**PART B**

**Expectations of the arrangements and support usually available in early years settings, school and colleges to meet the needs of children and young people with special educational needs and disabilities (SEND)**

**INTRODUCTION**

This document has been compiled to guide the practice of all educational settings when considering how best to support children and young people with additional and/or special educational needs.

It is provided to inform the graduated approach of assess, plan, do and review, expected to be followed by all educational settings when planning, identifying and supporting the special educational needs and/or disabilities (SEND) of children and young people.

The guidance provides information about the expectations of the local authority regarding a broad range of arrangements and strategies that may be put into place to improve the learning outcomes of children and young people. The key aim is that the ongoing assessment and use of support strategies will enable successful progression for children and young people to adult life.

The document has two main sections. Section 1 provides information about the approaches expected to be provided for all children and young people with special educational needs and section 2 provides additional detail about the kind of support and arrangements that may be made to support children and young people whose needs fall into a specific category.

For many children and young people with exceptional needs it is not possible to define their needs according to one single or two categories, however for ease of reference this document uses the same categories as the SEND Code of Practice 2015:-

1. Communication and interaction
2. Cognition and learning
3. Social, emotional and mental health
4. Sensory and/or physical

The significant majority of children and young people with special educational needs will have their needs effectively met from the resources available to mainstream educational settings described as the Camden Local Offer.

In Camden the needs of these children and young people in educational settings are described as “predictable”. Predictable needs are:-

* a type and level of needs of children and young people that settings would ordinarily expect to have on their roll and make provision for
* higher frequency, lower level of need
* require fewer than 20 hours of TA support or the equivalent in teaching hours (1 hour of teacher support equates to 3.5hours TA time) – pro-rated where provision is made in group settings
* met by support funded from delegated and devolved funding or otherwise available at no additional cost from within the school’s SEND offer

It is only those with the most exceptional needs[[1]](#footnote-1) who may require a statutory education, health and care (EHC) needs assessment. Exceptional needs are defined as:

* the most complex level of needs that educational settings are not ordinarily expected to meet within delegated and devolved funding or through early years inclusion funding
* lower frequency, high level of need
* requires more than 20 hours of 1:1 TA support or equivalent which is over and above devolved funding (or is expected to when in school)
* support costs exceed delegated and devolved funding and costed support is not otherwise ordinarily available through the Local Offer
* may include significant medical needs requiring constant 1:1 supervision

It is expected that all educational settings will make reference to the following guidance and use it to put appropriate support into place prior to considering whether to make a request for an EHC needs assessment.

This guidance should be used together with the document “Expectations of the arrangements and support usually available in early years settings, school and colleges to meet the needs of children and young people with special educational needs and disabilities.” Part A.

**SECTION 1 EXPECTED ARRANGEMENTS FOR ALL**

The SEND Code of Practice clearly emphasises that special educational provision is underpinned by high quality teaching. All children and young people including those described as having special educational needs and/or a disability benefit from personalised and differentiated approaches to teaching and learning. These should be routinely provided.

Expectations of the type of arrangements that would usually be expected to be made for all children and young people and that are generally applicable across all areas of need are outlined in the table below. Individual schools and educational settings will have set out their school/college specific arrangements in their SEN Information Reports (not a requirement in early years settings). This includes how they work together with parents/carers to plan support for the needs of their child/young person and also how they use the wider support available to them from the community and voluntary sector services e.g. Place to Be, Afasic, R.N.I.B.

