

# High expectations for all

Supporting the introduction of  
the Children and Families Act 2014

## Foreword

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Hello, I am very pleased to be able to introduce this High Expectations for All File, supporting the introduction of the Children and Families Act 2014.

Most of us would agree that the statement system needed to be improved. The new approach puts children, young people and families at the centre of the process and makes sure they can have their say about the support they get.

We've been working with families on this since 2012 and I would like to thank all those families and the staff in schools and across teams in education, health and social care for all their support. This means we are well prepared and I'm proud of the work that has been done to get us ready for implementation in September 2014. There is still a lot to be done. We know that big changes can cause confusion and we hope this file holds the answers any questions you may have, but if you want more information help is available and you can find out more at the [SEND Local Offer website](#).

We want to make the transition to the new arrangements as easy as possible for families and the staff who support them. The purpose of this file is explain the new processes, what is expected of staff who support children and young people with SEND and the sources of support available to them.

Finally, I want to be absolutely clear - the council wants the best for the children and young people it supports. We will do all we can to help you through the changes and get the right support.

Regards,

**Councillor Jo Platt**

Wigan Council cabinet member for children and young people

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## Introduction

# High Expectations for All

This guidance is designed as a quick reference resource to be used alongside the “Special Educational Needs and Disability Code of Practice: 0 to 25 Years” (September 2014). Whilst including information from the Code it also contains an explanation of the Local Offer. This sets out information about provision the LA expects to be available across education, health and social care for children and young people who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. EHC Plans are the statutory documents which have replaced Statements of SEN.

The guidance also describes the criteria for undertaking an assessment for an EHC Plan as well as the pathway of processes and procedures leading to the drawing up and delivery of such plans.

The guidance has been drawn up by education, health and care professionals and relies heavily on the work undertaken by a number of multi-disciplinary working groups which, in addition to the professionals mentioned above, have included parents and representatives from the voluntary and community sector. Further co-production has been undertaken with representatives from the Wigan Parent Carer Forum.

It is important to note that the Local Offer has two key purposes, as described in the Code of Practice (para 4.2):

- To provide clear, comprehensive, accessible and up-to-date information about the available provision and how to access it, and
- To make provision more responsive to local needs and aspirations by directly involving disabled children and those with SEN and their parents, and disabled young people and those with SEN, and service providers in its development and review

Consequently, it is expected that the guidance will be updated over the coming years as development and review occur. For this reason “High Expectations for All” will be published electronically on the council website to facilitate flexibility and timely response to change.

## Chapter 1

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# 1

## The Children and Families Act (2014): A Summary of the Reforms

### 1.1 The Special educational needs and disability code of practice: 0 to 25 years (2014)

The [SEND Code of Practice](#) reflects the content and ambition of the Children and Families Act (2014). The key points are:

- It covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN
- Children, young people and parents are much more involved in decision-making at individual and strategic levels
- High aspirations and improving outcomes for children and young people are paramount
- Joint planning and commissioning of services to ensure close co-operation between education, health and social care is at the heart of the reforms
- A Local Offer of support for children and young people with SEN or disabilities will be published by Local Authorities
- A graduated approach to identifying and supporting pupils and students with SEN is emphasised with a category of “SEN Support” replacing School Action and School Action Plus
- For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC Plan) replaces Statements of SEN and Learning Difficulty Assessments (LDAs)
- There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood
- Information is provided on relevant duties under the Equality Act 2010 and the Mental Capacity Act 2005

### 1.2 What does this mean for Wigan?

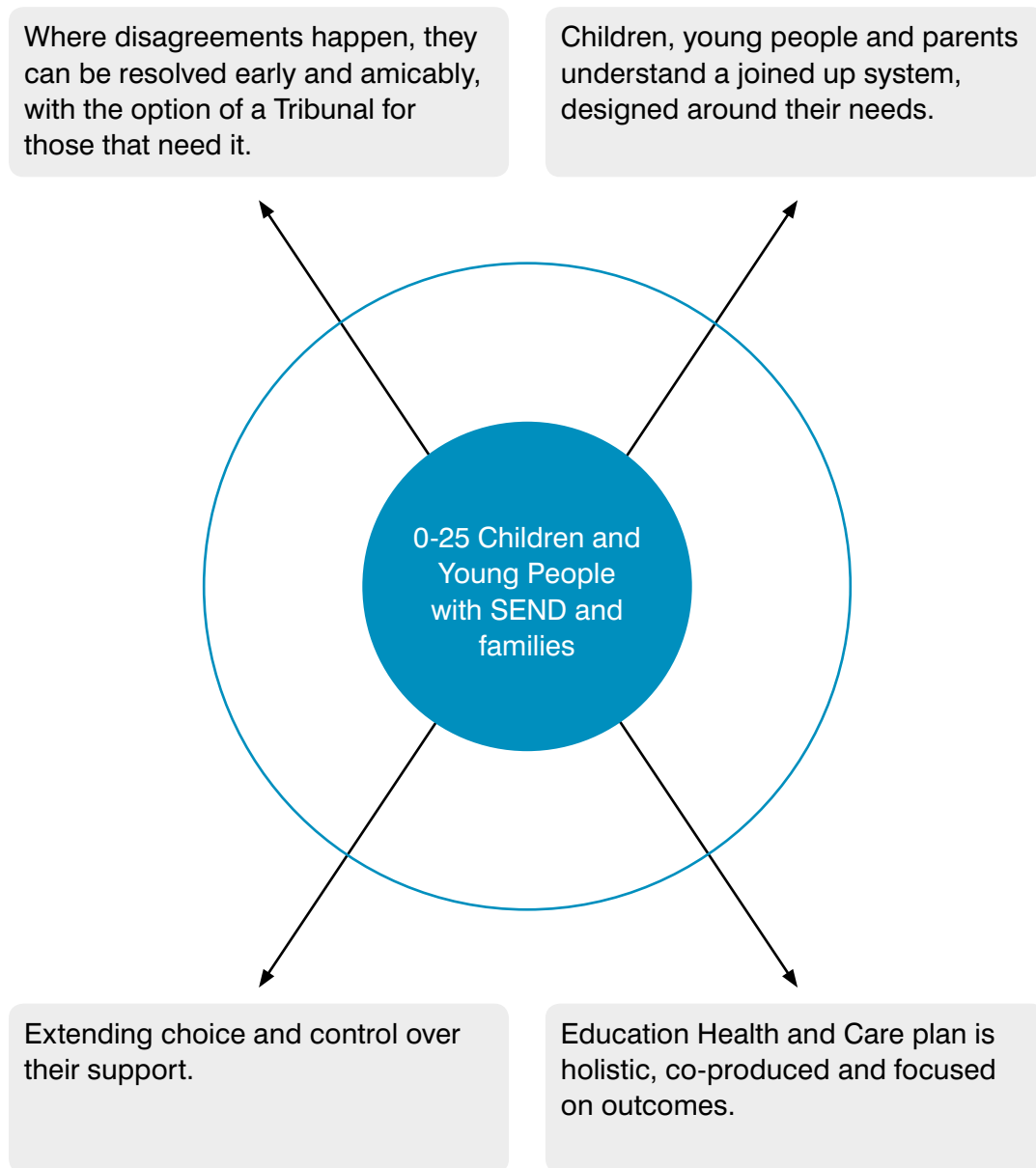
Although there are changes to the systems for delivering support through EHC Plans, the key feature of the reforms will be how families, children and young people are involved in the whole process.

This means:

- Putting the family at the centre
- Doing things with the family, not to the family
- Asking what we can do, not doing what we always do
- Listening and understanding



The diagram below shows that by putting children and young people at the centre of the process, identifying the outcomes that are important to them and using the principles of the new legislation results in an assessment and planning process that delivers better results for families.



Adapted from "A DfE presentation pack for school leaders: The 0-25 Special Educational Needs and Disability Reforms" (July 2014)

## 1

The reforms aim to join up help across education, health and care, from birth to 25. Help will be offered at the earliest possible point, with children and young people with SEND and their parents fully involved in decisions about their support and what they want to achieve. This will help lead to better outcomes and more efficient ways of working.

The process of engaging parents at every level – from strategic service commissioning through to individual plans is vital. Good engagement is essential to manage expectations in what are tricky decisions. Parents need to know they've been listened to, understand the rationale behind decisions and what is intended to be achieved. It is equally essential that children and young people are fully involved in the process. The United Nations Convention on the Rights of the Child (1989) changed the way that children are viewed and treated, that is as human beings with a distinct set of rights. Article 12 of the Convention states that when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

On the 25th Anniversary year of the UNCRC, The Special Educational Needs and Disability Code of Practice: 0-25 years, was published. This document places an important emphasis upon involving children and young people in decision-making at individual and strategic levels.

“Local authorities must consult the child and the child’s parent or the young person throughout the process of assessment and production of an EHC plan. They should also involve the child as far as possible in this process. The needs of the individual child and young person should sit at the heart of the assessment and planning process. Planning should start with the individual and local authorities must have regard to the views, wishes and feelings of the child, child’s parent or young person, their aspirations, the outcomes they wish to seek and the support they need to achieve them.”

## Chapter 2

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## 2

### Funding

#### 2.1 Introduction

The School Funding Reforms put forward by the DfE were introduced on 1st April 2013. These reforms include a new approach to funding provision for pupils and students with “high needs.” There is no precise definition of high needs, but the DfE state that when using this term, they mean those pupils or students who require provision that would not normally be available from within the delegated resources in mainstream schools.

## 2.2 Funding for mainstream settings

### Core Education Funding (Element 1)

This is the per pupil unit of funding or age weighted pupil unit (AWPU). This basic entitlement will provide the standard offer of teaching and learning to all pupils and students on roll.

### Additional support funding for pupils with high needs (Element 2)

A general assumption has been made about the notional funding for low cost SEN and the level beyond this when local authorities will then be expected to make additional funding available to schools.

Using previous work undertaken by Price Waterhouse Cooper, the DfE has defined that mainstream schools will support pupils with any additional needs up to a cost £6,000, beyond the basic entitlement level. This includes all pupils, including those with high level needs who currently have a Statement of SEN, or Education, Health and Care (EHC) Plan, or will have one in the future.

Therefore it is expected that the provision for high needs pupils normally available in a mainstream setting will be the core education funding providing the basic entitlement of teaching and learning (Element 1) and the first £6,000 of any additional needs (Element 2).

The DfE have stated that they have deliberately chosen a financial threshold to define a pupil or student with high needs, as opposed to an assessment-based threshold such as having a Statement of SEN, since this may have created a perverse incentive if assessments were linked directly to additional funding, e.g. by creating additional pressure for unnecessary statutory assessments

### Top-up funding for high needs (Element 3)

For high needs pupils who are assessed as requiring support above the £6,000 additional level, funding will be provided through “top-up funding” by the Local Authority from the High Needs Block. (Element 3)

## 2.3 Process

In order to provide schools with funding for Element 2, several existing budgets have been put together. These include:

- SIS fixed factor
- SIS formula factor
- Statement funding less than £6,000

The total of these budgets, almost £8.9m, was first re-distributed to schools in their 2013/14 budgets, on a formula basis using prior attainment, as directed by the DfE.

This means that from 2013/14 the first £6,000 of all current Statements of SEN has been transferred from the centrally held schools budget to the schools funding block through the process described in 3.1, and is no longer retained by the LA.

## 2.4 Impact

Statements drawn up prior to 1st April 2013

Prior to 1st April 2013 there were a number of statements banded at around £6,000 or below. From the 1st April 2013 these, in effect, became funded by schools as they will be providing support directly from their budget (Element 2).

These statements were to be maintained until the next annual review. At that time if there have been no significant changes to the pupil's needs and these continue to be met effectively from school based resources consideration will be given as to whether they should continue to be maintained.

Top up funding for each statement valued above £6,000 was provided to schools by the LA from the High Needs Block.

For example, where a statement is currently banded at £11,000 the LA will provide top up funding of £5,000.

### **New referrals and statements**

For new referrals for statutory assessment schools will need to demonstrate in their supporting evidence how element 1 and 2 funding, has been utilised to meet the pupils needs.

A simple Individual Costed Provision Mapping tool for use by schools when submitting a referral to demonstrate how they have provided support through elements 1 and 2 has been designed and published on the [EHC Pathway](#) page of the Local Offer website.

When a new EHC Plan is issued, schools will receive top up funding from the LA where needs have been assessed as being above the £6,000 threshold. For example if a pupil or students support needs are assessed a being £8,000 in total, the LA will provide top up funding to the school of £2,000.

## 2.5 Funding for Post 16 Young People with SEND

Information about funding for Post 16 young people with SEND can be found in Chapter 13 – [Preparing for Adulthood](#)

## 2.6 Pupils and Students living in other Local Authorities

Schools will continue to be responsible for meeting the needs of all pupils or students with high needs, including those who live in other LAs. Where a pupil living in another LA, but attending a Wigan School, has an EHC Plan, it is the responsibility of the home LA to maintain the plan.

Through these reforms, the DfE want to encourage dialogue between commissioners and providers, about pupils and students needs, their required support and expected progress and results. They want to move to a funding approach in which commissioners and providers deal directly with one another in relation to commissioning and funding provision for individuals with high needs.

## 2.7 Personal Budgets

A Personal Budget is an allocation of money identified to provide support for an eligible person to meet their identified needs, which must support the outcomes specified in the EHC Plan. Personal Budgets can be managed in a number of different ways, such as by way of a direct payment.

Young people and parents of children have a right to request a Personal Budget, once the authority has confirmed that it will prepare a draft EHC Plan. They may also request a Personal Budget during a statutory review of an existing EHC Plan. The EHC Plan will clearly state which outcomes can be met by a Personal Budget (if a Personal Budget is agreed).

At present, a Personal Budget may consist of elements of funding from education, health and social care. In the main this will be:-

- For education – Element 3 (top-up funding)
- For health – Continuing Care (CC) funding
- For social care – Specialist provision as assessed by the Targeted Disability Service (TDS)

A personal budget, and in particular a direct payment, cannot be made in respect of provision which will take place in a school, post 16 institution or early years setting without the written consent of the head teacher, principal or the person occupying an equivalent position.

The options for a personal budget within a special school maybe more limited than that of a mainstream school as the provision is more integrated.

Through joint commissioning, Wigan Council and Wigan Borough Clinical Commissioning Group (WBCCG) will seek to increase choice and control over time through a wider range of budget areas being available.

Where a child or young person is eligible for one or all of the funding streams described above, a referral to the Brokerage Service must be made, unless the family express a preference to take on this role themselves. The Broker will work with the family to develop a personalised and creative Personal Support Agreement that describes how they will use their indicative budget to meet the agreed outcomes as identified in the EHC Plan.

A Resource Indication System (RIS) is in development which will help to inform decisions about funding levels for Personal Budgets. The tool which will be used to assist in developing the system is a Resource Indication Questionnaire (RIQ).

It is envisaged that there will be a testing period in which the RIQ will be utilised to gather the views of families and develop a robust and sustainable RIS. Once Wigan Council is confident that the RIS is fit for purpose, it will be applied to indicate levels of resource required to support outcomes in education, health and social care. A separate tool is also being developed for allocating Continuing Care funding.

Direct payments will not be appropriate for all aspects of Education, Health or Care. The following table identifies those areas which are exempt.

