throughout the day.
Ratios required for registration maintained throughout the day. In settings where practitioners are given breaks, the head/manager should make appropriate arrangements to ensure that the staffing levels are maintained.

External Agencies:
Advice, guidance and training from appropriate specialists for staff to support child.

Band 1 – SEN Support /Targeted Plan

Funding: Pupil funding allocation to setting & Disability Access Fund / Early Years Inclusion Fund and Enhanced Funding

Band 0 plus:

For a setting to decide that a child may have a special educational need and needs to be supported for a special education need, there must be a strong indication that they require support which is **"additional to"** or **"different from"** the differentiated educational provision made generally for children of their age – the entitlement available to all children, as set out in the EYFS. **Strategies and adjustments identified at Band 0 will have been trialled and outcomes evaluated and this will inform the decision to identify a child as requiring provision at SEN Support. Guidance for identifying pupils has been produced by SABSEND,** *Guidelines for Early Years SENCOs completing the school census*.

A Targeted Plan is in place that cross references provision with progress of the child.

If a child continues to make little or no progress over a term and there is evidence that the child is falling progressively behind the majority of children of the same age, despite receiving individualised support from a targeted plan then advice should be sought from external support agencies.

External agencies may include; Specialist Inclusion Support Service (SISS), Early Years Assessment and Support Team, Educational Psychology or other external specialist services, health organisations including; Occupational Health, Speech and Language Therapist, Physiotherapists.

Children who have sensory or physical needs that require additional specialist equipment may require advice or visits from a specialist agency *e.g.* SISS Sensory and Physical Impairment Team.

Band 1 - Description of Child & Areas of Need

Cognition and Learning (including elements from play)	Social, Emotional and Mental Health	Communication and Interaction	Sensory and/or Physical Development	
			Physical Development and Medical	Sensory Visual and Hearing
Slow progress with language acquisition, early learning, play and personal independence skills	Difficult to settle on entry into session over a number of weeks; seeks frequent reassurance of adult contact, tearful, wanders *etc*.	Speech incomprehensible without a supporting context.	Up to 6 months delay in fine and gross motor development.	History of conductive hearing loss.

Family history of visual loss. |

Up to 12 months delay – see Development Matters in EYFS' and/or assessments by relevant professionals. Reinforcing and modelling by adult does not result in child engaged with learning activities *e.g.* completing an inset puzzle, putting teddy to bed, rolling a car along the floor *etc.* Does not retain concepts over time *e.g.* size, colour *etc.* Ability to learn concepts, but difficulty with the understanding. .	Sits for a much shorter length of time than peers. Disrupts play of other children by snatching, wanting to take over, sabotaging play *e.g.* persistent knocking down/breaking up of toys *etc*. Unable to take turns/share. Inappropriate behaviours that require calming strategies, specific behaviour programmes. Immaturity in socialisation – looks towards adults rather than peers. Lacks confidence – holds back, reluctant or refuses to participate. Diverts attention by behaviour. Withdrawn, uncommunicative – tends to play alone, and reluctant to engage with adults; overly compliant/controlled. Limited awareness of others. Reluctant to explore objects or try new activities. Separation difficulties *e.g.* attachment, which persists throughout the session (crying, distressed, clingy) and persist for more than half a term and is severe compared to peers. Child who is unable to regulate emotions, needing adult intervention.	Difficulty following or understanding instructions and everyday language without a visual reference. Difficulties with communication and interaction *e.g.* selective mute, some social and communication difficulties or possible difficulties relating to attachment. Poor oromotor skills (difficulty in using lips, tongue and jaw) which affect enunciation of sound. Fluency difficulties. Little or no speech. Disordered expressive language *e.g.* word order including severe phonological difficulties/delay *i.e.* production of sound as identified by a speech and language therapist. Significant difficulty with understanding spoken language as identified by a speech and language therapist.	Delay with physical coordination as identified by relevant professional's *e.g.* occupational therapist, physiotherapist, *etc*. Ambulant (unstable or slow movements) requiring support and interventions. Difficulties with sequencing, visual and/or auditory perception, coordination. Difficulties (more than others at this age) dressing self. Difficulties (more than others at this age) cutting up food/feeding self, drinking from a cup. Physical impairment may require some special equipment, but needs little intensive support. Difficulties with spatial awareness or social proximity.	Minor visual loss (squints) Associated speech and language difficulties. Mild to moderate hearing impairment *e.g.* hearing aids fitted. Hearing in one ear. Mild to moderate visual loss. Significant difficulty with sensory processing. Developing awareness of possible indicators of sensory differences (*i.e.* tactile sensitivity, sensitive to sound or visual stimuli).

	Social immaturity for their age affecting appropriate independence or interpersonal skills. Significant reluctance to engage with routine and activities by withdrawal or exhibiting challenging behaviour. Needs adult support to sustain concentration and build relationships with peers. Anxiety expressed through behaviour that creates a barrier to learning. Unusual habitual behaviours *e.g.* rocking, mouthing, hiding, inappropriate preoccupation with bodily fluids. Attachment to key carers not securely established. Difficulty in coping with planned changes to routine or unfamiliar transitions.	Actively withdraws from engagement and does not seek out others – *e.g.* averts eyes, does not respond to name, solitary play, often seeks out own space. Significant difficulties in processing information, specifically verbal information.	Child wears orthotics needing occasional intensive support *e.g.* during PE.	