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| **Assess, plan, do and review** |
| * The school/setting/college has the responsibility to keep parents/carers informed and involved in decisions about interventions to meet their child/young person’s needs and will enable them to contribute their views from the start.   Assessment:-   * Continuous and curriculum based assessments are supplemented by standardised and/or diagnostic tests. * Early identification and assessment using Early Years Foundation Stage (EYFS) and/or QCA curriculum-based assessment baselines or other standardised measures (e.g. reading, numeracy tests, Strengths and Difficulties Questionnaire) is carried out * Assessment has a focus on: a) the child/young person’s learning characteristics b) the learning environment and social context and c) the task * Assessment has a focus on rate of progress over time in response to intervention and the degree to which planned outcomes are achieved * Specialist services (e.g. educational psychologist, speech and language therapist, other health or social care services) may undertake specialist assessment leading to more specifically focused intervention, input on additional strategies or training. * School to school assessment and moderation is developed and utilised to improve teacher practice   Planning:-   * The child/young person’s keyworker, class[[2]](#footnote-2) or subject teachers are responsible for working with the child/young person on a daily basis and for planning and delivering additional and/or different, personalised or group programmes. * A personalised provision map, individual education plan or equivalent is in use when the child/young person’s needs demand additional and different arrangements beyond the existing differentiated plan within normal activity in the classroom/setting. * The SENDCo support the facilitation of assessment and planning, working together with key workers, class or subject teachers.   Doing:-   * A quality first teaching approach to curriculum and classroom planning to support intervention and effective tracking and monitoring of progress is embedded within the school/college policy and practice. * Opportunities for teachers to take part in relevant professional development activity are provided * Specific support strategies agreed, described and monitored in a provision map or equivalent plan are put into place for an agreed period of time before their success is reviewed and evaluated. * Opportunities are explored for enhanced, co-ordinated intervention that are provided through multi-agency assessment and planning e.g. multi-agency planning in school, Social Communication & Assessment Service (SCAS), Integrated Services for Disabled Children (MOSAIC). * The teacher or early years practitioner taking primary responsibility for the whole cycle even when the pupil may be receiving tuition from support staff.   Reviewing:   * Parents/carers are supported in contributing to reviews of their child/young person’s progress. * There is clear information showing how the child/young person and parent/carer’s views are reflected in provision mapping or individual education planning documentation and reviewing progress. * In all settings there is evidence of systematic monitoring and recording of the child/young person’s progress in terms of the effectiveness of interventions. Monitoring and review should focus on outcomes in order to judge:   + progress made by the child/young person   + effectiveness of strategies   + need for changes to strategies   + a need for updated information, further assessment or advice * The assess, plan, do and review cycle is used routinely. Two or three cycles are repeated before considering whether, because of increasing concerns, a request for a statutory EHC needs assessment is needed. |

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| **Teaching methods and arrangements** |
| * There is an emphasis on differentiation of materials and activities to enable curriculum access. * It is expected that the nature and extent of adaptations may include:   + occasional or routine classroom support using programmes with a track record of success   + specific reinforcement or skill development activities   + review and where necessary changes to the curriculum   + learning mediated by adult(s) modelling ‘next steps’ learning and providing opportunities for rehearsal and over- learning   + time to monitor the effect of interventions   + provision of a variety of practical materials and experiences * Grouping strategies are used flexibly within the classroom and/or setting to promote independence through:   + limited and structured periods of withdrawal   + peer tutoring and collaborative work   + small group or individual intervention provided by a teaching assistant (under guidance), specialist teacher (or other specialist) and/or SENDCo   + extended services and/or other additional provision * Additional and different activities may include help in:   + processing language, memory and reasoning skills   + acquiring literacy and numeric skills   + organising and co-ordinating spoken and written English to aid cognition   + sequencing and organisational skills   + problem solving and developing concepts   + improving fine motor competencies   + using technical terms and abstract ideas * Additional access to IT and to specialist equipment and differentiated materials is provided as necessary to enable the child/young person to meet identified learning outcomes. * There is equal access to the curriculum and extended schools provision (e.g. homework clubs, lunchtime clubs). * There is an emphasis on home-school joint programme and support planning. |

**SECTION 2 CODE OF PRACTICE CATEGORIES OF NEED**

For some children and young people there will be a need to consider increasingly personalised and more specific interventions and support as they continue to make slower than anticipated progress despite the differentiated strategies being put into place and the nature of their assessed needs becomes clear. The following tables provide examples of the type of arrangements and interventions that may be used.

1. COMMUNICATION AND INTERACTION

Autism Spectrum Disorder (ASD)[[3]](#footnote-3)

General description

The term autism spectrum describes a range of neurodevelopmental conditions, usually present from early childhood and persisting through life, which are associated with persistent difficulties in social interaction and communication and behaviours. The way that ASD is expressed in individuals differs at different stages of life, in response to interventions, and sometimes with the presence of other difficulties e.g. with attention or learning.

Autism spectrum disorders are diagnosed in children and young people if their behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD‑10) or the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM‑V) and have a significant impact on the child/young person’s ability to take part as expected in everyday life.

Children/young people with ASD have a broad spectrum of strengths and difficulties (e.g. some children may demonstrate exceptional learning abilities and attainments, whilst others may present with significant learning disabilities).

A diagnosis of ASD in itself is not description enough to understand the child/young person’s level of learning or educational need. Every profile of a child/young person with ASD will be different. Some may require minimal support, others additional support at particular points in their school careers and a further group who require more specific and focused educational adaptations and support on a daily basis.