<b>Education</b>	<b>Health</b>	<b>Care</b>
<p>School Placements or post-16 institutions</p>	<ul style="list-style-type: none"> <li>• Primary medical services provided by GPs</li> <li>• Vaccination or immunisation, including population-wide immunisation programmes</li> <li>• Screening</li> <li>• National child measurement programme</li> <li>• NHS Health Checks</li> <li>• Urgent or emergency treatment services, such as unplanned in-patient admissions to hospital or accident and emergency</li> <li>• Surgical procedures</li> <li>• Specialist nursing care</li> <li>• Domiciliary care</li> <li>• Specialist Paediatrics</li> <li>• Some Specialist Medical Equipment</li> <li>• Prescription or dental charges</li> </ul>	<p>Child Looked After Placements</p> <p>To purchase services directly from the LA (although a mixed package can be arranged, i.e. some services arranged and some Direct Payment)</p> <p>To purchase long-term residential care, including nursing care.</p> <p>As a payment to carers to purchase personal care for the person they care for.</p>
<p>A Personal Budget cannot be used to pay for alcohol or tobacco, gambling, to repay debt, anything illegal or unlawful, to employ close relatives who live in the same household (except for exceptional circumstances). Families in receipt of a Personal Budget cannot access the service that the resource allocation has been determined from.</p>		

Personal Budgets can be managed in a number of different ways:-

- Direct payments - where individuals receive the cash to contract, purchase and manage services themselves
- An organised arrangement (sometimes referred to as a notional budget) where Wigan Council or WBCCG makes the arrangements for the care
- Third party arrangements/nominees – where funds are paid to an individual or another organisation on behalf of the parent/young person and they manage the funds
- A combination of the above

## 2.8 Frequently Asked Questions

### **Will money for SEND be ring fenced under the new funding systems?**

This will be school decision. School managers will need to make decisions around budgets in order to ensure that pupil needs are met.

### **If a child/young person's provision costs less than £6,000 is there any point in applying for an Education, Health and Care Assessment?**

No, an EHC Assessment would only be necessary where provision costing in excess of £6,000 is required.

### **If a Statement or EHC Plan is ceased to be maintained will the LA support the school in informing the parents/carers? Will any family friendly information be published?**

Yes, the LA would not expect schools to deliver this message. It will be important that families are reassured that the necessary level of support will be provided through Element 2 funding.

### **What should a school do if it finds that its budget simply does not meet the costs of supporting children/young people whose provision is below the £6000 threshold for EHC assessment?**

If a school feels that there are exceptional circumstances then an appeal can be made to the School Forum.

### **Do the new systems mean more paperwork and bureaucracy for SENCOs?**

That is not the intention, quite the reverse in fact. The emphasis will be on a more personalised approach, which may mean more face to face discussion, putting the family at the centre of the process and giving them more control.

### **Who will fund EHC Plans when pupils live outside the local authority?**

EHC Plans will be funded by the child/young person's home authority.

### **How will the amount of funded support be calculated? Is it fair to use a mid-point calculation (e.g. TA Level 2) when some schools use more expensive staff?**

This has been the approach used for statutory assessment and will continue for EHC Plans.

**How was prior attainment used to calculate the 2014-2015 schools budgets?**

EYFS scores were used. LAs had a choice of using scores below 78 or below 73. Wigan Schools Forum agreed that a score of 73 would be the best indicator. In secondary schools the indicator is pupils below Level 4 in both English & Maths.

**Are there any changes to the way Early Years SEN is funded? Does TIS still apply?**

No. TIS does still apply. TIS1 is still available from the Early Learning and Childcare Team for private and voluntary settings. The Local Authority will consult over a similar mechanism for maintained nurseries. TIS2 is still available for children on entry into Reception classes. ([See Chapter 12.3 for more information](#))

**Will the LA provide any support to schools to help calculate the cost of the support being provided?**

A new version of the [Costed Provision Map \(CPM\)](#) can be found in the Related Documents section of the EHC Pathway webpage. It is designed for use with a single pupil and will therefore be much less complicated than previous versions of the CPM.

**In providing evidence in support of an EHC Plan how should schools describe that which is provided under the Element 1 funding? Do they need to?**

It will be assumed that schools are providing “quality first teaching”. It may be sufficient to state the class size and describe the general teaching conditions. If there are any particular aspects of provision which are specific to that school it may be helpful to describe them.

**Will there still be School/Early Years Action and School/Early Years Action+ pupils under the new systems?**

No. There will be a single category called SEN Support

**How will schools access the new documentation for the EHC Pathway?**

The [Local Offer](#) page is published on the council website. This includes a section called [“Information for Professionals”](#). Downloadable documents are available in this section.

**Who will the key workers be?**

There are very limited key worker resources within the council workforce. Any one of a wide range of professionals could therefore become involved in “key working”.

**What evidence will school need to present when referring for an EHC Assessment?**

The school will need to provide all of the relevant assessments/reports, details of any other referrals that may have been made and evidence of the support being provided in school, including the cost of that support.

Schools will have been following a graduated approach and so this evidence will already exist and therefore it should not be necessary to seek new assessments.



## Chapter 3

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### The Local Offer for SEND

#### 3.1 What is the Local Offer?

Local Authorities have a legal responsibility to publish a Local Offer describing information about the provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans.

The Local Offer has two key purposes:

- To provide clear, up-to-date information about available provision and how to access it.
- To make sure that the provision is responsive to local needs and aspirations by directly involving children and young people, their families and service providers in development and review of the offer.

In order to achieve these objectives a range of consultation and co-production opportunities will take place on a regular basis with ideas feeding in to a Local Offer Monitoring Group, comprising of parents, young people and professionals, which will ensure that the key purposes above are met.

[The Local Offer](#) is published on the Wigan Council website.

Digital platforms may not always be the best way of sharing information and so other formats will be explored on an on-going basis. Both service providers and service users can have an influential role in sharing their knowledge and understanding of what is available locally and how to access it.

#### 3.2 What information does the Wigan Local Offer contain?

The Local Offer will never be a completed resource. It will always be growing and developing, reflecting the changing needs of the local area. The published webpage described above contains links to six areas.

1. [Children and Young People](#): This section includes information for children and young people about provision offered by both the local authority and external providers. Comments and ideas from young people will be essential in developing these pages.
2. [Families](#): Here we find information about schools, education support services, parent partnership and participation, the Family Services Directory, transport and EHC Plans.
3. [Professionals](#): This button links to information which may be useful to schools, health workers and social workers etc. It includes downloadable

documentation including referral forms. Some of this information may be of interest to parents/carers.

4. [News and Updates](#): This section will contain updates on things that are happening within the world of SEND, both at a local and national level.
5. [Preparing for Adulthood](#): This is a section which provides information about those times in a child/young person's life when they move from one phase of education to another and eventually into adult life.
6. [Health](#): This section includes information about local NHS Services and the Local Authority's Sensory Support teams. It also contains some information about adult services, which is important when young people reach that transition point.

Should anyone wish to comment on any aspect of the Local Offer there are "Contact Us" sections on most of the web pages. Alternatively, comments could be put in writing and posted to the SENDS Team at

Special Educational Needs and Disability Team,  
People Directorate: Children and Families,  
Wigan Council,  
PO Box 100,  
Wigan WN1 3DS

The local authority will publish comments if they relate to:

- The content of the Local Offer, which includes the quality of existing provision and any gaps in the provision
- The accessibility of information in the Local Offer
- How the Local Offer has been developed or reviewed

A summary of comments and responses will be published at least annually in a "you said", "we did" format.

### 3.3 The Contribution of Education, Health and Social Care to the Local Offer

The Code of Practice (CoP) stipulates who else must contribute to the Local Offer.

Schools must publish information about their arrangements for identifying, assessing and making provision for pupils with SEN. The governing bodies of maintained schools and maintained nursery schools and the proprietors of academy schools must publish information on their websites about the implementation of the governing body's or the proprietor's policy for pupils with SEN (see Chapter 6 of the SEND Code of Practice).

"Schools should ensure that the information is easily accessible to young people and parents and is set out in clear, straightforward language." (CoP, para. 6.81, page 96). Parents who have participated in consultation events have reiterated this point. In order to assist schools in providing this information, described as the "SEN Information Report" in the CoP, a support document has been devised. It uses a series of questions that parents might reasonably ask about SEND

provision. Answers to the questions should cover all the requirements of the SEN Information Report as described in the CoP. To download a copy see the Related Documents section on the [HEFA](#) web page.

The Local Offer must include information about provision made by health professionals for children and young people with SEN or disabilities. [Click here](#) to find out more about the Health Local Offer. The Code of Practice describes how this must include:

- services assisting relevant early years providers, schools and post-16 institutions to support children and young people with medical conditions, and
- arrangements for making those services which are available to all children and young people in the area accessible to those with SEN or disabilities

The Local Offer must include information about social care services supporting children and young people with SEN or disabilities. This should include:

- Childcare (see [Family Services Directory](#))
- Leisure activities (See [Family Services Directory](#), [Short Breaks](#) and Youth Service website)
- Support for young people when moving between social care services for children to social care services for adults, including information on how and when the transfer is made (See [Preparing for Adulthood](#))
- Support for young people in living independently and finding appropriate accommodation and employment (See [Young People Leaving Care](#)),

[Supported Living and Accommodation](#) and [Under 18s](#)

### 3.4 Co-production of the Local Offer

Local Authorities must involve children and young people with SEN and disabilities and their families in:

- Planning the content of the Local Offer
- Deciding how to publish the Local Offer
- Reviewing the Local Offer

Throughout the lead-up to the enactment of the legislative changes in September 2014 parents, children and young people have taken part in a variety of groups and forums. These have included formal groups such as the Pathfinder Partnership Group and the Pathfinder Sub-Groups which looked at specific aspects of the legislation, including the Local Offer. There have also been open invitation Focus Groups and training sessions at which there were opportunities to express views around the Local Offer. Many of these views have been incorporated into the Local Offer. Two parents also attended a DfE Local Offer event in London.

There have also been wider opportunities for collaboration. Views have been sought through email links on the Disability Data Hub and the Children's Disability Newsletter. There has also been the contribution of individual families who have been involved in EHC referrals.

Opportunities such as these will be embedded in all future activities where the Local Offer is being reviewed and developed. Such opportunities will include formal groups such as the Local Offer Monitoring Group which will comprise of people from a range of professional background, parents, representatives of external organisations and young people. Other opportunities will continue to be organised through Parent Partnership and Participation Forums.

The publication of the SEND Code of Practice: 0-25 years (2014) provided an exciting opportunity to further develop good practice across Wigan in involving children in decision-making processes and effect wider cultural change in this area. Between 2012 and 2014 several 'Voice of the Child / Young Person' pilots were commissioned as part of the Wigan SEND Pathfinder Project. The aim of the pilots was to develop systems around eliciting the Voice of the Child so that participation becomes a process rather than a specific event or project. This process will focus upon supporting young people in expressing their views in order to subsequently influence actions and plans. The projects also further developed our understanding of key factors to consider when eliciting the Voice of the Child / Young Person.

Guidelines have been developed in consultation with the Voice of the Child Strategy Group which was commissioned by the SEND Pathfinder Team. The group was attended by professionals from Education, Health and Care. The aim is to provide guidance in engaging with, listening to and involving children and young people in decision-making. It comprises some key tools, from those that have been used extensively in research and clinical practice, to those which professionals have found valuable within their individual casework. Tools have been designed to elicit views on a wide range of topics e.g. school, teaching, learning, keeping healthy, feeling positive, keeping safe, being part of my community, being independent. A full report of this can be found on the [Educational Psychology](#) page of the Local Offer website.

In addition to the engagement of children and young people at an individual level, groups such as The Wigan Youth Parliament and Young Pioneers have an important role to play in the future as we all seek to develop improved life experiences and outcomes for children and young people with SEND.

## Chapter 4

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# 4

### A Graduated Approach to SEND

#### 4.1 Effective Inclusive Settings; Quality First Teaching for all Learners

All children and young people in Wigan settings have an entitlement to high-quality everyday personalised teaching. This is teaching that is carefully planned and takes prior learning into account. Lessons have a clear structure and include objectives that are shared and revisited during the lesson. Teachers use lively, dynamic, interactive teaching methods that ensure high quality teaching and learning taking different learning styles into account.

**Inclusive Quality First Teaching focuses on making learning purposeful and enjoyable.**

**Inclusive Quality First Teaching is learner-centred.**

**Personalisation is paramount.**

#### What does Inclusive Quality First Teaching look like?

- High achievement for all through explicit high expectations and high aspirations
- The learning needs of all children and young people are considered, ensuring support and challenge for learners.
- Lesson planning, involving everyone working with the children and young people, takes account of prior learning based on assessment. This enables learning objectives to be specific, focused and differentiated appropriately with clear success criteria.
- A purposeful, organised and well-resourced classroom environment which encourages independence
- A planned range of teaching skills, strategies and approaches are deployed to engage all learners.
- Teaching considers the use of language ensuring it is matched to the needs and circumstances of the learner.
- Adults model good practice by working together.
- Teachers provide clear explanations of teaching points and use appropriate questioning to develop understanding and to set challenges
- Special Educational Needs provision and resources are provided using an “Assess, Plan, Do, Review” approach.

## 4

- Motivated learners who are fully engaged in learning, having opportunities to work both independently and collaboratively
- Focused praise and effective feedback (i.e. positive praise and reward, modelling, instructing, scaffolding, explanation, questioning and recording and marking, which needs to be timely and specific)
- Everyone involved in teaching is deployed appropriately and knows how to support learning

**How can Inclusive Quality First Teaching promote achievement?**

- By creating a safe and happy environment for learning
- By sharing clear expectations
- By engaging and motivating learners
- By empowering learners to take responsibility for their own progress
- By promoting independent learning
- By developing resilience through supported risk taking
- By having high expectations for all

**4.2 The Graduated Approach**

Throughout this document we refer to the provision needed to support children and young people to achieve their learning outcomes.

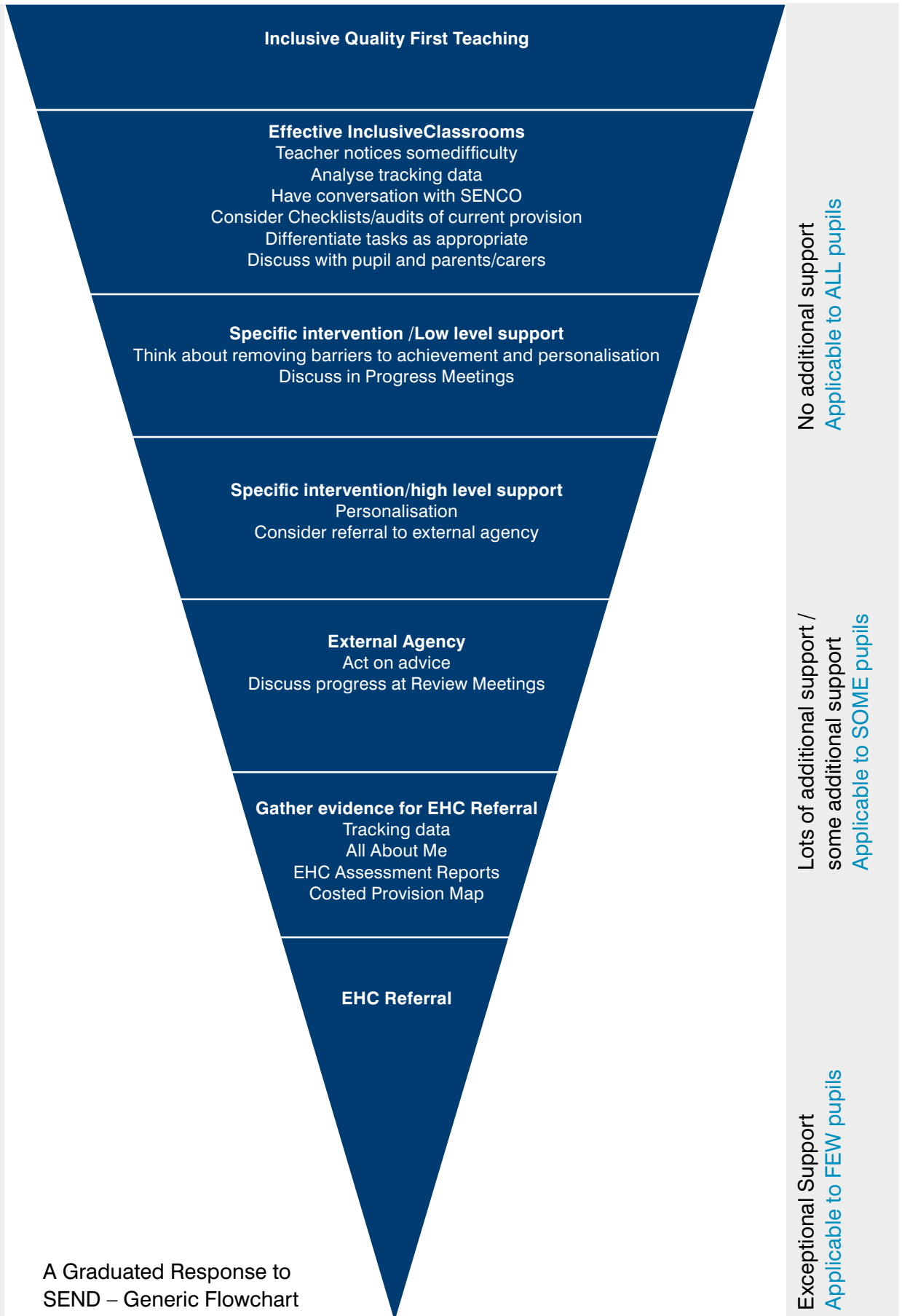
- No additional support
- Some additional support
- Lots of additional support
- Exceptional Support

See chart on following page.