Band 1 - Good Practice Interventions, Strategies and External Agencies

Band 0 plus:

- Assessment and monitoring by key person, supported by the SENCO (Early Support tracking to be used in area of delay.)
- Integral use of visual timetables incorporating objects of reference, picture exchange systems etc.
- Increased differentiation of activities/material to support specific targets.
- Advice from SENCO and external agency on strategies to be put in place (*e.g.* Speech and Language Therapy, Health Visitor)
- Staff training on specific SEN issues.
- Direct teaching sessions.
- Regular individualised and consistent behaviour management approaches in liaison with parents/carers.

- Risk Assessments and Healthcare plans may be in place, including an audit of the environment to ensure safe passage around the setting.
- Specialist equipment may be required to support children with Physical Disabilities and staff may need specialist training to support this.
- Thought should be given to group sizes, and more individualised work is expected at this level.
- Children may require additional support to settle in to the setting, with home/setting diaries.
- Work on emotions / social skills and support to gain positive relationships with peers.
- At carpet/circle time the child may need adult support to maintain concentration, and this should be built up slowly over time and incorporate reward system.
- All activities should be supported with visual prompts and size of the group at carpet/circle time should be carefully considered.

Resources:

- Individual visual timetables and behaviour support materials.
- Specific environmental adaptations to meet needs.
- Specialist ICT equipment to ensure curriculum access.
- Radio hearing aid systems for children with hearing impairment.
- Access to distraction free work spaces.
- Additional supervision to ensure health and safety of all children and adults is maintained.
- Time allocated for meeting with parents/carers and/or external agencies.

External Agencies:

Support and advice from some of the agencies below may be involved to inform on-going, more intensive, specific child programmes:
Specialist Teachers, Speech and Language Therapy, Physiotherapy and Occupational Health, LATCH, Educational Psychology, Health Visitor, Engage.

Team Around the Child (TAC) approach, which may include multi-agency assessment, intervention and implementation of strategies.

Solihull is **to pilot** a **Multi-Agency TAC Panel and Assessment process** in Autumn 2017. It is proposed that referrals will be for children identified through a health or education service with a significant developmental delay in 3 or more areas. Multi-Agency Assessment and recommendations will identify support appropriate to meet needs, which may include recommending specialist equipment, additional funding for a setting from the funds detailed below, referral to the Early Learning Assessment Unit Panel, or referral for an EHC assessment.

Additional Funding at Band 1 to support the inclusion of children with SEND in the Early Years

The Disability Access Fund is available to support 3-4 year olds taking up their free entitlement where the child is in receipt of Disability Living Allowance and is in receipt of free education.[10] This does not include 4 years olds in primary school reception classes.

Solihull Early Years Inclusion Fund.
To support settings with the inclusion of children aged 3-4 years who are taking up any number of hours of free entitlement and who are identified at Band 1 as having emerging SEND. It is proposed that where advice is sought from the Early Years Support and Assessment Team, and it is agreed the child's needs meet Solihull's Eligibility Criteria for accessing this fund, additional funding will be provided to support early intervention for the child. Impact of the support/provision given to meet need will be monitored by this team or, where relevant to the child's area of need, a specialist teacher from SISS. **A piece of work to determine Eligibility Criteria and processes will be undertaken with Early Years Providers, parents and SEN Specialists during the summer term 2017.**

Enhanced Funding
Where settings have involved the relevant specialists and identify children in the Early Years setting as having severe and complex needs they can apply for enhanced funding; this will usually be for children where an EHC assessment request is being considered. Decisions about eligibility for enhanced funding will be made through the Coordinators from the Early Years Assessment and Intervention Team, SISS Sensory and Physical Impairment or Autism Teams. Use of funding and impact of the provision given to meet need, will be monitored by the appropriate Team Coordinator.

In situations where an EHCP is being considered by settings and agencies, enhanced funding can be available in lieu of seeking an EHCP assessment. The use of enhanced funding may offer a more timely and appropriate means to meet needs and improve outcomes for the child.

When to consider a request for an EHCP – Band 2

- Except in very exceptional cases evidence of at least three cycles of assess/plan/do/review using a targeted plan which includes outcomes from timely, regular, evidenced based interventions.

- Despite support and intervention in identified areas of need through the graduated approach the child/young person`s progress is still very limited and indicates that long term specialist input and/or additional resources are required for continued access to the full curriculum.

---

[10] See *Early years national funding formula: Operational guide*, December 2016, DfE p.16.

- Data to demonstrate progress and achievement as measured against Early Years Foundation baseline and age and prior attainment measures.

- Supporting evidence of advice and/or intervention from external support services (*i.e*. Speech & Language Therapy, Specialist Teacher, Educational Psychology, Child Psychology).

- Evidence of pupil and parental voice throughout the process.

  Note: Diagnosis of a sensory or physical impairment, dyspraxia, autism, ADHD or a mental health condition does not necessarily necessitate an application for an EHCP.

 The EHCP will articulate the additionality required and funding up to the cost of full time 1:1 support.