Autism often limits a young person’s access to participation and inclusion and their ability to follow and understand the social world. This may manifest itself in severe difficulties with:

* Social interaction (playing and working with others or alone) and communication (acknowledging and/or accepting direction from others)
* Thinking and learning
* Making choices
* Planning and organising
* Making sense of and managing their environment
* Sensory and/or auditory processing
* Understanding and managing own behaviour and appropriate behavioural responses (known as self-regulation)

At a more extreme level, children and young people may:

* Be unable to communicate verbally and be dependent on alternative or augmentative communication systems e.g. Picture Exchange Communication System (PECS) or objects of reference
* Have severe learning delay in several areas
* Have extreme difficulty in working closely with others
* Have an extreme response to change
* Have a restricted repertoire of activities or interests
* Exhibit repetitive and obsessional behaviours
* Have extreme difficulty in processing sensory information
* Have little or no ability to self-regulate behavior and may show behaviour that is very challenging for others to manage
* Show extreme anxiety and become withdrawn or disengaged
* Be uninhibited and respond impulsively
* Have no sense of safety or awareness of danger

Table of specific teaching arrangements and interventions

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| **Communication and interaction - autism spectrum disorder** |
| **Teaching methods and arrangements** |
| * NICE guidelines[[4]](#footnote-4) outline evidence based approaches to support and intervention. * Examples of effective approaches include:   + Consistent use of evidence based approaches such as social stories   + A highly visually supported curriculum   + A personalised curriculum that uses motivators, special interest and taps into learning styles   + Teaching approaches that teach and support social communication, emotional regulation and build in opportunities to generalise learning e.g use of specialist programmes such as Intensive Interaction, TEACCH, SCERTS   + Functional learning programmes that teach how to use self-help skills   + A daily routine that teaches self-regulation and manages the sensory environment   + Regular physical breaks and/or use of calming strategies   + Use of individual work stations – quiet/calm learning spaces   + Quite spaces for withdrawal to support anxiety management   + Anxiety management plans   + Clear communication systems e.g. PECS, objects of reference, photos other symbols   + Home school programme that develops shared and consistent approaches of support   + Involvement of relevant other professionals in devising a bespoke curriculum and learning programme |

Speech, Language and Communication needs

Most speech and language difficulties will have been identified before school age and the vast majority of needs will be met within the resources available to the educational setting.

A few children may have sustained and long term difficulties with being able to understand and use language effectively to access the curriculum and to communicate with others. They may have difficulty in understanding requests and conversation and in expressing their wishes, thoughts and ideas. They may have difficulty with fluency of speech in forming sounds and words.

A speech and language difficulty will be evident if a child/young person has a marked impairment in one or more of the following communication skills:

* Phonology (sound processing element of speech and language) can be associated with a child’s speech development affecting the articulation of speech and thus the intelligibility
* Expressive language skills
* Comprehension of spoken language
* Capacity to use language for successful social communication and learning

The severity of their difficulties may have an impact on their emotional and mental health.

Table of specific teaching arrangements and interventions

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| **Communication and interaction – speech, language and communication** |
| **Teaching methods and arrangements** |
| * There will be an emphasis on increasing differentiation of activities and materials, with a focus on additional and/or different visual presentation of curriculum-related information and instructions in class. * Personalised intervention may be required to support the young person in achieving specific targets. * The focus will remain on the educational implications of any difficulties, but there may be tuition targeted at these difficulties under specialist guidance. This tuition may be informed by a specialised teaching approach and is likely to be combined with some strategies aimed at maximising curriculum access. * Children/young people with speech and language difficulties may also require some, or all, of the following:   + flexible teaching arrangements   + pre – tutoring, tutorial support, help with homework and organisation   + help in acquiring, comprehending and using language   + help in articulation – use of speech and speech sounds   + help in acquiring literacy skills   + help in using augmentative and alternative means of communication e.g. use of signing systems such as Makaton, Paget Gorman   + help to use different means of communication confidently and competently for a range of purposes including formal situations   + social communication opportunities e.g. Circle of Friends; games; social skills group   + help in organising and co-ordinating oral and written language   + help in expressing, comprehending and using language * Additional access to IT and to specialist equipment and materials as necessary to meet the outcomes identified in an education plan/provision map. Use of visual and vocabulary supported software (Clicker, Widgit, Boardmaker, ClozePro) * Input from a specialist service(s) e.g. speech and language therapist, educational psychologist * Further assessment and advice to contribute to a personalised speech and language programme; management of that input and review and monitoring of the impact of the programme on targets and access to learning * Multi-agency support may be essential due to the overlap of educational, social and health needs. |

2. COGNITION AND LEARNING

General Learning Difficulties

General description

Many children and young people with learning difficulties are identified early in their school careers due the impact their learning needs have on their ability to access a learning curriculum and make expected rates of developmental progress.