## Graduated Response to SEND - Generic Flowchart

4

**Assess, Plan, Do, Review at each stage**



A Graduated Response to SEND – Generic Flowchart

This is a graduated approach in which the provision at each level includes that described in the preceding level. Each level is defined as follows:

### **No Support**

#### Education

Children/young people achieve the learning outcomes, appropriate to their age and ability, through Inclusive Quality First Teaching.

#### Social Care

Children/young people are able to access universal services without any additional support.

### **Some Support**

#### Education

Children/young people are beginning to show some signs of emerging needs. Timely intervention would ensure that they move back to the 'No Support' category in the majority of cases. This support would be funded through Elements 1 and/or 2 of the school budget. For some children there may be a period of time when the support gradually intensifies, until 'Lots of Support' is considered.

#### Social Care

Children/young people are able to access universal support but may need some support from the adults present on occasions. They will not need an identified person for this support.

### **Lots of Support**

#### Education

Children/young people have identified learning needs and are described in the Code of Practice at SEN Support. They will require a lot of support but a Costed Provision Map (CPM) would indicate this provision to be below the £6000 threshold and thus would be funded through Element 2 funding. They are likely to be children/young people for whom there may be the possibility of an EHC Referral and therefore the setting would ensure that the process of evidence gathering is implemented in an increasingly robust fashion.

#### Social Care

Children/young people are not able to access community facilities or universal services without designated support. This may not be continual support but the person would need to be available to them as necessary. They may, following an assessment of need by a social worker, be eligible for specialist support services.

### **Exceptional Support**

#### Education

Children/young people who have complex and long-term needs and who have an Education, Health and Care (EHC) Plan or who will be referred for an EHC assessment in the near future, i.e. a well-founded referral is underway. A CPM would indicate levels of support above the £6000 threshold with a need for additional top-up funding.



### Social Care

Children/young people who are unable to access any community or universal service without a minimum of 1:1 support at all times. They are likely, following a social worker assessment of need, to be eligible for specialist support services.

Once a child or young person, who does not have an EHC Plan, reaches the exceptional support stage, then they may begin to follow the EHC Pathway. An EHC assessment and plan will only be initiated if the child/young person has educational needs. If there are no educational needs a social care assessment can still be undertaken.

The nature of the assessment pathway would depend upon the age and/or needs of the child. For example:

- [The Autism Pathway](#)
- [The Education, Health and Care Pathway](#)
- [The Early Years Pathway](#)
- [Preparing for Adulthood](#)

## Chapter 5

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### Sources of Support

As part of the graduated approach, schools, colleges and settings can access support from a range of Education, Health and Care services for children and young people with SEND. Such support can be accessed for children with varying levels of need, not just those who are undergoing an EHC assessment or have an EHC Plan.

Services in Wigan work collaboratively to support families. This can include joint consultations and assessments, information sharing and joint training. This means that families will not need to repeat their stories and that duplication of assessments can be avoided.

#### 5.1 Education and Social Care

The Special Educational Needs and Disability Service (SENDS) is a multi-disciplinary team with a remit across both education and social care.

##### **Assessment and Planning**

The team deals with referrals and assessments for EHC Plans

##### [Autistic Spectrum Condition \(ASC\) Pathway & Service](#)

The ASC Service provides support for children and young people with a diagnosis of ASC.

##### [Preparing for Adulthood \(PfA\)](#)

PfA provides support around education and training from age 16+

##### **SEND Social Work Team**

The SEND Social Work Team provides assessment and support for children and young people whose needs are significant and or multiple as a result of their disability.

##### [Short Breaks \(including Leisure for All\)](#)

Short breaks provide children and young people who have a disability with enjoyable experiences away from their primary carers, thereby contributing to their personal and social development and reducing isolation. Parents and families also receive a necessary and valuable break from caring responsibilities

**The Early Intervention and Prevention (EIP)** team also provides support across education and social care.

##### [Targeted Education Support Service \(TESS\)](#)

TESS provides targeted educational support where learning and/or behaviour are a concern and may have an effect on achievement.

##### [Educational Psychology Service \(EPS\)](#)

Advice and support for children and young people to help them with progress in education, positive mental health, personal and social development.

## Gateway

### [Specialist Sensory Education Team \(SSET\)](#)

SSET supports learners who have sight and hearing difficulties

### [Ethnic Minority Achievement Service \(EMAS\)](#)

EMAS provides support for learners whose first language is not English

### [Traveller Education](#)

Advice and support for Gypsy, Roma and Traveller learners

The following sources of support are also available:

### [Schools Outreach Service](#)

The Schools' Outreach Service is provided by special schools working in partnership with the Special Educational Needs and Disability Service (SENDS) and the Educational Psychology Service (EPS) to promote change and strengthen the inclusion of children and young people with SEND in mainstream settings.

### [Virtual School Team](#)

A service to break down the barriers to learning for Children Looked After to enable them to meet their educational potential.

### [Early Learning and Childcare](#)

Providing support for children in early years and childcare including child-minders, out of school clubs and supporting children with special educational needs and disabilities.

## 5.2 Health

The services listed below are offered by the NHS for children and young people with special educational needs and disabilities. Reference has been made to some adult services in order to assist the transition from children's to adult services.

### **Children's Audiology**

Audiology aims to enable children to reach their full social and educational potential by ensuring that the child's/young person have maximum hearing.

### **Newborn Hearing Screening Service**

The Service provides universal neonatal hearing screening services.

### **Children's Learning Disability Team**

The Learning Disability Children's Nursing Service provides support in managing behavioural issues for children aged 4-16 with a learning disability.

### **Adult Learning Disability Service**

A multidisciplinary team based at locations across the Wigan borough aiming to provide a seamless, person centred service to adults and young people with a learning disability.

### **Children's Contenance Service**

The Children's Contenance Team help to support children and young people across the borough with bladder and bowel issues.

**Adult's Continence Service**

The service provides specialist clinical advice, guidance and support to health and social care professionals, carers and clients with regard to continence care.

**Children's Community Nursing Team**

The Children's Community Nurse Team (CCNT) provides holistic family centred nursing care, support and advice for children and young people with long term, complex health needs within the community setting.

**Children's Early Years Assessment**

The team's aim is to provide a high quality integrated service to children who have complex needs and are aged 0-5 as part of a multi-disciplinary approach.

**Minor Illness Service and Prevention for Children aged 0 – 19 years**

The diagnosis and treatment of minor illnesses in children, to provide care closer to home.

**Children's Physiotherapy Service**

Our aim is to provide a high quality physiotherapy service as part of a multidisciplinary team to meet the needs of children and young people aged 0-16 or 0-19 if attending a special school.

**Adult Physiotherapy Service**

This is a clinic based service available in numerous sites across Bridgewater. The team consists of experienced Chartered Physiotherapists and support staff with the knowledge and skills to provide highly specialist advice, support and / or rehabilitation for

**Adult Podiatry Service**

Podiatry is a medical specialty dealing with the diagnosis and treatment of disorders of the human foot.

**Counselling Service**

The Counselling Service offers one to one assessment and counselling for patients over 16 years of age registered with ALW GPs. The service is provided by a team of qualified counsellors. The aim is to provide a high quality integrated service to children who have complex needs and are aged 0-5 as part of a multi-disciplinary.

**Looked After Children Health Service**

A community based team of experienced specialist nurses with the knowledge and skills to provide assessment and either care or referral dependent on the child/young people's needs. Looked after Children (or Children in Care) are those who are in the care of a local authority. The team is responsible for liaising with health visitors, school nurses, paediatricians, social care and those Looked after Children's Health Teams who have children placed within the Bridgewater area.

**Children and Young People's Occupational Therapy Service**

Our aim is to provide a high quality Occupational Therapy service as part of a multidisciplinary team to meet the needs of children and young people.

**Adults' Respiratory Service**

The Respiratory Team offers a multi-disciplinary team approach to management of COPD, Interstitial lung disease (ILD) and Bronchiectasis throughout the Ashton, Leigh and Wigan borough.

**Child Protection and Safeguarding**

Child Protection is part of safeguarding and promoting welfare and refers to the activity which is undertaken to protect children who are suffering or are likely to suffer significant harm.

**Children and Young People's School Nursing Service**

School Nurses are public health nurses who lead and deliver the Healthy Child Programme for school-aged children and young people.

**Children and Young People Speech and Language Therapy Service**

The service aim is to provide a high quality speech and language therapy service to children and young people with speech, language and communication difficulties and/or eating and drinking difficulties in the Ashton, Leigh and Wigan area.

**Children and Adult's Wheelchair service**

The Wheelchair Service provides assessment for provision of a wheelchair when clients meet the eligibility criteria. Following assessment wheelchairs will be provided to meet clinical need.

**Family Nurse Partnership**

The Family Nurse Partnership is a programme for first time mothers under the age of 20. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two.

For more information on these services please visit the [Bridgewater Community Healthcare NHS Trust](#)

**5.3 SEND Information and Advice and Support Service (SENDIASS)**

The benefits of the active participation of parents and young people in decisions about special educational provision are crucial to the systems and processes as they exist in Wigan. SENDIASS, which was formerly known as Wigan Parent Partnership and Participation Service, will provide access to impartial and relevant information and support to promote effective partnership working.

Some of the services offered by SENDIASS are:

- Impartial, confidential information and support for families with children and young people (age 0-25) with special educational needs and/or disabilities.
- Independent support and / or supporters for parents and young people who are undergoing the EHC process or transferring from a Statement to an EHC plan. In the latter case the Independent Supporter offer is available from September 2014 to March 2016.
- Information, advice and support in relation to Special Educational Needs (SEN), including health or care issues.
- Information on routes for formal and informal disagreement resolution or mediation opportunities regarding Special Educational Needs (SEN), including Health and care issues

## 5

- Signposting to alternative sources of information, advice and support when and where appropriate.
- Cross agency working, networking and training between statutory and non statutory agencies, particularly the Voluntary sector.

SENDIASS is committed to working closely with Wigan and Leigh EMBRACE [www.embracewiganandleigh.org.uk/](http://www.embracewiganandleigh.org.uk/) EMBRACE is a Voluntary Sector organisation who provide advocacy and support for families who have a person with a disability in their life or individuals who themselves have a disability. EMBRACE has also been commissioned by Wigan Council to deliver Parent Support, incorporating Parent (Key Working) Support and facilitating opportunities for parent engagement through a designated Parent Participation Coordinator.

For more information see the [SENDIASS](#) page on the Local Offer website.

## Chapter 6

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## 6

### Areas of Need – Cognition and Learning

#### 6.1 Definition

Cognition refers to the thinking skills and thought processes that a child/ young person has acquired through their prior experience. Learning needs are on a continuum and can vary across subjects and situations. Children with learning needs may learn at a slower pace than their peers despite appropriate differentiation. Learning difficulties can be general or specific and related to one or more areas of the curriculum. Difficulties may be short-term in one or more areas or severe and long term.

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia. Wigan's graduated approach to supporting children and young people with additional needs provides for the varying needs of all learners. For a child or young person with specific learning difficulties to meet criteria for an EHC plan their needs will be severe and complex. There is likely to be a combination of difficulties.

#### 6.2 Graduated Approach

For learners identified as having SEND, settings will take action to remove barriers to learning and put into place effective special educational provision. A graduated approach will be undertaken which draws upon the four part cycle Assess, Plan, Do, Review, with actions revisited, refined and revised building on a growing understanding of learners' needs and the support needed in helping them to make good progress and secure good outcomes. Each stage of support builds on the good practice of the previous stages. This will lead to an

approach in which increasing levels of support are provided where necessary and appropriate:

- Quality First Teaching for All children and young people
- Some support
- Lots of support
- Exceptional support

The Assess, Plan Do, Review approach will be applied at each of these levels. The guidance below describes the actions that could be taken at each level.

### 6.3 Effective Inclusive Settings: Quality First Teaching

High quality teaching, differentiated for individual learners, is the first step in responding to children and young people who have or may have SEND. High expectations should be set by teachers for every learner whatever their prior attainment.

#### Assess

- Is it underachievement or SEN?
- Review and analyse attainment and progress data.
- Look at history of progress over time – is lack of progress due to a recent event?
  - For example:
    - Death of a family member or friend
    - Serious illness of a member of the family or friend
    - Birth of a sibling
    - Moving house
    - Death of a pet
- Consider other factors e.g. communication skills, hearing/vision screening, general health considerations, basic needs are being met
- Analyse scores from standardised tests e.g. reading, spelling, numeracy and pin-point whether difficulties are general or specific
- Discuss strengths and difficulties with child/young person, all teaching staff and parents/carers
- Analyse the learner's work in all areas of the curriculum
- Check attendance and health records – does anything there contribute towards identifying possible barriers to learning?
- Review quality first teaching: is differentiation appropriate for learning needs?
- Have learning styles been taken into account?
- Audit staff training needs
- Observe class/setting– is access to resources, nature of groupings etc. having an effect?

**Plan**

- Use assessments to ensure appropriately differentiated work and ensure any gaps in learning are addressed
- Involve child/young person and their parents/carers in establishing where the learner is up to and what specific, small steps, need to happen to ensure progress. Targets should be dynamic and modified to match progress.
- Use analysis of child's/young person's learning styles to create increased learning opportunities
- Maximise learning by use of multi-sensory teaching and alternative recording methods etc.
- Ensure that learner knows what they need to do to achieve targets.
- Consider deployment of staff to support learners to overcome barriers to learning
- Co-ordinate staff training if appropriate

**Do**

- Ensure there is close liaison between all staff teaching the learner
- Ensure there are opportunities for consolidation and application of new skills
- Ensure questioning focuses on moving learning forward
- Provide feedback to learners highlighting successes and reinforcing next steps
- Establish effective communication with home to celebrate successes and reinforces learning
- Teaching staff take the learners receptive language into account, ensuring that they understand instructions etc.

**Review**

- Ensure marking and feedback is regular and focused on learner's individual learning objectives
- Review and analyse attainment and progress data
- Review progress with learners, parents/carers and all teaching staff
- Given the learner's baseline, if progress hasn't been made or isn't matched to ability, consider further support

**6.4 Graduated Approach - Some Support**

If, despite quality first teaching that takes the above into account, there are still concerns, teaching staff will consider putting some additional support in place.