A child or young person may have difficulties that are described as moderate, severe, or profound and multiple learning difficulties. Schools across the country identify moderate learning difficulties as the second most common area of need. The majority (85%) of these children and young people are educated throughout their schooling in mainstream settings.

Children and young people with learning difficulties often attain well below age expectations across many areas of their learning and may show significant delays relative to peers in other areas of development such as social interaction, language, attention, behaviour and/or self-care and independence.

They may show an unusual pattern of development and not follow the expected trajectory of learning progress over time (e.g. some areas may develop in line with same age peers and other areas may remain significantly behind or progress very slowly, with the gap between same age peers widening over time.)

There are some genetic disorders e.g. Down’s Syndrome, William’s Syndrome that may have a significant impact on the child/young person’s ability to think and learn.

Table of specific teaching arrangements and interventions

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| **Cognition and learning** |
| **Teaching methods and arrangements** |
| * The nature and extent of additional help required will be determined by the child/young person’s needs. It may include:   + occasional or routine classroom support using programmes with a track record of success e.g. use of specific teaching techniques such as Precision Teaching, Direct Instruction   + access to a range of curriculum options that may include entry level Maths and English, BTEC and ASDAN courses   + learning mediated by adult(s) modelling ‘next steps’ learning and providing opportunities for rehearsal and over-learning   + small group or individual intervention   + significantly differentiated practical experiences and materials to support learning   + time to monitor the effect of interventions * Specialist services (e.g. educational psychologist, speech and language therapist) may undertake specialist assessment leading to more specifically focused intervention, advice on curriculum access and/or individual programmes. * Additional and different activities may include help in:   + processing language, memory and reasoning skills   + acquiring literacy skills   + organising and co-ordinating spoken and written English to aid cognition   + sequencing and organisational skills   + problem solving and developing concepts   + improving fine motor competencies   + using technical terms and abstract ideas * For children/young people with complex needs multi-agency support may be essential. It would be expected that there was evidence of a co-ordinated approach to intervention with a lead professional enabling multi-agency practitioners, including health, social care and the voluntary sector as appropriate to contribute to the child/young person’s education plan. |

Specific Learning Difficulties (dyslexia or dyscalculia\*)

Some children and young people may have very marked difficulties in developing and using academic skills (literacy, numeracy) which impact on their performance. These children and young people will have developed skills at a rate that is slower than that of peers despite appropriate, targeted evidence-based intervention to meet their needs implemented consistently over a period of time. The level of development of these skills will be substantially and quantifiably below those expected for the individual’s age.

Such difficulties might include;

* Inaccurate or slow and effortful word reading
* Understanding the meaning of what is read
* Difficulties with written expression
* Difficulties with spelling
* Difficulties mastering number sense, number facts or calculation, mathematic reasoning (e.g. has severe difficulty applying mathematical concepts, facts or procedures to solve problems).

\* Dyslexia is a term used to refer to a pattern of learning difficulties characterised by problems with accurate or fluent word reading, poor decoding and/ or spelling difficulties. If the term dyslexia is used, it is important to specify any additional difficulties that are present such as mathematic, reading comprehension, memory or visual perception difficulties.

*‘Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely 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,’* (British Psychological Society, 1999).

\* Dyscalculia is a term used to refer to a pattern of difficulties characterised by problems processing numerical information, learning arithmetic facts and performing accurate or fluent calculations.

Schools and other education settings are best placed to address specific difficulties through the range of provision available to them. It is only in very exceptional instances that the school would consider an Education, Health and Care needs assessment. This would include targeted support using structured and evidence based (including multi – sensory) approaches supported with further advice locally from educational psychologists and/or other specialist services.

3. SOCIAL EMOTIONAL AND MENTAL HEALTH

General description

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression. They may include:-

* self harming
* substance misuse,
* eating disorders
* or physical symptoms that are medically unexplained.

From the early years, challenging behavior can be indicative of underlying special education educational needs, and the ‘assess / plan / do / review’ cycle is critical in helping professionals understand the meaning of the presenting behaviours.

Other children and young people may have a diagnosis of one or more disorders such as attention deficit disorder, attention deficit hyperactivity disorder or attachment disorder and autism spectrum disorder.