**Assess**

- Monitor through diagnostic testing e.g. reading, spelling, phonics, number etc. along with standardised tests
- Refer to Assessment for Learning (AfL), B squared etc.
- Consider Skills for Learning



- Audit staff skills
- Consider other factors, e.g. Communication and Interaction, Physical/Sensory, Social Emotional and Mental Health

### Plan

- Involve learner and their parents/carers in process of understanding what their difficulties are and what needs to happen for the learner to make progress
- Teacher, in consultation with SENCo, learner and parents/carers plans a time-limited intervention carefully matched to identified needs and chosen from those that have been found to be effective by monitoring and results
- Intervention(s) are timetabled, ensuring that resources (including time and appropriate staff) are in place
- Deployment of staff is paramount to ensure learners are given the set time specified for the programmes of support
- Intervention(s) will be timed, where possible, so that the learner does not miss whole class activities
- Teachers, supported by the SENCo, ensure that there are opportunities for skills to be applied and revised in whole class activities
- Plan differentiated activities- different from/additional to the class
- Plan regular time for communication between teacher and person delivering intervention to monitor progress and adapt targets/focus as necessary
- SMART targets and outcomes are set and shared with learner/parents
- Targets are dynamic and are modified to match progress
- A record keeping system is in place to monitor progress

### Do

- Planned interventions delivered by trained teaching staff
- Interventions are monitored to ensure accelerated progress
- Intervention can be delivered within a whole class as part of guided work or in another part of school, however the class teacher is still responsible for ensuring and monitoring that learning progress occurs
- Class teacher continues to work closely with staff involved in delivering interventions to assess impact
- Record progress towards intervention targets on a regular basis

### Review

- On-going monitoring of intervention to ensure quality of delivery and progress towards targets e.g. observations
- Repeat tests following intervention to check progress
- Obtain learner and parent/carer's views about impact of the intervention
- Where little or no progress is being made, class teacher and SENCo review suitability of intervention and re-plan
- Where progress has been limited, return to assessments and consider further involvement of [Support Services](#)

## 6.5 Graduated Response - Lots of Support

It is envisaged that few children/young people will require support at this level. Settings will have continued to monitor progress and implemented the previous advice and strategies using the Assess, Plan, Do, Review cycle.

### Assess

- Consider all previous assessments and progress over time and consider consultation with support services as appropriate e.g. Targeted Education Support Service, Educational Psychology Service, Specialist Sensory Educational Team, Occupational Therapy, Gateway etc.
- Consider all factors which may be creating barriers to learning
- Are staff skills sufficient to meet learner needs or are there training implications?

### Plan

- Continue to involve learner and their parents/carers in the process of understanding what needs to happen for them to make progress. Share targets with learner, parents/carers and all teaching staff
- Deployment of staff is paramount to ensure learners are given the set time specified for the programmes of support. This should be monitored by the class teacher and SENCo
- Consider deployment of support staff. Training may be needed for the delivery of recommended interventions or understanding of learner's specific needs
- Set SMART targets based on specific needs with clear links to the interventions
- Plan intervention sessions ensuring opportunities for whole class integration are not minimized
- Ensure that all required resources, including space to work etc., are in place before the intervention begins
- Plan differentiated activities, additional to and different from those of the class/ group

### Do

- Deliver small group or 1:1 interventions by trained staff
- Ensure that class teachers are involved in planning, monitoring and sometimes delivering (as appropriate) interventions
- Class teacher continues to work closely with staff involved in delivering interventions to assess impact
- Ensure time made available for feedback/planning between staff
- Monitor teaching in intervention sessions to ensure quality assurance
- Check that skills developed in small group or 1:1 sessions are used 'back in class' to reinforce and embed

## Review

- On-going review meetings between class/subject teacher and teaching assistant delivering intervention to discuss any difficulties etc.
- Gather annotated evidence of “additional to and different from”
- Observe interventions to monitor quality assurance
- Planned review meetings midway and then at the end of interventions to assess impact. Adapt/change intervention and/or targets if necessary.
- Regular contact with parents/carers to report on progress and to update on ‘at home’ strategies that will help
- Review progress in all areas and evaluate impact of particular interventions
- Ensure costed provision map highlights additional support being provided
- Has there been the necessary EP involvement?
- Consider referral for an EHC Assessment and Plan

### 6.6 Graduated Response - Exceptional Support

In following the Assess, Plan, Do, Review cycle and implementing the advice from specialist services, it is envisaged that very few children/young people will require an Education Health and Care Assessment and Plan. The referral for an EHC Assessment needs to demonstrate evidence of advice sought, acted on and evaluation that demonstrates the need for further intervention and provision.

### 6.7 Severity Criteria - Cognition and Learning

The severity criteria remain the same as that which was used for Statutory Assessment for Statements of SEN. A child/young person will be working across core curriculum subjects of Mathematics, English and Science at or below the levels as indicated in the following table:

Year	Level
1	5 - P Scales
2	6 - P Scales
3	7 - P Scales
4	8 - P Scales
5	1b National Curriculum
6	1a National Curriculum
7	2c National Curriculum
8+	2b National Curriculum

These levels will need to have been moderated both within school and by an external agency. The levels, however, will only indicate a need for a referral for an EHC Assessment to be made following appropriate support and programmes which have been tried and have not led to significant progress.

**The Local Authority recognises that changes are being introduced to the National Curriculum and the way in which attainment is measured. The Local Authority will consult with schools accordingly.**

## 6.8 Specific Learning Difficulties (Dyslexia) – Definition and Severity Criteria

### Definition

#### The Rose Report

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling.

- Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed.
- Dyslexia occurs across the range of intellectual abilities
- It is best thought of as a continuum, not a distinct category, and there are no clear cut off points.
- Co-occurring difficulties may be seen in aspects of language, motor coordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia.
- A good indication of the severity and persistence of dyslexic difficulties can be gained by examining how the individual responds or has responded to well-founded intervention.

#### The British Psychological Society definition (1999)

“Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy 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.”

#### Severity Criteria – SpLD (Dyslexia)

Learners will have already received support through Wigan’s graduated response.

Information supplied by schools will provide results which show evidence of attainment levels, in literacy, well below those normally expected for the pupil’s age, i.e. equivalent to the P Scale and National Curriculum Levels that apply to the criteria for cognition and learning (see table in Section 6.7). These learners would usually be experiencing significant difficulties in reading/spelling, usually at or below the first percentile, on standardised assessments. It will be expected that learners below Y2 who are displaying signs of specific learning difficulties will be supported from school-based resources taking account of the process criteria.

## Chapter 7

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# 7

### Areas of Need – Communication and Interaction

#### 7.1 Definition

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

#### 7.2 Different forms of Communication and Interaction Difficulties

Children and young people may have difficulty with:

- Receptive Language
- Difficulty in understanding and processing language
- Expressive Language
- Difficulty with the use of spoken language or nonverbal communication
- Pragmatic/Social communication
- Difficulty with social interaction, social cognition, and pragmatics.
- Speech sound difficulty
- Difficulty with phonological skills or articulation skills.

The difficulty may not be restricted to one area and may be demonstrated at different levels.

#### 7.3 Assessment: Gathering Evidence

Where there are signs that a child/young person may need some support for communication difficulties the class teacher should consider:

- The classroom environment and its potential to interfere with communication
- The child or young person's individual needs, their presentation and impact on their learning
- An early discussion with the SENCo to provide some suggestions of observations to make or strategies to try.

The Communication and Interaction Audit has some suggestions for considering “conditions for learning” and individual needs and can be downloaded from the Related Documents section on the HEFA web page.

There is further information on SLCN, including self-evaluation, available in the Inclusion Development Programme (IDP) [idponline.org.uk](http://idponline.org.uk) . Training can be accessed through the IDP or through the TESS training programme.

The table on the next page provides some indications of difficulties that children and young people may experience.

<p><b>Receptive Language Difficulty</b></p> <p>The child/young person/ young person shows difficulty in:</p> <ul style="list-style-type: none"> <li>• Listening, attention skills</li> <li>• Understanding spoken language</li> </ul> <p>Child/young person may show:</p> <ul style="list-style-type: none"> <li>• Lack of interest in lessons</li> <li>• Negative/disruptive behaviour</li> </ul>
<p><b>Expressive Language Difficulty</b></p> <p>The child/young person/ young person shows difficulty in:</p> <ul style="list-style-type: none"> <li>• Conveying information in speech</li> <li>• Writing</li> <li>• Sign language or gestures.</li> </ul> <p>The child/young person may:</p> <ul style="list-style-type: none"> <li>• Not use correct grammar</li> <li>• May produce very short phrases and sentences</li> <li>• May have a small vocabulary</li> <li>• May have limited eye contact</li> <li>• Limited natural gestures</li> <li>• Limited facial expressions</li> </ul>
<p><b>Pragmatic/Social Communication Difficulty</b></p> <p>The child /young person shows difficulty in:</p> <ul style="list-style-type: none"> <li>• Use of social language and social rules of conversation</li> <li>• Making and maintaining friendships</li> <li>• Understanding of others feelings/emotions</li> <li>• Inference</li> <li>• Using non –verbal communication such as eye contact or facial expressions</li> <li>• Sensory integration</li> <li>• Staying on topic in conversations.</li> </ul> <p>Child/young person may show:</p> <ul style="list-style-type: none"> <li>• Lack of interact in lessons</li> <li>• Lack of interest in peers</li> </ul>
<p><b>Speech Sound Difficulty</b></p> <p>The child/young person may have:</p> <ul style="list-style-type: none"> <li>• A family history of difficulties</li> <li>• Delayed language development</li> <li>• Difficulties with co-ordination of the tongue, lips and palate</li> <li>• Hearing difficulties</li> <li>• Additional diagnosed difficulties e.g. Developmental Verbal Dyspraxia, Down Syndrome etc</li> </ul>

For further information click on the following links to Communication Trust:

[Typical talk at Primary](#)

[Typical talk at Secondary](#)

[Afasic](#)

## 7.4 Plan & Do: Strategies and interventions

“[Have you tried?](#) - for Communication and Interaction” suggests a number of strategies to improve communication and understanding within the mainstream classroom. Together with the [Communication and Interaction Audit](#) this provides some suggestions for initial support prior to an expert diagnosis of a specific need.

The tables below give some more specific suggestions:

<b>Receptive Language Difficulty</b>
Some Support
<ul style="list-style-type: none"> <li>• Check communication -friendly classroom,</li> <li>• Discuss strategies and play memory and listening games.</li> </ul>
Lots of Support
<ul style="list-style-type: none"> <li>• ELKLAN</li> <li>• Talking Tables</li> </ul>

<b>Expressive Language Difficulty</b>
Some Support
<ul style="list-style-type: none"> <li>• Check communication -friendly classroom,</li> <li>• Provide scaffolding &amp; models of language structures</li> <li>• Visual cues help the child/young person to formulate their responses.</li> <li>• Vocabulary lists can help with word finding/recall difficulties</li> </ul>
Lots of Support
<ul style="list-style-type: none"> <li>• Give opportunities to discuss what they have seen with an adult or more verbally able peer.</li> <li>• ELKLAN,</li> <li>• Talking Tables</li> </ul>

<b>Pragmatic/Social Communication Difficulty</b>
Some Support
<ul style="list-style-type: none"> <li>• Check communication -friendly classroom,</li> <li>• Provide scaffolding.</li> <li>• Try to give the child/young person a routine which they can follow – visual time lines and “Now /Next” board can help to give structure to a school day.</li> <li>• Discuss any changes to the routine prior to it happening – back this up with visuals such as a social story</li> <li>• Talking Partners</li> </ul>
Lots of Support
<ul style="list-style-type: none"> <li>• Use social stories to model appropriate social behaviours</li> <li>• Use role play to practice, social skills, imaginary play and turn taking</li> <li>• ELKLAN</li> <li>• Talking Tables</li> </ul>

<b>Speech sound difficulty</b>
Some Support
<ul style="list-style-type: none"> <li>• Check communication -friendly classroom,</li> <li>• Provide scaffolding.</li> <li>• Give the child/young person lots of opportunities to hear good roles of the speech sounds they are struggling with</li> <li>• Talking Partners</li> </ul>
Lots of Support
<ul style="list-style-type: none"> <li>• ELKLAN</li> <li>• Talking Tables</li> </ul>

For children / young people with higher levels of need the document Activities to Support Communication and Interaction may prove useful. This can be found in the Related Document section of the HEFA web page.

### **7.5 Review: Monitoring and Tracking**

It is important to establish a baseline assessment of speech, language and communication skills. Tests such as British Picture Vocabulary Scale (BPVS) or Cognitive Abilities Test (CAT) could be used to establish a standardised assessment result and support services such as TESS, SALT or EPS could provide advice and/or support for this.

This could lead to a programme of intervention that should be recorded through a provision map, speech and language plan or IEP/Support Plan which enables school to measure the impact of the interventions.



## 7.6 EHC Criteria

The referral for an Education Health and Care Assessment needs to show evidence of advice sought, acted on and evaluation that demonstrates the need for further intervention and provision.

Children with communication and interaction difficulties will often be identified through the Early Years Pathway. The Code of Practice stresses the importance of early identification, assessment and intervention. Early language difficulties often lead to difficulties with literacy skills, social communication and emotional development.

The needs of children with severe communication and interaction difficulties can only be identified by a detailed assessment of their speech, language and overall communication, cognitive processing and emotional functioning. Communication and interaction difficulties are often a feature of other learning needs and may be considered in other sections of this document.

When describing the child's functioning reference should be made to:

- Birth to Three Development Matters Framework
- Curriculum Guidance for the Foundation Stage
- 'P' Levels
- National Curriculum Levels

For SLCN it is expected that the evidence will include either an EP report and /or SALT report.

## Chapter 8

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### Areas of Need – Social, Emotional and Mental Health (SEMH)

#### 8.1 Definition

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 distressing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

## 8.2 Indicators of difficulties

Children and young people with SEMH difficulties may display passive behaviours such as:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolated
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/ reluctance to speak
- Task avoidance

Children and young people with SEMH difficulties may display active behaviours such as:

- Challenging behaviours
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

### 8.3 A Graduated Approach

As described in Chapter 4 a graduated approach is applied to all types of need. The following pages contain three Social, Emotional and Mental Health audits. They describe actions to be undertaken under each of these headings and follow the format of;

- Assess
- Plan
- Do
- Review

Audit One describes actions to be undertaken for ALL children and young people. Much of this is based around Inclusive Quality First Teaching.

Audit Two describes actions to be undertaken for SOME children and young people. This is based around Inclusive Quality First Teaching plus additional time-limited support programmes.

Audit Three describes actions to be undertaken for a FEW children and young people. This includes Inclusive Quality First Teaching plus increasingly individualised intervention programmes to accelerate and maximise progress and close performance gaps.

The audits are designed to assist schools in ensuring a rigorous, consistent approach to support for Social, Emotional and Mental Health.

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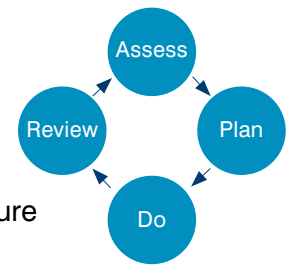
All



## Social, Emotional and Mental Health Audit One -

### All Children and Young People

Some children and young people will require time-limited intervention programmes in addition to Inclusive Quality First Teaching; in order to secure effective learning and increase their rate of progress.



#### Assess:

- Is the learner underachieving or do they have any special educational needs?
- Are there any other factors such as EAL?
- Discuss any concerns with the learner, all teaching staff, and parents
- Establish the learner's strengths and barriers to achievement
- Do observations in class and in less structured situations
- Review attainment and progress data
- Look at scores from standardised tests e.g. reading, spelling, maths and other diagnostic assessments
- Analyse the learner's work and learning style– all areas
- Check attendance, health and safeguarding records
- Review school processes for ensuring Inclusive Quality First Teaching – ensure Social, Emotional, and Mental Health is supported through PSHE&C, the School Council, SEAL, Rtime, Circle Time, Lunchtime Behaviour Plans etc.
- Review school processes for creating an inclusive school culture supported by positive and consistent behaviour management.
- Audit staff training needs

#### Plan:

- Involve the learner and their parent/s in the process
- Use a learning assessment to ensure appropriately differentiated work and ensure any gaps in learning are addressed
- Use the learner's and teacher's analysis of his/her learning style and needs to create an environment in which the learner can work; making use of flexible and multi-method learning approaches
- Ensure everyone manages behaviour processes consistently
- Setting a review date

#### Do:

- Revisit whole school Behaviour Policy, Anti-Bullying Policy – Rules, Rewards and Sanction systems
- Use PSHE&C, Social Emotion Aspects of Learning (SEAL), Rtime, Circle Time, Peer Massage where appropriate
- Promote a positive ethos and inclusive culture through assemblies, school council, and school newsletters
- Consider the DfE document, [Mental Health and Behaviour in Schools. Departmental advice for school staff](#) (DfE, June 2014)

- Be aware of the need to promote social, emotional and mental health during extra-curricular activities, school trips, lunchtime clubs

**Review:**

- Analyse to ensure teaching and learning has been effective. If it has, then continue to support the learner through the systems already in place.
- However, if the learner has not made the same progress as other learners with the same ability and needs then consider further support

Some

**Social, Emotional and Mental Health Audit Two -****Some Children and Young People**

Some children and young people will require time-limited intervention programmes in addition to Inclusive Quality First Teaching; in order to secure effective learning and increase their rate of progress.

**Assess:**

- Undertake classroom observations
- Discuss concerns with the learner, his/her parents/carers and all teaching staff
- Use tools such as B Squared to monitor progress
- Skills for Learning (formerly QCA EBD Scale available from TESS)
- Pre and post assessment of interventions with clear success criteria
- Holistic view of the child/young person including other factors
- Boxall Profile
- Goodman's Strengths and Difficulties Questionnaire
- Wigan Council: Mental Health Toolkit
- Risk Assessments
- Audit Staff Skills

**Plan:**

- Involve the learner and their parent/s in the process, understanding how they learn and what needs to happen to make progress
- Involve Support Services at a consultation level
- Use assessment to plan appropriately differentiated work and ensure any gaps in learning are addressed
- Create an environment in which the learner can work; making use of flexible and multi-method learning approaches and consider alternative ways of recording to enable pupils to demonstrate their learning
- Consider deployment of support, ensuring everyone receives appropriate training and develops an understanding of the pupils needs
- Ensure everyone manages behaviour processes consistently
- The teacher, in consultation with the SENCO, pupil, parent and others involved, is responsible for;
  - Planning interventions,

- Considering the time, support and resources required,
- Setting appropriately challenging SMART targets based on age, prior attainment and SEN/SEMH needs ,with clear expected outcomes
- Setting a review date

**Do:**

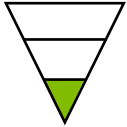
- Planned structured researched programmes of small group support delivered by trained teaching staff (Teachers and/or Teaching Assistants).
  - It can be delivered within a whole class as part of guided work or in another part of school
  - The class teacher should work closely with staff involved in delivering interventions to assess impact.
  - The class teacher is responsible for ensuring and monitoring that learning progress occurs.
- Small group interventions with positive role models and differentiated learning to ensure success and increase self-esteem e.g.
  - Nurturing Talk
  - Silver SEAL
  - Family SEAL, Nurture Room
  - Rtime
  - Circle Time
  - Socially Speaking
  - Social skills activities,
  - Understanding and controlling emotions activities
  - Anti-bullying interventions
  - Peer support systems
  - Restorative Justice approaches.

**Review:**

- Evaluate intervention to ensure teaching and learning has been effective.
- If it has, then continue to support the learner through the systems already in place.
- However, if the learner has not made the same progress as other pupils receiving similar support then consider asking for advice through a consultation with support services such as:
  - Targeted Education Support Service (TESS)
  - Educational Psychology Service (EPS)
  - Gateway
  - Speech and Language Therapy (SALT)
  - Occupational Therapy (OT).

8

Few



## Social, Emotional and Mental Health Audit Three –

### Few Children and Young People

A few children/young people will require increasingly individualised intervention programmes, in addition to Inclusive Quality First Teaching, to accelerate and maximise progress and close performance gaps.

#### Assess

- Consider all previous assessments, progress over time and refer to appropriate support services.
- Support services may;
  - Have discussions with the learner, parents/carers and teaching staff,
  - Make classroom observations, and use assessment tools
  - Assess using diagnostic assessments
  - Provide a report detailing recommendations.

#### Plan:

- Involve the learner and their parents/carers in the process
- Use assessment of cognitive development to plan appropriate tasks and ensure any gaps in learning are addressed
- Make use of recommendations and strategies described in support services reports.
- Consider deployment of support ensuring everyone receives appropriate training and develops an understanding of the pupil's needs.
- Ensure everyone manages behaviour processes consistently.
- The teacher, in consultation with the SENCO, pupil, parent and others involved, is responsible for;
  - Planning interventions,
  - Considering the time, support and resources required,
  - Setting appropriately challenging SMART targets based on age, prior attainment and SEN/SEMH needs ,with clear expected outcomes
  - Setting a review date
- Planning can be recorded on the school's information systems through Provision Maps, Individual Education Plans and/or Pastoral Support Programmes.

**Do:**

- Planned structured researched programmes of small group support delivered by trained teaching staff (Teachers and/or Teaching Assistants).
  - It can be delivered within a whole class as part of guided work or in another part of school
  - The class teacher should work closely with staff involved in delivering interventions to assess impact.
  - The class teacher is responsible for ensuring and monitoring that learning progress occurs.
- Small group interventions with positive role models and differentiated learning to ensure success and increase self-esteem, for example:
  - Individual counselling
  - Nurturing Talk
  - Silver SEAL
  - Family SEAL,
  - Nurture Room provision
  - Rtime
  - Circle Time
  - Socially Speaking
  - Social skills activities
  - Understanding and controlling emotions activities
  - Anti-bullying interventions
  - Peer support systems
  - Restorative justice approaches

**Review**

- Review outcomes at the time previously planned. Evidence of outcomes should include all data and feedback from all involved – the pupil, their parent, the teachers, teaching assistants and SENCO. This review may also involve support services.
- The review will consider the impact of the intervention on the pupil's progress and evaluate the effectiveness of the support. Analysis should ensure teaching and learning has been effective. If this is the case then continue to support the learner through the systems already in place.
- However, if the learner has not made the same progress as other pupils receiving similar support then referral for an Education Health and Care Plan may be appropriate



### 8.4 Processes for Addressing Social, Emotional and Mental Health Difficulties

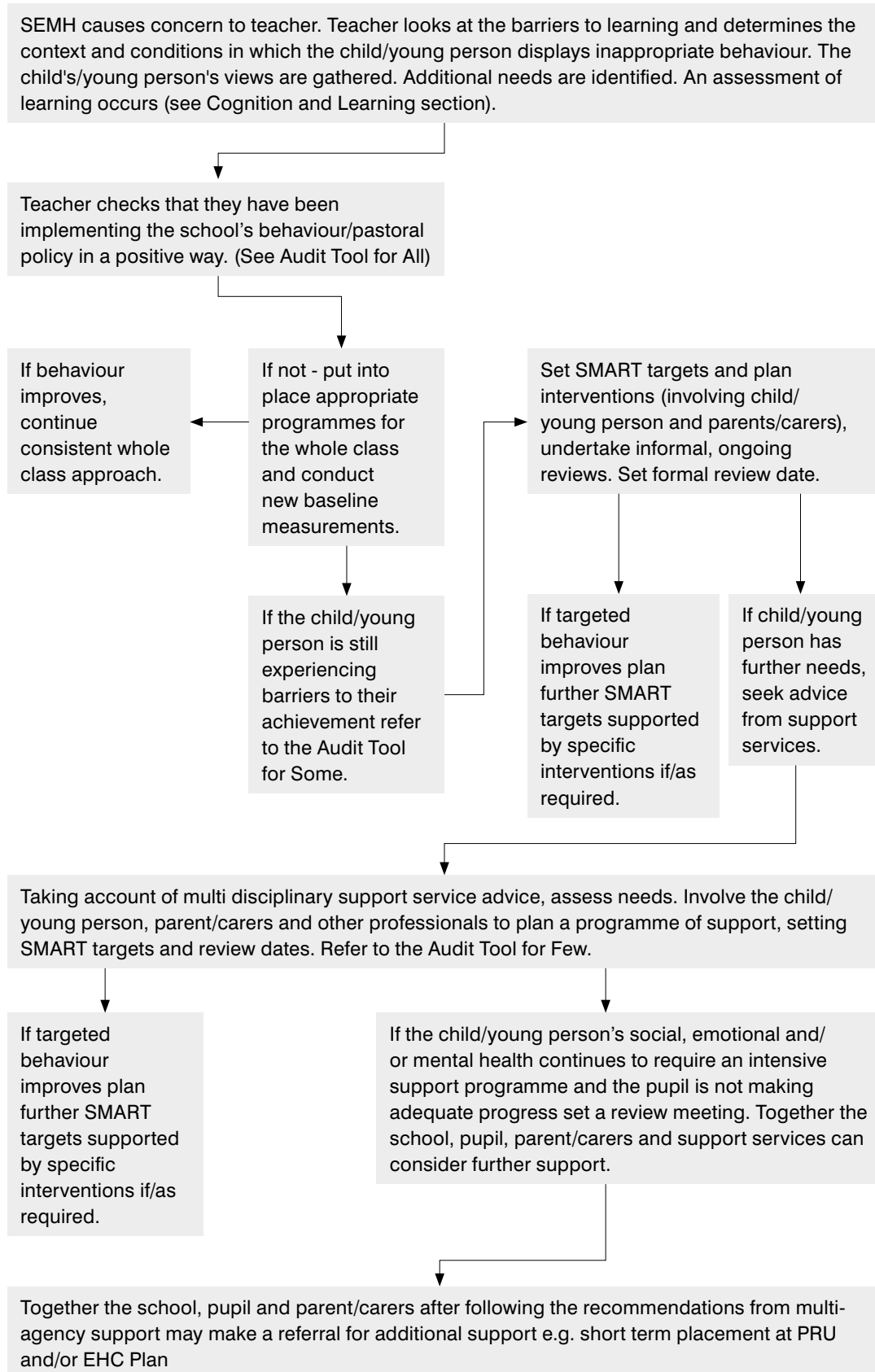


Figure 3: Processes for addressing Social, Emotional and Mental Health Difficulties

## 8.5 Whole School Behaviour and Discipline

The Headteacher must publicise the school behaviour policy in writing, to staff, parents and pupils at least once a year. The school's behaviour policy must be published on its website. Schools have found that good practice involves the whole community taking part in regular planned reviews of policy.

Settings should consider whether continuing disruptive behaviour might be the result of unmet educational or other needs. The SENCO and others within the setting's pastoral team have a vital role to play in joined up working.

Schools and early years settings may find the following documents useful:

**DfE Behaviour and discipline in schools. Advice for headteachers and school staff (DfE, February 2014)**

<https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools>

**Getting the Simple things right: Charlie Taylor Behaviour Checklists**

<https://www.gov.uk/government/publications/good-behaviour-in-schools-checklist-for-teachers>

**Use of Reasonable Force – advice for headteachers, staff and governing bodies (DfE, July 2013)**

<https://www.gov.uk/government/publications/use-of-reasonable-force-in-schools>

**Exclusions Guidance (DfE, June 2012)**

<https://www.gov.uk/government/publications/school-exclusion>

**School attendance (DfE, November 2013)**

<https://www.gov.uk/government/publications/school-attendance>

**Improving attendance at school – Charlie Taylor (DfE, 2012)**

<https://www.gov.uk/government/publications/improving-attendance-at-school>

**Working together to safeguard children. Safeguarding guidance (DfE, March 2013)**

<https://www.gov.uk/government/publications/working-together-to-safeguard-children>

## 8.6 Mental Health and Behaviour

The culture and structures within a setting can promote their learners' mental health. The SENCO will ensure colleagues understand how the setting identifies and meets learners' needs, provides advice and support to colleagues as needed and liaises with professionals from support services as necessary.

The following documents may prove useful:

**Mental health and behaviour in schools. Departmental advice for school staff (DfE, June 2014)**

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Schools will already have access to the Wigan Mental Health Toolkit. If you would like more information please contact the [Targeted Education Support Service \(TESS\)](#)

## 8.6 EHC Criteria

Children with social, emotional and mental health difficulties within educational settings are those who frequently exhibit a pattern of inappropriate behaviour of such significant duration and severity that it impedes their access to learning and/or, in some, but not all cases, the access to learning of other pupils.

Social, emotional and mental health difficulties may result, for example, from a reaction to a learning difficulty, from out-of-school factors, physical or mental illness, sensory or physical impairment, from psychological trauma or circumstances within educational settings.

Children with such difficulties may show inappropriate ways of coping with a range of emotional, social, environmental and personal situations. They may put barriers between themselves and their learning through inappropriate, aggressive or withdrawn behaviour. Such children often have poor social skills' development, low self-esteem, little experience of consistent guidelines on how to behave and show limited skill in coping with frustration, anger and fear.

They may show behaviours which include serious or persistent physical or verbal threats to other children or staff, persistent withdrawn or irrational behaviour, extreme tantrum episodes, self-injury, difficulty joining in group/class-based learning or social activities, severe social and emotional immaturity, long-standing fear of attending school, acute distress and/or high levels of anxiety, etc.

Most pupils with social, emotional and mental health difficulties will have their needs met from within school resources. Many such difficulties are situation specific and of a short duration.

It is only those young people with long term significant problems that will require an EHC Assessment based on:

- persistence over time;
- intensity/severity;
- duration;
- frequency;
- perceptions of degree of inappropriateness.

When their difficulties are to be defined as a special educational need, children/young people often present particular problems of assessment in the absence of well-standardised, norm-referenced assessment procedures. It is essential therefore that there are common pathways for the assessment of social, emotional and mental health difficulties so that the appropriate interventions and resources are identified and used effectively. The process is outlined in Section 8.4 and should run in parallel to the audit models shown earlier in this chapter.

## Chapter 9

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### Areas of Need – Sensory and/or Physical Difficulties

#### 9.1 Definition

Sensory needs, which can be hearing loss and/or visual impairment or sensory processing difficulties and physical difficulties, can occur for a variety of reasons, e.g. congenital conditions (some progressive), injury or disease. The important consideration in this area is the degree to which the difficulties impact on a child's or young person's ability to access educational opportunities.

#### 9.2 Different forms of Sensory and Physical Difficulties

##### Hearing Loss

- Hearing loss can be sensori-neural, conductive or mixed.
- The levels of hearing loss are mild, moderate, severe or profound. For medical definitions see EHC Criteria below.

##### Vision Loss

- Visual impairment is an eye condition that cannot be fully corrected by glasses or contact lenses.
- The levels of vision are mild, moderate, severe or profound. For medical definitions see EHC Criteria below.

##### Multisensory Impairment

- Multisensory impairment occurs when there is a hearing loss and visual impairment, which are both educationally significant although they may be at different levels

##### Sensory Processing Difficulty

- Our bodies and the environment send our brain information through our senses. We process and organise this information so that we feel comfortable and secure. When a child has difficulty coping with these demands, they may have sensory processing difficulties.
- A child may be under-sensitive or over-sensitive in the 5 areas:
  - Proprioception
  - Vestibular
  - Auditory
  - Oral Sensory
  - Tactile

## Physical Difficulty

- Physical/medical injuries can be for a variety of reasons, e.g. congenital conditions (some progressive), injury or disease.
  - A child with a physical difficulty may have a diagnosed medical condition which affects them physically. There may be an undiagnosed condition where the child presents with delayed development or impairment with their physical ability and/or presentation.

### 9.3 Assessment: Gathering Evidence

Where there are signs that a child/young person may need some support for communication difficulties the class teacher should consider:

- The classroom environment and its potential to interfere with learning
- The child or young person's individual needs, their presentation and impact on their learning
- An early discussion with the SENCo to provide some suggestions of observations to make or strategies to try.