A small proportion of children and young people will demonstrate persistent, severe and complex difficulties despite appropriate support and interventions over time. These children and young people will display a range of behaviours to a severe degree, which may include the following:

* very poor social skills, including difficulties interacting with peers
* continual, high-level disruptive behaviour in the classroom, conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour
* poor concentration and organisation/disturbance of activity and attention
* withdrawal, depressive or suicidal tendency
* evidence of mental health needs of a severe nature including: emotional disorders, e.g. phobias, anxiety states and depression;
* attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
* other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and bipolar disorder

Systematic observation and analysis will indicate the child/young person’s behavioural, emotional and social needs are such that he/she presents with several of the following within the educational setting:-

* difficulties greater than low-level disruption or disaffection that can be addressed by strengthening classroom/setting strategies
* difficulty in remaining on task resulting in disruptions to the process of teaching and learning and that substantially and regularly continue to interfere with his/her own learning or that of the class group.
* a marked discrepancy between their attainment in core subjects and the expectation for them as assessed by teachers, specialist services and/or parents/carers
* failure to make the progress anticipated across many areas of the curriculum is often accompanied by frustration, early indications of disaffection perhaps evidenced by bouts of non-attendance.
* emerging problems in sustaining appropriate peer relationships requiring interventions from the teacher or other adult, and disrupting the learning process for the individual and their peers.
* fluctuations in mood and/or attitudes to learning often resulting in short-lived periods of confrontational, non-compliant behaviour or withdrawal.
* violent or severely disruptive behaviour which is not confined to a particular teacher, class, task or set of circumstances

The following are signs of other difficulties which should be investigated and provision made to meet underlying additional needs:

* frequent, inappropriate challenging of authority, experienced as non-compliance
* regular confrontational interaction with adults
* unpredictable changes in mood
* evidence of anxiety
* persistent non-attendance at school/college

Additional guidance can be found in “Mental Health and Behaviour in Schools” DfE June 2014.

Table of specific teaching arrangements and interventions

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| **Social, emotional and mental health** |
| **Teaching methods and arrangements** |
| * The child/young persons’ personalised programme may include specific reinforcement or skill-development activities, for example: * social skills programmes * peer mentoring * anti-bullying strategies * attendance strategies * The child/young person may require: * Pastoral support or counselling (from within school resources) and/or any of the following: * flexible teaching arrangements * help with development of social competence and emotional, behavioural self-regulation – using strategies such as consistent distraction, re-direction and positive reinforcement by all school staff * help in acquiring the skills of positive interaction with peers and adults * consistent implementation of class and school/setting systems which reward positive behaviour and implement sanctions to support children in self regulating emotions and behaviour in response to boundaries. * provision of a safe and supportive environment. * The SENDCo supports the facilitation of assessment of child/young person’s emotional, behavioural regulation and implementation of support for emotional regulation and behaviour management planning. * Specialist teachers and / or school nurse, educational psychologist or CAMHS practitioner may be involved in further assessment and/or staff development and training aimed at introducing evidence based approaches to behaviour management. * Assessments will include:   + evidence of observations over time of identified difficulties, including times when difficulties are better   + analysis of risk and protective factors e.g. risk factors fordepression, self harm, anxiety, suicide, panic disorder, Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), problems of conduct, substance misuse, eating disorders as well as areas of strength   + use of evidence-based tools (e.g. SDQ) to help consider the full range of a child’s behaviour in a range of contexts   + multi – agency and family perspectives * The child/young person and their family may require help or therapeutic support/counselling for some, or all, of the following:   + development of behavioural, social and emotional self-regulation – for example training in anger management or conflict resolution skills   + adjusting to school or setting expectations and routines – explicit expectations of behavioural response, with clear boundaries consistently applied by all members of school staff   + acquiring the skills of positive interaction with peers and adults   + re-focusing attention to diminish repetitive and self-injurious behaviours   + provision of class and school/setting systems which rewards positive behaviour and implements sanctions which support development of self-regulatory of emotions and behaviour in response to boundaries.   + provision of a safe and supportive and nurturing environment   + building resilience – increasing protective factors and reducing risk factors   + building positive coping skills   + developing emotional literacy * Approaches may include:   + PSHE/psycho education – e.g. on mental health needs and ways to manage difficult emotions; Mental Health First Aid training for staff; Emotional Literacy Support Assistant training   + positive classroom management and small group work   + specialised behavioural and cognitive approaches   + therapeutic work – for anxiety, OCD, Depression, PTSD, management of difficult emotions e.g. Cognitive Behaviour Therapy/therapeutic storytelling, digital storytelling, Video Interactive Guidance, Bright Minds, Bright Moods, FRIENDS, UK Resilience Programme   + peer mentoring/peer support/developing friendships, social skills, anti-bullying strategies   + systemic family work |

4. SENSORY AND/OR PHYSICAL

General description

Children and young people with severe sensory and/or physical disabilities are likely to require on-going adaptations to ensure curriculum and/or physical access.