There are some more specific areas that you can look to gather evidence about. The table that follows provides some indications that you might look for that would be helpful to a professional seeking to make a diagnosis of a specific sensory or physical difficulty.

<p><b>Hearing Loss</b></p> <ul style="list-style-type: none"> <li>• Medical diagnosis of educationally significant hearing loss</li> <li>• Not making expected progress</li> <li>• Greater difficulty with language rich subjects, especially phonics,</li> <li>• Social relationships suffer</li> </ul>
<p>The following resource can be found in the Related Documents on the HEFA web page</p> <p>Reducing the impact of hearing loss on access to learning</p>
<p><b>Visual Impairment</b></p> <ul style="list-style-type: none"> <li>• Medical diagnosis of educationally significant visual impairment</li> <li>• Not making expected progress</li> <li>• Social relationships suffer,</li> <li>• Clumsy</li> </ul>

<p><b>Sensory Processing Difficulty</b></p> <ul style="list-style-type: none"> <li>• Not making expected progress</li> <li>• Sensory processing difficulties may make it difficult for the child to engage in educational, functional and play activities and peer relationship development.</li> </ul>
<p>Link to checklist</p> <p><a href="#">Making sense of sensory behaviour - Falkirk</a></p>
<p><b>Physical</b></p> <ul style="list-style-type: none"> <li>• Not making expected progress</li> <li>• Poor self esteem &amp; independence,</li> <li>• Difficulty recording information</li> <li>• Reluctance to write,</li> <li>• Behaviour – challenging or withdrawing.</li> <li>• Frequent trips/falls.</li> </ul>
<p>The Motor Skills Assessments can be found in the Related Documents on the HEFA web page</p>

Training can be accessed through the IDP or through the Specialist Sensory Education Team (SSET) and TESS training programmes

#### 9.4 Plan & Do: Strategies and interventions

In considering strategies for initial support prior to an expert diagnosis of a specific need, class teachers may wish to consider some of the suggestions contained in "[Have you Tried? – for Communication and Interaction](#)". While these suggestions are not all aimed at children and young people with sensory and/or physical difficulties any strategies which reduce distractions and make communication more straightforward will improve the learning environment.

<p><b>Hearing Loss</b></p>
<p>Some support</p>
<p>Follow advice from the Specialist Sensory Education Team (SSET) including:</p> <ul style="list-style-type: none"> <li>• Checking and improving the listening environment – mainstream classroom checklist/audit,</li> <li>• Considering seating position,</li> <li>• Sound field system</li> </ul>

Lots of support
Follow advice from the Specialist Sensory Education Team including: <ul style="list-style-type: none"> <li>• Communicator support to provide access to the curriculum as a reasonable adjustment.</li> <li>• Use of specialist equipment as recommended by SSET</li> <li>• See: Reducing the impact of hearing loss on access to learning Add after learning, in the Related Documents on the HEFA web page</li> </ul>
<b>Visual Impairment</b>
Some support
Follow advice from the Specialist Sensory Education Team (SSET) including: <ul style="list-style-type: none"> <li>• Checking and improving the visual environment</li> <li>• Teacher resources for clarity,</li> <li>• Simplifying displays</li> <li>• Support as a reasonable adjustment.</li> </ul>
Lots of Support
Follow advice from the Specialist Sensory Education Team including: <ul style="list-style-type: none"> <li>• Adaptation of teaching resources</li> <li>• Support for curriculum and/or mobility</li> <li>• Use of specialist equipment as recommended by SSET</li> </ul>
<ul style="list-style-type: none"> <li>• Not making expected progress</li> <li>• Poor self esteem &amp; independence,</li> <li>• Difficulty recording information</li> <li>• Reluctance to write,</li> <li>• Behaviour – challenging or withdrawing.</li> <li>• Frequent trips/falls.</li> </ul>
The Motor Skills Assessments can be found in the Related Documents on the HEFA web page
<b>Sensory Processing Difficulty</b>
Some support
<ul style="list-style-type: none"> <li>• Consider the child's difficulties; make observations of their reactions to particular information and environments.</li> <li>• Try and alter the environment to accommodate their sensory difficulty</li> </ul>
Lots of support
<ul style="list-style-type: none"> <li>• Consider strategies in <a href="#">Making sense of sensory behaviour - Falkirk</a></li> </ul>

<b>Physical</b>
Some support
<ul style="list-style-type: none"> <li>• Look at the environment and how the child is accessing classroom activities,</li> <li>• Look at furniture used e.g. is it supportive, is the table the correct height?</li> <li>• Use physical resources e.g. Pen grips, writing slopes etc.</li> <li>• See: Alternative Ways of Recording in the Related Documents on the HEFA web page</li> <li>• Access Co-oL (Co-ordination and Learning) Programme training</li> </ul>
Lots of Support
<p>In addition to the strategies outlined above:</p> <ul style="list-style-type: none"> <li>• Implement advice in Occupational/Physio Therapy assessment and report</li> <li>• Implement advice from other health professionals/consultants</li> <li>• Consider outreach from PDOS – Hope School Outreach Team</li> </ul>

### 9.5 Review: Monitoring and Tracking

- On-going review meetings between specialist/class/subject teachers and those delivering intervention to discuss progress and any difficulties etc.
- Planned review meetings to assess impact and adapt/change intervention and/or targets if necessary
- Regular observations of interventions to monitor quality assurance
- Annotated evidence of the graduated approach including provision which is “additional to and different from”
- Regular contact with parents/carers to report on progress and to update on ‘at home’ strategies that will help
- Ensure costed provision map highlights additional support being provided
- Ensure there has been the necessary EP involvement
- Consider referral for an EHC Assessment and Plan

### 9.6 EHC Criteria

Severity Criteria for an Education, Health and Care Plan

#### Hearing loss

- Hearing loss may be permanent or temporary.
- Permanent hearing loss is usually sensori-neural and can vary in severity.
- The British Society of Audiology (BSA) descriptors are used for hearing loss.



The descriptors below are based on the average hearing threshold levels at 250, 500, 1000, 2000 and 4000Hz in the better ear. (The hearing threshold is the quietest level at which a sound can be heard)

Mild hearing loss	Unaided threshold 21-40 dBHL
Moderate hearing loss	Unaided threshold 41-70 dBHL
Severe hearing loss	Unaided threshold 71-95 dBHL
Profound hearing loss	Unaided threshold more than 95 dBHL

Hearing loss can have a significant effect on the development of language and communication skills and these may continue throughout a child's school career.

Factors to take into account when considering an EHC plan for hearing loss:

- Severe or profound hearing loss requiring high levels of targeted communicator support
- A significant discrepancy between verbal and non-verbal ability scores
- A marked discrepancy between the attainments of the child or young person in core subjects and the attainments of the majority of pupils of the same age
- Significantly low or delayed language development
- Hearing loss significantly impairing social and emotional development or mental health
- Significant difficulty in accessing the spoken curriculum

### Vision loss

The National Sensory Impairment Partnership (NatSIP) classification is used for vision loss. The classification applies to corrected vision with both eyes open.

Acuity criteria are for guidance purposes only and a Qualified Teacher of the Visually Impaired (QTVI) should apply professional judgment to decide on the classification. For example, a young person may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition e.g. nystagmus, visual field reduction, cerebral visual impairment. The QTVI will carry out Functional Visual Assessments whenever possible to provide information on how a child's ability to use eyesight is affected in everyday situations such as in the classroom.

Mild vision loss	Within the range 6/12 to 6/18 Snellen/ Kay (LogMAR 0.3 to 0.48)
Moderate vision loss	Less than 6/18 Snellen/Kay (LogMAR 0.5 to 0.78)
Severe vision loss	Less than 6/36 Snellen/Kay (LogMAR 0.8 to 1.00)
Profound vision loss	Less than 6/60 Snellen/Kay (LogMAR 1.02)

A child with a visual acuity of 6/18 or less would usually be defined as visually impaired. A visual acuity of 6/18 means that the child would see at 6 metres what a person with normal sight would see at 18 metres. Some children may be visually impaired with a visual acuity better than 6/18 if they have severely restricted visual fields or deteriorating conditions.

The ophthalmologist uses a combination of visual acuity and field of vision to judge whether someone is eligible for a certificate of vision impairment, and at which level (either sight impaired or severely sight impaired). If the criteria for certification are met then a child can then be registered as sight impaired or severely sight impaired although the registration process is voluntary. The child's registration document (CVI) is held locally by the social services Sensory Team\*.

Factors to take into account when considering an EHC plan for vision loss:

- Severe or profound vision loss requiring high levels of targeted support to ensure curriculum access
- Significant modification of curriculum materials required
- High levels of targeted support required for a child to acquire Braille skills
- Fluctuating and/or deteriorating levels of vision
- Significant difficulty in accessing the physical environment safely
- Vision loss significantly impairing social and emotional development or mental health
- A marked discrepancy between the attainments of the child or young person in core subjects and the attainments of the majority of pupils of the same age

### **Severity Criteria for Physical Difficulties**

There must be clear, recorded evidence that the pupil's physical disability does or could significantly impair access to the curriculum, ability to take part in particular classroom activities or participation in aspects of school life. Indicators of this may include:

- Clear and substantiated evidence of how and where the pupil's physical difficulties limit or restrict access to lessons and other learning activities, despite modifications to the environment and the provision of resources or support within Elements 1 & 2 of funding;
- Evidence of a marked discrepancy between the pupil's attainment in core subjects of the National Curriculum and the attainments of the majority of pupils of the same age;
- A marked discrepancy between the pupil's attainment in core subjects of the National Curriculum and the expectations of the pupil as assessed by his/her teachers, and external specialists who have closely observed the pupil;
- Clear and substantiated evidence, based on specific examples, that the pupil's physical disability has given rise to significant emotional and / or behavioural difficulties.
- In some cases, health and safety reasons may necessitate additional adult support for physically disabled pupils to access the National Curriculum.

## Process Based Criteria for Physical Difficulties

Statutory assessment will often be requested at an early years level through the Early Years process. There may also be reports from the physiotherapist and / or occupational therapist. In some medical conditions, there may be reports from specialist professionals, for example oncology nurse, clinical psychologist or specialist consultant. In order for the Statutory Assessment to be considered, a high level of adult support and significant modifications to the curriculum and / or physical environment will be necessary to enable the child to learn effectively. This should include any support / resources that could be made available through Elements 1 & 2 of the funding.

Fast tracking in the process-based system can occur in rare circumstances, for example, if an accident has led to a long-lasting physical disability or medical condition. Note must be taken of the appropriate time to discuss this with parents (and young person, if appropriate), due to the emotional anguish that they will be undergoing and possible uncertainties around prognosis. If the life expectancy of a pupil is affected by the medical condition, any emotional trauma must be considered in relation to the appropriateness of seeking support through an assessment of SEN.

## Chapter 10

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### The Autism Pathway

#### 10.1 Introduction

This chapter sets out the systems we have in Wigan around the diagnosis of autism. It is important to note that when working with a child/ young person who may have autism related difficulties or a diagnosis of autism, it is necessary to identify the primary need to establish which area of this file to work through. A diagnosis is not sufficient evidence to apply for an EHC Plan and it is therefore important to implement and evidence the relevant graduated response.

Please remember that education staff are not in a position to diagnose autism.

#### 10.2 Definition

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.

It is a spectrum condition, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. Some people with autism are able to live relatively independent lives but others may have accompanying [Learning disabilities](#) and need a lifetime of specialist support. People with autism may also experience [over- or under-sensitivity](#) to sounds, touch, tastes, smells, light or colours. Click to follow links to [The National Autistic Society](#).

### 10.3 Different signs of autism

Children and young people must have persistent deficits in the triad of impairments, social communication, social interaction and flexibility of thought, across multiple contexts and at different levels.

#### **Social Communication Difficulties**

- Lack of development of spoken language or a severe delay, with evidence from a specialist speech and language therapist;
- Marked impairment in the ability to initiate or sustain a conversation with others;
- Stereotyped or repetitive use of language;

#### **Social Interaction Difficulties**

- Lack of, or marked impairment, in the use of non-verbal behaviours during interactions, for example, eye contact, facial expression and gesture/body postures to regulate interactions;
- Failure or limited development of peer relationships, appropriate to developmental level:
- Does not spontaneously share enjoyment, interests and achievements with others;
- Shows a lack of social and emotional reciprocity, i.e... 'give and take';

#### **Difficulties with Social Imagination and Flexible Thinking**

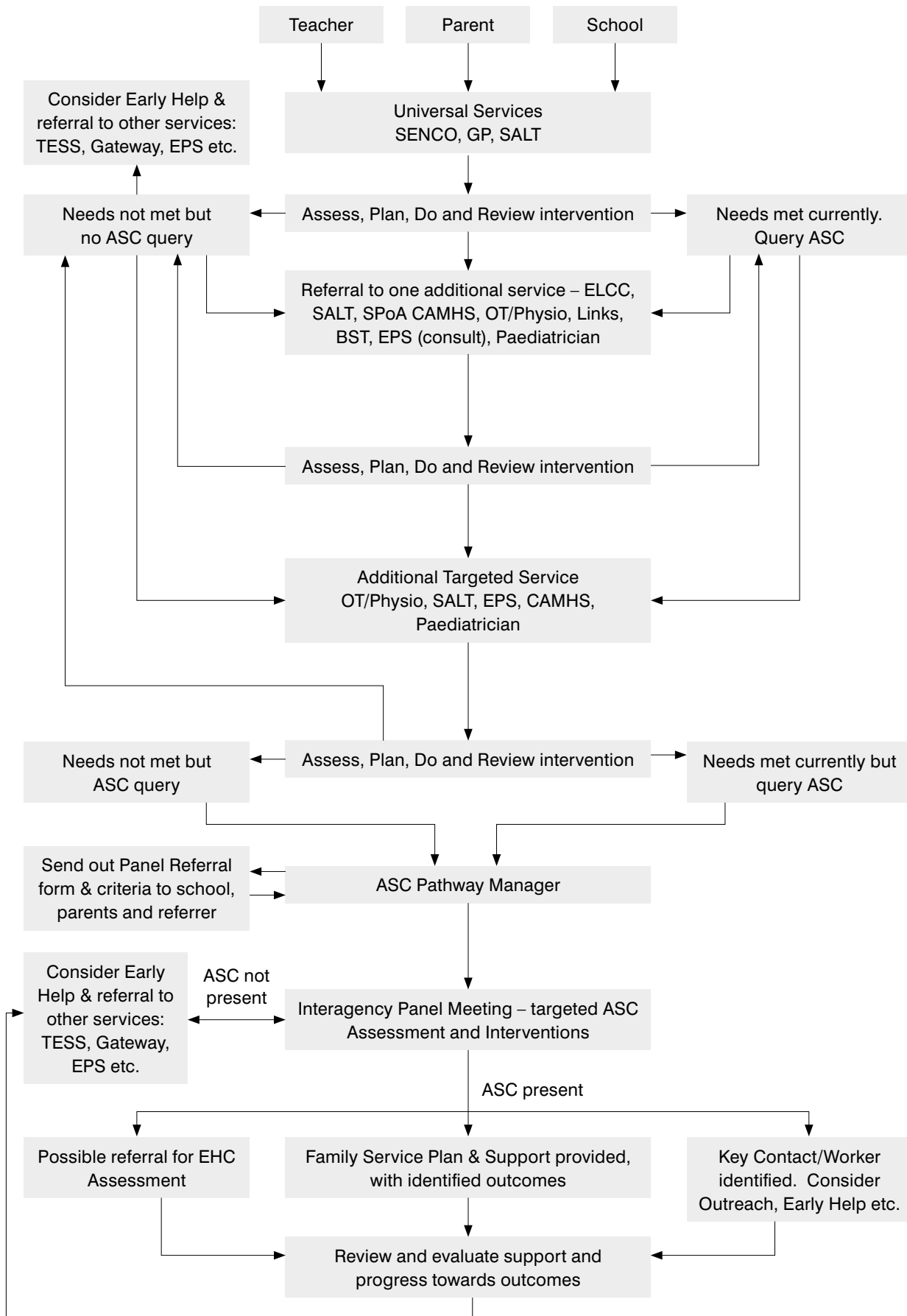
- Shows a pre-occupation with one or more stereotyped interests, and has restricted patterns of interests, that are unusually intense or focused;
- Shows an inflexible adherence to specific non-functional routines or rituals;
- Shows stereotyped or repetitive motor mannerisms, for example, hand flapping, twisting or turning in circles, complex whole body movements;
- Persistent pre-occupation with an object or part of an object.

#### **Additional Features**

- Over- or under-sensitivity to light, sound, smell, taste, pain or noise;
- Difficulty or disorder in early development, e.g., toilet training;
- Difficulty with fine and/or gross motor skill development;
- Advanced skill or ability in a specific aspect or area of the curriculum;
- High level of cognitive ability but deficits in social skills.

### 10.4 The Autism Pathway: 5 – 19yrs

10



## Range of Interventions

The continued use of the 'assess, plan, do, and review' approach will apply to interventions, though the nature and duration of the intervention may vary. The use of targeted interventions, over a period of time would be expected to provide more detailed information about the nature of the child/young person's difficulties, and their response to these approaches.

## Procedure for Assessment

The assessment approaches and tools will enable the professional to further identify the nature of the difficulties presented by the child/young person, and to eliminate those needs which are not associated with Autism i.e.: referral to the Educational Psychologist, Speech and Language therapist, TESS, Outreach Team.

## Monitoring and Evaluation

The interventions will need to be monitored, as appropriate to the nature of the approach. The impact of the intervention will need to be evaluated to determine:

- the impact on the difficulty,
- need for continued intervention,
- or referral to the Pathway.

To make a referral to the pathway specific evidence of behaviour patterns associated with the triad of impairments associated with Autism would be required.

### 10.5 Referral to Autism Pathway

Prior to a child or young person being referred to a service for assessment, the parent / carer and where appropriate, the young person, will have been consulted about the referral, and be in agreement with this. Consent must be obtained at this point.

Two or more professionals would need to have been involved with the child / young person before a referral to the Autism Pathway Manager for inclusion on the agenda of the inter-agency decision making Autism Pathway Panel to take place. The professional would provide written evidence to indicate that the child or young person meets the specific criteria relating to Autism.

- Completion and submission of the Panel referral form by the referring professional.
- Evidence of assess, plan, do & review intervention from another service professional, for example School SENCO, Targeted Education Support Service, Speech & Language Therapist.
- Provision of evidence of intervention from an additional targeted / specialist service professional, for example Consultant Community Paediatrician, Consultant Psychiatrist, CAMHS, Educational Psychologist, Outreach Service, Speech & Language Therapist.

The relevant referral forms and advice for schools and professionals can be found on the [Autism Pathway and Service](#) web page.

### 10.6 The Autism Pathway Panel

The primary function of the Panel is to consider the evidence about a child or young person. The Panel will discuss the assessment and intervention information presented at the meeting, and identify the key features of the behaviours exhibited. The key behaviours will be compared with the criteria in the assessment tool (DSM 5), and if sufficient points are met, verify a diagnosis.

If insufficient criteria are met at this point, this feedback will be given to the referrer and the parents. It will be emphasized that the child/young person can be re-referred to the Panel following further input and intervention by involved professionals if concerns persist.

The panel members will:

- Examine the evidence put forward to support the diagnosis/identification of autism, and determine if further assessment is required to make a decision.
- Specify the areas for additional assessment.
- Identify the services or professionals required to complete the specified assessments.
- Ensure that referrals/requests are made to specific professionals, with an identified time period for completion of assessments and return of evidence.
- Consider and make decisions about the additional evidence.
- Agree, or not, a diagnosis of autism.
- Consider who should liaise with the family following the panel meeting, and when this will be undertaken.
- Consider any additional assistance or provision required to support a child/young person and their family.

The Panel will decide how to talk with the parents, family members and the child/young person about the diagnosis of ASC. The approach will be determined by the readiness of the family and child/young person to accept the diagnosis, as evident from the information provided in the referral documentation and evidence at the Panel meeting. The Panel will decide which professionals are in the best position to share the outcome of the decision-making with the family and the child/young person, and gain parental perspectives on this. Until the named professional has shared the outcome with the family then it is required that all other professionals i.e.: school staff, Educational Psychologist, etc. do not discuss the outcome with the family.

#### **Membership of the Panel**

Autism Pathway Manager (Chair)

Consultant Paediatrician

Specialist Speech and Language Therapist

Representative from CAMHS  
Principal or Senior Educational Psychologist  
Representative manager from Primary Child Mental Health Team  
Representative from Early Years Quality and Inclusion Team  
Representative from Schools – secondary & primary  
Member of Admin team (minute-taker)

## 10.7 Specific Assessment Tools, Interventions and Support

### Specific Assessment Tools

There are a range of assessment tools that could be used as part of the evidence. For further information click on the link [Autism Pathway and Service](#)

### Specific Interventions

Once a diagnosis has been made the details of a range of appropriate interventions can be found on the [Autism Pathway and Service](#)

### Support available in Wigan

The following services may be available both pre- and post-assessment, some may be involved in the actual assessment. Barnardo's Outreach and Short Breaks are only available following confirmation of a diagnosis.

- Targeted Education Support Service (TESS)
- Speech & Language Therapist
- Occupational Therapist – Sensory Integration
- Education Psychology Service
- Outreach Team
- Paediatric Learning Disability Nursing Service
- Autism Pathway Manager
- Barnardo's Outreach
- [Barnardo's Short Breaks](#)
- [The National Autistic Society](#)



## 10.8 Training

### Training for Professionals and Parents

Wigan Council also delivers a number of courses for parents/carers, some of which are designed for Parents/carers AND practitioners. To view the Training Handbook, see a description of courses offered and how to register for any of these courses click [Autism Pathway and Service](#)

### Online training modules

The National Autistic Society has developed a number of online training modules for parents/carers and practitioners. Click on the links below to find out more.

- [Understanding autism](#)
- [Autism and communication](#)
- [Autism and sensory experience](#)
- [Autism, stress and anxiety](#)
- [Autism: supporting families](#)

This suite of training modules focus on helping frontline professionals to develop a better understanding and to gain confidence in interacting with people on the autism spectrum. It is suitable for anyone who has contact with autistic people as part of their daily activities, whether as colleagues, clients, patients or members of the public. It is particularly suitable for those working in public sectors such as transport, health and social services, as well as the civil service and local government.

The training is suitable for individual purchase or for employers to purchase in bulk to meet autism training needs. On successful completion of the training, learners gain concrete evidence towards their continuing professional development in the form of a printable PDF certificate.

## Chapter 11

# 11

### The Education, Health and Care Pathway

#### 11.1 Referral

The Education, Health and Care (EHC) Pathway describes the process of assessment and planning for any child or young person who has, or may have, special educational needs which are long term, complex and require additional support to access the educational opportunities available from early years providers, schools and post 16 institutions.

Since 1st April 2013, schools have been expected to provide additional SEN support for their pupils which costs up to the nationally prescribed threshold, currently £6,000. For those children and young people requiring provision over and above the £6,000, an EHC Assessment may be undertaken to determine their needs and identify appropriate provision. (There is more information on funding in [Chapter 2](#))

A referral for an assessment will usually be made by a school or post 16 institution. However, parents (or an advocate on their behalf) and other professionals can also make a referral. Young people over the age of 16 (or an advocate on their behalf) also have a right to request an EHC assessment

The decision to draw up an EHC Plan will depend on the severity of a child's/ young person's needs and the steps previously taken to try to meet those needs. The referral should identify where evidence of the child's/young person's needs may be found and the provision/support previously offered. The referral form, with further information and guidance, together with all the documents that make up the Referral Pack can be found by following the link to the [EHC Pathway web page](#).

Schools and settings will need to have had involvement from an Educational Psychologist before they can apply for an Education Health and Care Plan.

They will need to show evidence of Educational Psychology involvement in planning intervention for the child / young person, as part of a graduated approach.

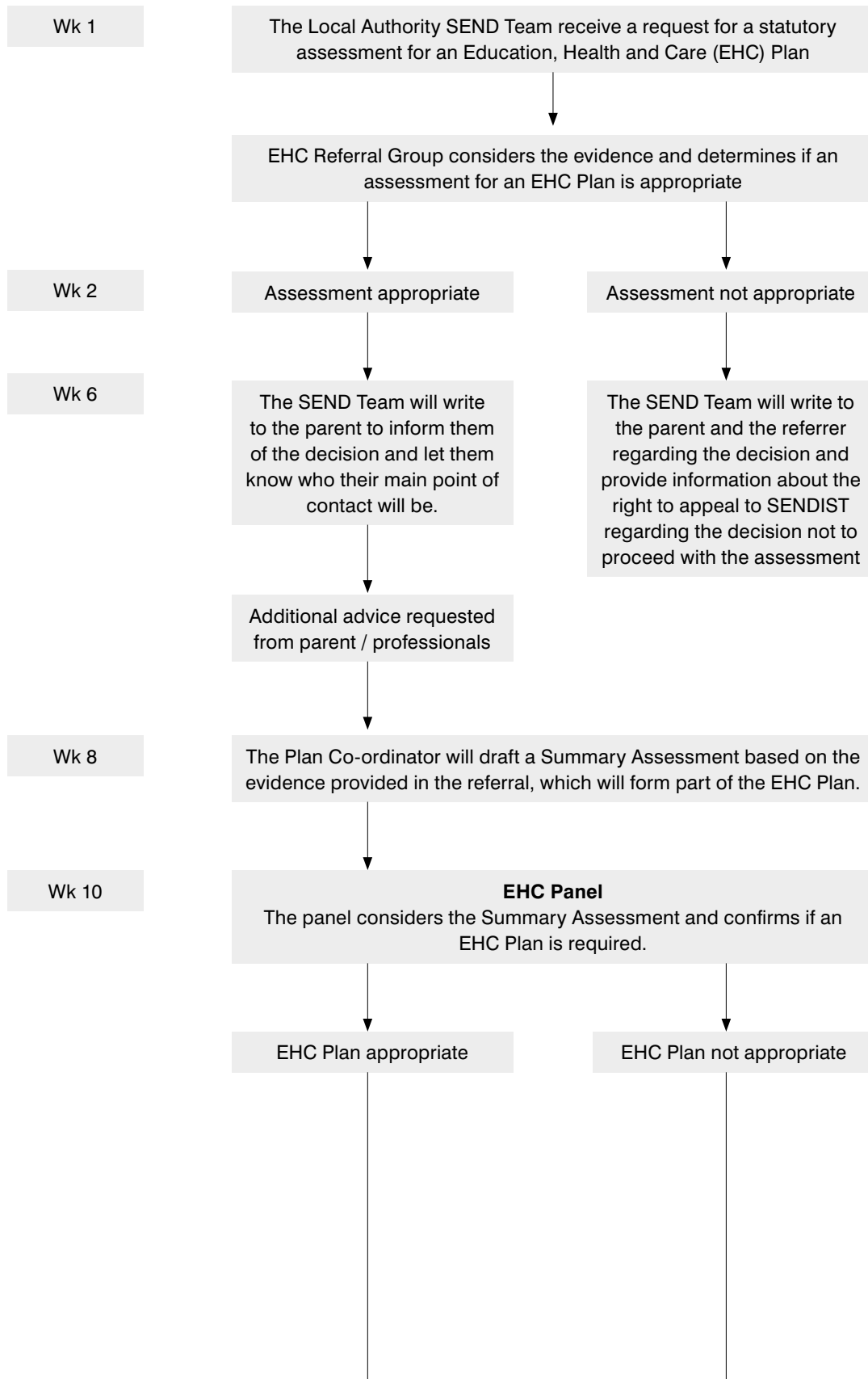
An assessment of the child / young person's needs will accompany the referral. This assessment will describe outcomes for the child / young person and provision needed to meet the outcomes. The most recent Educational Psychology involvement will be within six months of the referral.

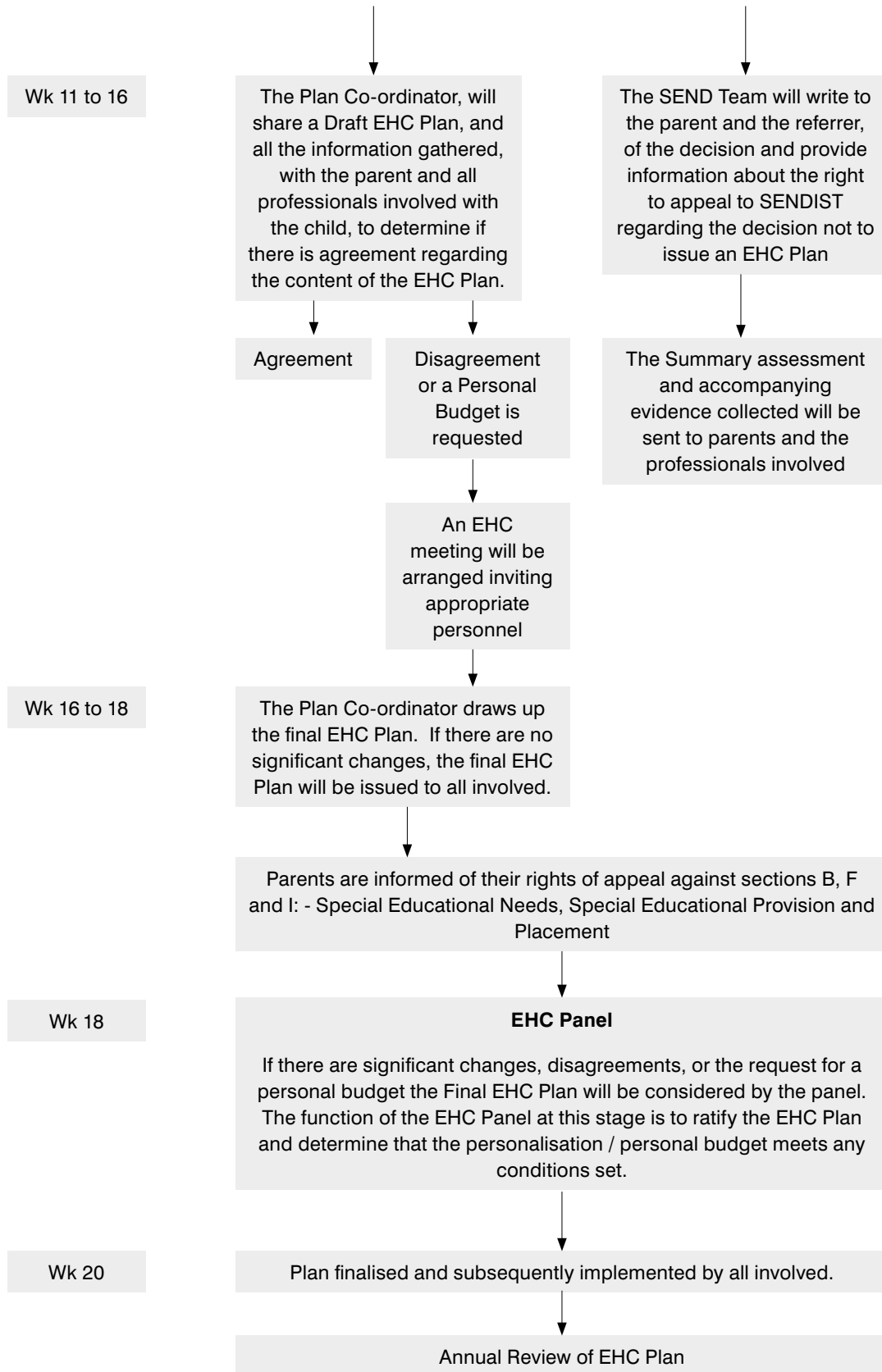
Following a request for an EHC Assessment, the EHC referral group meet to:

- Check that the referral meets the severity and process criteria
- Identify who will undertake a key working / first point of contact role
- Agree what additional advice might be sought and arrange for this to take place

The flowchart which follows outlines the EHC Pathway, together with the timescales for each stage of the process

EHC pathway





## 11.2 EHC Summary Assessment

The Local Authority's expectation is that referrers will gather evidence over time, whilst ensuring that all evidence remains relevant. However, once the EHC Referral Group has agreed that the assessment should go ahead all the professionals involved with the child/young person will be asked to either:

- confirm that their advice is current and identify appropriate outcomes, or
- provide up to date advice with outcomes to be sought

[A Professional Summary Form](#) is available for professionals to provide updated information and can be found on the Local Offer website. The intention would be that if good practice is followed then the submission of a referral should not be onerous.