These may take the form of:

* specialist equipment
* curriculum material modification
* teaching of specialist skills
* specialist support (e.g. communicator/ braillist /intervenor)
* mobility training
* adaptation of environment

Academic attainment can be significantly affected in some or all areas. However, the key indicator will be that the child’s sensory or physical need has long term and significant implications for access and learning.

Where a child has a sensory or physical disability, the school should consider whether it has made appropriate adaptations under the Equality Act (2010). There must be clearly recorded evidence of multi-professional concern that the child’s sensory and physical impairment may, if appropriate action is not taken, have a marked impact on overall progress.

Hearing loss

A hearing loss may be mild, moderate or severe and profound. The numbers of children and young people with permanent, severe or profound hearing loss in the mainstream population are low. Having that high level of hearing loss does not necessarily result in the need for support beyond that which is available and could be put into place in collaboration with their teacher of the deaf.

Children with a significant hearing loss are likely to be identified pre-school and their needs met early. Hearing loss describes a continuum of difficulty with widely differing implications for a child/young person’s communication and access to learning.

When a hearing loss is, or is likely to be, ongoing and/or permanent and it has long term, significant implications for access to participation and learning the needs of the child/young person may be considered exceptional. Areas of possible impact include:

* communication
* interaction (attention, listening and concentration)
* speech discrimination
* speech intelligibility
* comprehension
* expression
* social and emotional development and independence
* interpersonal skills
* curriculum access
* concept and language development and attainment
* play, imagination, exploration and learning
* social inclusion
* behaviour – withdrawn or frustrated

Support should be in place from a teacher of the deaf and/or sensory advisory service.

Table of specific teaching arrangements and interventions

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| **Sensory and/or physical – Hearing Loss** |
| **Teaching methods and arrangements** |
| * The child or young person may require some of the following:   + teaching strategies which take into account the impact of the child’s hearing loss on his or her learning   + in class support for aspects of the curriculum; commentary; adapted language; adapted materials; alternative activities and approaches; note taking; promoting group inclusion   + language development programme – listening, speech discrimination and intelligibility   + appropriate seating and modification of the classroom   + good listening conditions   + adaptations to school/setting policies and procedures   + access to alternative forms of communication   + access in all areas of the curriculum through specialist aids, equipment or adaptations (personalised, cochlear implant, radio aid, soundfield systems)   + regular access to specialist support   + visual reinforcement and help with acquiring, comprehending and using chosen means of communication in structured and unstructured situations   + developing literacy skills   + using chosen means of communication confidently and competently   + organising and co-ordinating oral, written and British Sign Language, as appropriate * A teacher of the deaf, specialist teacher, the SENDCo, a TA (under specialist guidance) or other specialist may provide individual or small group tuition. * A qualified facilitator may be required to provide sign support and or interpretation * A trained TA or other adult may provide sustained and targeted support in the classroom/setting. |

Sight loss: blind children and young people/tactile learners

Children with loss of vision are likely to be identified pre-school and their needs met early. However, some deteriorating conditions are not necessarily evident in pre-school children and will require proactive intervention and support such as when a child/young person has been diagnosed with Retinitis Pigmentosa.

Sight loss describes a continuum of difficulty taking many forms with widely differing implications for a child’s education. In some cases loss of vision is one aspect of multiple disabilities. Whatever the cause of the child/young person loss of sight the major issue in identifying and assessing their SEND will relate to the degree and nature of functional vision and their ability to adapt socially and psychologically, as well as to progress in an educational context.

Key areas in which there may be a significant and long term impact affecting access to participation and learning include:

* concept development
* communication (verbal and non verbal)
* visual skills and strategies
* mobility skills
* orientation skills
* interpersonal skills
* independence
* curriculum access
* attainment
* social and emotional development

“Tactile learners” are unable to learn through vision. (Some may have a little vision e.g. light perception or seeing bright colour.) Initially children and young people will need to learn using real objects and through differentiated materials e.g. tactile pictures or recordings. Children and young people who are tactile learners will be:

* slower to develop concepts and the language which depends on concepts
* unable to learn by copying from a visual demonstration
* slower reading and understanding diagrams
* reliant on running commentary to know what is happening in many situations during the day
* unable to read body language and expression or interpret social context making social relationships difficult
* emotionally vulnerable

Support should be in place from a teacher of the visually impaired and/or sensory advisory service.

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| **Sensory - Sight loss, blind pupils/tactile learners** |
| **Teaching methods and arrangements** |
| * Children who have significant loss of vision may require: * provision of and training in the use of specialist equipment * modification of the classroom and school environment to improve the visual access, appropriate seating and lighting * provision of specialist teaching and personalised programmes * teaching strategies to enable access to the curriculum including direct experience of concepts * teaching in specialist curriculum areas eg. Braille, mobility, touch typing, daily living skills * verbal reinforcement, a running commentary and precise language * supervision on health and safety grounds in some practical lessons * significant modification and adaptation of normal print and other teaching materials * access in all areas of the curriculum through specialist aids, equipment, ICT or adaptations e.g. screen reader, BrailleNote * tactile modification for the educationally blind and Braille user * training in appropriate mobility and orientation * a safe and accessible environment for travel and learning * strategies to support active and independent learning in a nurturing environment * regular access to specialist support   and specific help with:   * choosing the most appropriate medium for accessing and recording work * developing literacy and mathematical skills * sequencing and organisational skills * developing spatial awareness and understanding * problem solving and developing concepts * social communication and interaction * independent living skills |

Deaf blindness/Dual Sensory conditions

As for the majority of children and young people with a sensory loss those who have a condition affecting both vision and hearing are likely to be identified at pre-school stage and their needs met early. However, some severe deteriorating conditions such as Adrenoleukodystrophy may become evident in later life and require fast track intervention and support. Some may acquire a second sensory loss later in life, either expectedly (as in the case of Usher syndrome) or unexpectedly, and need additional and changed support. For many children and young people, their deafblindness will be a part of multiple difficulties and disabilities.

Children will be considered for a statutory EHC needs assessment if their diagnosed conditions are, or are likely to be, ongoing and/or permanent and they have significant, long term implications for access and learning in the following areas

* Information
  + sensory access to the curriculum
  + perceptual skills
  + incidental learning
  + development of concepts
* Communication
  + development of receptive and expressive communication
  + development of interactive skills
  + use of alternative and augmentative means of communication
  + use of alternative access to printed and spoken material
  + enhanced requirement for personal experience of concepts
* Orientation
  + motor and movement skills
  + independence skills
  + mobility and orientation
  + involvement in the community
  + social isolation and adaptability
  + self-esteem and self confidence
  + safety
* Learning progress
  + underdeveloped perceptual skills
  + difficulties with behaviour or social isolation
  + difficulties in attainment, learning and cognition due to, or in addition to, sensory impairment
  + difficulty in concentration and attention

Children and young people with dual sensory loss/deaf blindness may require all or some of the teaching arrangements already described for those with hearing or sight loss including:-

* provision of and training in the use of, specialist equipment
* modification of the classroom to include visual and auditory access
* provision of specialist teaching programmes
* modification and adaptation of visual materials
* augmentative or alternative means of communication
* modification of communication
* perceptual skills training
* mobility and orientation advice or training

Medical and Neurological conditions

General description

Some children/young people may have a medical condition (e.g. disease, disorder, acquired injury, genetic or developmental condition) that has impacted or continues to impact on the development of their brain. These can include metabolic disorders, epilepsy, childhood stroke, cancers or traumatic brain injury due to falls and accidents. Some children/young people may have rare genetic or developmental syndromes that impact on neurodevelopment.

Conditions that affect the brain’s ability to process information, communicate with the rest of the body and produce movement are categorised as neurological.

Neurological and medical conditions can be stable (i.e. the damage that has occurred is not expected to progress further). Some may require monitoring and may change or progress over time, for example some forms of muscular dystrophy. Children/young people who have a medical or neurological disorder that is likely to cause ongoing difficulty will be monitored under the care of a consultant in a hospital (a neurologist for neurological conditions). Not all conditions are apparent from an early age.

Some common medical/ neurological disorders:

Epilepsy: The impact of epilepsy on a child or young person’s development and functioning at school will depend on the type of epilepsy, underlying cause, duration and management of seizures. Many children will have seizures that are managed well with medication and will require a health care plan in school detailing support in the event of a seizure and administration of medication on school grounds. Some children have intractable epilepsies that do not respond well to medications, with frequent uncontrolled seizures impacting significantly on normal brain function and thus affecting learning, behaviour, attention, language etc.

Cerebral palsy: is a syndrome of motor impairment that results from a lesion in the developing brain. It is a lifelong condition. It has been defined as ‘a group of permanent disorders of the development of movement and posture, causing activity limitation, and attributable to non-progressive disturbances that occurred in the developing foetal or infant brain’.

Although defined primarily as a motor disorder, cerebral palsy may be accompanied by disturbances of sensation, perception, cognition, communication and behaviour, and by epilepsy and musculoskeletal problems. The impacts on motor ability may change over time.

Cerebral palsy is attributable mostly to events that occur before birth or in the neonatal period. Only about 10% of cases arise from later events such as head injury or central nervous system infection (meningitis and encephalitis).

Children and young people affected by cerebral palsy may be able to access both the physical and learning environment independently. Cerebral palsy is often classified by degree of severity as follows:

* Mild (independent movement and access to daily activities is possible without assistance)
* Moderate (some medical intervention and adaptive technology support will be required)
* Severe (children and young people will use a wheelchair and need considerable adult support for daily activities)

Different parts of the body may be affected:

* Hemiplegia (one side of the body)
* Diplegia (two limbs affected)
* Quadriplegia (four limbs affected)

As a result of some diseases or neurological injury there may be an impact either currently or in the future on a child/young person’s capacity to learn and to do so independently. They may experience significant alterations in the following areas, for example:

* cognitive abilities – thinking, problem solving, reasoning, decision making, attention memory
* specific skills
* spoken and written comprehension and with communicating thoughts and feelings to others
* behaviour e.g. withdrawal or frustration in response to stress associated with the impairment

The changes that take place may be progressive and have an impact on expected development towards independence.

Many children and young people with physical or neurological difficulties are able to access both the physical and learning environment independently.

Physical impairment describes a continuum of difficulty. There will be some children and young people, without significant learning difficulties, who have a marked physical difficulty and require the provision of specialist furniture or equipment, minor adaptations to the school environment or some occasional additional adult support in order to gain access to the curriculum. Special teaching strategies may be required occasionally which take into account the impact of the child/young person’s disability on his or her learning. It is expected that educational settings will provide for these children and young people from within their delegated budgets for SEND.

In some instances a medical condition will affect a child performance and progress intermittently, whilst others will be affected on a continuous basis throughout their school career. A medical diagnosis or a disability does not necessarily imply special educational needs. It may not be necessary for a child or a young person with a particular diagnosis or medical condition to require any significant form of additional educational provision. It is the child’s educational needs rather than a medical diagnosis that must be considered.

It is expected that support will be put into place in these situations in collaboration with the advice and guidance of other professionals (e.g. specialist teacher; occupational therapist; physiotherapist; speech and language therapist). Funding to meet medical interventions such as gastrostomy and tracheotomy is provided from other sources and health professionals will advise on this.

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| **Physical and neurological** |
| **Teaching methods and arrangements** |
| * Children who have significant physical difficulties may require:   + provision of specialist equipment, aids or adaptations to enable access to the curriculum   + modification of the educational site in order to improve access   + some modification of classroom routines and organisation   + differentiated learning materials   + appropriate seating   + access to alternative forms of communication   + risk assessment teaching strategies which take into account the impact of the child/young person’s physical impairment on his or her learning   + provision of specialist teaching programmes   + therapy programmes   + health care plan[[5]](#footnote-5)   + access to specialist support as required   + targeted interventions in areas of particular difficulty or to develop specific skills   + strategies to reduce the impact of physical and/or medical difficulties on learning   + strategies to promote independent learning * Some specific reinforcement or skill-development activities may be required using, for example:   + specific teaching methods that are appropriate to the needs of a child/young person with physical, neurological and/or medical difficulties   + strategies to promote independent learning |

1. Approximately 2% of the English school age population [↑](#footnote-ref-1)
2. In Early Years settings, the practitioner usually responsible for the child. [↑](#footnote-ref-2)
3. ASD is used here in line with the diagnostic classification system (ICD 10 and DSM V) which encourage its use to encompass other previous descriptive categories such as Asperger's syndrome and Atypical autism, which are no longer used. [↑](#footnote-ref-3)
4. Autism The management and support of children and young people on the autism spectrum National Clinical Guideline Number 170 NICE [↑](#footnote-ref-4)
5. May include feeding programme, toileting, moving and handling, risk assessment, independence skills, medication. [↑](#footnote-ref-5)