Once the EHC assessment information is complete, a Plan Co-ordinator will consider all the advice and draw up a Summary Assessment, which will be a summary of:

- those assessments undertaken prior to the referral and any additional assessments undertaken as a result of the referral;
- the child /young person's needs across education, health and care
- the specific outcomes to be achieved and the provision to meet those outcomes;
- the views of the child / young person and their family on how they would like services to be delivered;

## 11.3 Key Working

The purpose of key working is to support families through the EHC pathway, ensuring that their views are heard, that they are able to make choices and that they have appropriate control over the outcomes. It is also essential that child's/ young person's voice is heard. Key working procedures must ensure that this is the case. The level of key working required by children, young people and families will vary with each individual case. A description of the full key working offer can be found in Chapter 5 of the "EHC Pathway Guidance" which can be found in the related documents on the [EHC Pathway web page](#).

The following bullet points are a summary of the main features.

- All EHC referrals and plans will have a named SEND officer
- In a number of cases a Key Working role, providing co-ordination and a point of contact for parents and professionals, will be undertaken by the named SEND officer
- Not all referrals which occur once the child is in school will necessarily require a Key Worker
- Other professionals may undertake the Key Working role, liaising with a named SEND officer regarding processes
- In some cases the Plan Coordinator may become involved in a Key Working role earlier than at the summary assessment stage

- In cases of complex health/social care needs the Key Working role will be undertaken by a worker from the appropriate discipline
- The Key Worker Co-ordinator will be a point of contact and advice.
- A rolling programme of training and development opportunities to support different levels of Key Working is available

#### 11.4 The Role of the EHC Panel

The function of the EHC Panel is to:-

- Approve the Summary Assessment and agree outcomes to be specified
- Confirm whether an EHC Plan is required
- Agree levels of support
- Determine an indicative budget based on all the assessment information with consideration for safeguarding and clinical governance
- Determine if a personal budget is an option and agree inclusions, exclusions and those forms of support which could be negotiated
- Sign off EHC Plans and Personal Support Agreements

The EHC Panel consists of a range of senior professionals which includes:-

- Service Manager SEND
- Service Manager Targeted & Specialist Commissioning
- Service Manager Early Learning & Childcare
- Consultant Paediatrician / Designated medical officer for SEN
- Bridgewater Community NHS Trust Manager
- Children's Social Care Manager
- SEND Assessment & Commissioning Manager
- Primary, Secondary and Special School Managers
- Educational Psychologist

In addition EHC Plan Co-ordinators will attend to provide further information / clarification if requested. This may include information additional to that being presented.

#### 11.5 The EHC Plan

The EHC Plan is the product of a co-ordinated assessment for children and young people with complex needs aged 0-25 (16-25 year olds in further education and training where special educational needs are the trigger). The EHC Plan replaces a Statement of SEN.

The purpose of an EHC Assessment and Plan is to make special educational provision which meets the special educational needs of the child or young person, to secure improved outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. The Plan describes the child or young person's interests and aspirations; their special

needs in education, health and social care; the outcomes we want them to achieve and the provision needed to meet their needs.

The key things to know about an EHC Assessment and Plan are:

- On the EHC Pathway parents, carers and professionals are able to consider a child's or young person's needs across education, health and social care.
- The assessment will bring together all the information that is held about a child or young person to get a complete picture of all their needs
- Parents/carers may have a named person to help them through the process. Someone in school may have a role in this support.
- Young people and families views of the child or young person's needs and their hopes for the future are key to the process.
- The planning meeting to draw up the EHC Plan involves parents, the young person, where appropriate, and professionals who have assessed the child or young person.
- EHC Plans will be personalised. That means that all the child's or young person's individual needs in education, health and care will be considered and the plan will then be shaped to meet their personal circumstances.
- The resources that are available will be used flexibly to allow families to make some choices about the provision their child/young person receives.
- A Personal Budget may be available to families to choose how to support the child or young person.
- The time taken to produce an EHC Plan is 20 weeks.
- The EHC Plan has protection in law. The education provision set out in the EHC Plan has to be provided.
- Parents have the right of appeal to a tribunal if they are not happy with the education provision.

### 11.6 Personalisation and Personal Budgets

Personalisation is at the heart of the Special Educational Needs and Disability (SEND) reforms. Personal budgets are one element of Personalisation.

Personalisation is about putting children, young people and their families at the centre of the Education, Health and Care (EHC) process. It means starting with the person as an individual with strengths, preferences and aspirations, identifying their needs and making choices about how and when they are supported to live their lives.

There are a number of ways in which personalisation is being developed.

These include:-

- Person-centred approaches where disabled children and their families are put at the centre of processes, enabling them to express their views, wishes and feelings and be included in decision making.
- Personalising the support that families receive by working in partnership with services across education, health and social care

- Funding mechanisms through the use of direct payments and personal budgets. (See [Chapter 2](#))
- Brokerage support, to support families to develop a personalised and creative Personal Support Agreement that describes how they will use their indicative budget to meet the agreed outcomes

### **What is a Personal Budget?**

A Personal Budget is an allocation of money identified to provide support for an eligible person to meet their identified needs, which must support the outcomes identified in the EHC Plan.

Young people and parents of children can request a personal budget once the authority has confirmed that it will prepare a draft EHC Plan. Parents and young people may also request a personal budget if they already have an EHC Plan and during a statutory review of an existing EHC Plan. An EHC Plan is the product of a co-ordinated assessment which specifies the outcomes sought for the child or young person across education, health and social care. The EHC Plan will clearly state which outcomes can be met by a Personal Budget (if a Personal Budget is agreed).

Depending on the needs of the individual and local eligibility criteria, the scope of the budget will vary. At present, a personal budget may consist of elements of funding from education, health and social care. In the main this will be:-

- For education – Element 3 (top-up funding)
- For health – Continuing Care funding
- For social care – Specialist provision as assessed by the Targeted Disability Service (TDS)

More information on Personal Budgets can be found by following in the “Personalisation and Personal Budgets Guidance” which can be found in the related document on the [EHC Pathway web page](#).

### **11.7 Reviewing the EHC Plan**

EHC plans should be used to actively monitor children and young people’s progress towards their outcomes and longer term aspirations. They must be reviewed by the local authority as a minimum every 12 months.

Reviews should be carried out using person-centred planning principles and must focus on the child or young person’s progress towards achieving the outcomes specified in the EHC plan. The review must also consider whether these outcomes and supporting targets remain appropriate.

Reviews should also:

- Gather and assess information so that it can be used by early years settings, schools or colleges to support the child or young person’s progress and their access to teaching and learning
- Review the special educational provision made for the child or young person to ensure it is being effective in ensuring access to teaching and learning and good progress



- Review the health and social care provision made for the child or young person and its effectiveness in ensuring good progress towards outcomes
- Consider the continuing appropriateness of the EHC plan in the light of the child or young person's progress during the previous year or changed circumstances and whether changes are required including any changes to outcomes, enhanced provision, change of educational establishment or whether the EHC plan should be discontinued
- Set new short-term outcomes and how to achieve them.
- Review any interim targets set by the early years provider, school or college or other education provider

The specific requirements of conducting an Annual Review are laid out in a document which can be found in the "Annual Review Process and Timeline" which is on the [EHC Pathway web page](#) with all the relevant accompanying documents.

If you need more information about the EHC Assessment Process please contact the SEND Team on 01942 486136 for advice prior to making any referrals.

### 11.8 Transition between Phases of Education

Transitions between phases of education are key points in a child's or young person's life. When an EHC Plan is in place it is a requirement of the Code of Practice that the plan must be reviewed and amended in sufficient time, prior to a child or young person moving, to allow for planning for and, where necessary, commissioning of support and provision at the new setting. This means that the Review must be completed by 15th February in the calendar year in which the transfer is going to take place. (If the transition is from a school to a post-16 institution, or between post-16 institutions, the Review has to be completed by 31st March of the year of transition.)

It is vital, therefore, that all settings should plan, at the beginning of the Academic Year, when the Annual Review for each child or young person with a Statement of SEN or and EHC Plan is to take place. This will enable the setting to even out the workload for staff and ensure that statutory deadlines are met.

All reviews taking place from year 9 at the latest and onwards must include a focus on preparing for adulthood, including employment, independent living and participation in society. Review meetings taking place in Year 9 should have a particular focus on considering options and choices for the next phase of education and schools should invite representatives of post-16 institutions to these review meetings, particularly where the child or young person has expressed a desire to attend a particular institution.

For further information see [Preparing for Adulthood](#) web page.

In the period until April 2018 there will be a gradual process of converting Statements of SEN to EHC Plans. This conversion will take place at key transition points which are laid out in the local authority's "[Transition Plan](#)" which can be found by following the link. Settings will be informed at the beginning of each academic year which statements are to be converted to EHC Plans during the year. The process will involve carrying out a "[Transfer Review](#)" and is described in the Annual Review Process and Timeline on the Local Offer website.

## Chapter 12

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# Education Health and Care (EHC) Early Years Pathway (0-5)

### 12.1 Introduction

The revised Special Educational Needs and Disability (SEND) Code of Practice 0-25 states that all children are entitled to an education that enables them to:

- Achieve the best possible educational and other outcomes
- Become confident young children with growing ability to communicate their own views and be ready to make the transition into compulsory education.

### 12.2 Key Points at which SEND may be identified in the Early Years

#### From Birth to Two Years Old

Many of the more complex needs - developmental, sensory and physical - are identified at birth. Early health assessments, such as the hearing screening test for new born babies, enable very early identification of a range of medical and physical needs.

It is important therefore that health services, including paediatricians, GPs and health visitors, who work with children and their families, understand the process for accessing support.

Where the health services anticipate that a child will have SEND when they start school, they can refer the child to the Local Authority (LA). The designated medical officer for SEN must ensure that there are appropriate referral arrangements in place.

The needs of children between the ages of 0-2 can change very quickly. Wigan's graduated approach to meeting needs, through the support set out in the Local Offer, may often be more valuable to parents at this time so that an EHC needs assessment may not be necessary.

Wigan is rolling out the Greater Manchester (AGMA) 8 Stage Assessment Model for Early Years which aims to increase the number of children who are ready for school. Through the introduction of a series of "Ages & Stages" questionnaires the progress of individual children can be assessed and monitored, enabling targeted intervention to be put in place. The 8 Stage Assessment Model and other resources in can be found on the [Early Years](#) web page of the SEND Local Offer website.

## From Two to Five Years Old

As part of the Healthy Child Programme, health visitors currently check the physical development of 2 year olds. In Wigan an integrated review, between the early years setting which the child attends and the health visitor, is being rolled out. This is Stage 5 of the 8 Stage Assessment Model. Both the Ages and Stages Questionnaire 3 (ASQ3) and the Early Years Foundation Stage assessments will be completed at this point.

If there are significant emerging concerns or special educational needs (SEN) or a disability has been identified, a targeted plan should be drawn up to support the child's learning and development, involving other professionals as necessary. Evidence of a delay at this stage may not indicate a long term severe and persistent difficulty which would impact over time on the child's ability to access education or require an EHC Assessment. Equally, difficult or withdrawn behaviour doesn't necessarily mean a child has SEN.

### Types of Provision

There is a range of universal and targeted provision available for children age 0-5 and their families. Children can access 15 hours free nursery entitlement from the beginning of the term after they turn 3 years old. In addition there is a programme to offer 15 hours free nursery provision for some vulnerable 2 years olds including some with SEN or a disability.

Early Years providers should regularly review and evaluate the quality and breadth of support they offer or can access for children with SEND and maintained nursery schools must co-operate with the LA in reviewing provision that is available locally and in developing the Local Offer. The LA should engage with the providers of relevant early years' education, particularly those in receipt of early education funding. Information about these services can be found within [Wigan's Local Offer](#) and the [Family Information Service](#).

### 12.3 A Graduated Approach

All children in Wigan early years settings have an entitlement to access a high-quality early years environment. Early years practitioners will use lively, interactive teaching methods and make maximum use of different learning styles.

What does Inclusive Quality First Teaching looks like?

- High achievement for all through explicit high expectations and high aspirations
- The learning needs of all the children are considered, ensuring support and challenge for all children.
- Session planning, involving everyone working with the child, takes account of prior learning based on observation and assessment. This enables learning objectives to specific, focused, child-led, child initiated and differentiated appropriately with clear success criteria.
- A well planned and resourced learning environment which encourages independence.

- A planned range of teaching skills, strategies and approaches are deployed to engage all children.
- Practitioners consider the use of language, ensuring it is matched to the needs and circumstances of the learner.
- Adults model good practice by working together, scaffolding and demonstrating, being involved in children's play and activities.
- Practitioners provide clear explanations of teaching points and use appropriate questioning to develop understanding and to set challenges
- Special Educational Needs provision and resources are provided using an "Assess, Plan, Do, Review" approach in conjunction with relevant agencies and services.
- Children are fully engaged in their learning, having opportunities to work both independently and collaboratively
- Positive praise and effective feedback promotes further learning
- Everyone involved in the setting is deployed appropriately and knows how to support learning

### **What can Quality First Teaching achieve?**

- Motivated children who enjoy learning
- Engaged learners who know they are making progress
- Empowered learners who take responsibility for their own learning
- Independent learners who take risks and are resilient

### **12.4 Early Intervention**

In addition to formal checks, providers will plan and offer activities which facilitate continuous assessment and help children to reach their full potential. While children develop at their own pace, delay in learning and development in the early years may necessarily indicate that a child has a learning difficulty or disability that calls for special educational provision. If a child's progress in any prime area; personal social emotional development (PSE), communication and language (C&L), physical development (PD), gives cause for concern, practitioners must consider whether a child may have SEN or a disability which requires support.

It is particularly important in the early years that there is no delay in making any necessary special educational provision. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life. All settings should adopt a graduated approach with four stages of action: assess, plan, do and review.

Children and their families should experience well coordinated assessment and planning leading to timely, well informed decisions. General principles that underpin effective assessment and planning processes include:

- Involving children and parents in decision making by using a person-centred approach
- Providing information, advice and support enabling them to take part effectively in any assessment and planning process

- Sharing information – as far as possible a “tell us once” approach should be adopted
- Timely provision of services
- Cross agency working to identify joint outcomes where possible

As young children’s needs may change very quickly, we believe that early intervention can support some children more effectively than undertaking an EHC assessment. For some children this may also reduce the need for an EHC assessment in the future.

Where there are concerns, there should be a graduated response; firstly determining if there are any causal factors such as underlying learning or communication difficulties. If housing, family or other domestic circumstances may be contributing to presenting behaviour, a multi-agency approach should be adopted.

Education starts at home so partnership and liaison between home and the setting are vital both pre-admission and once in the setting. It is also important to liaise with services and professionals that may support the child, their family and their setting.

### 12.5 Support for Parents and Practitioners:

Where a child in this age group is identified as having SEN, there is a variety of support, training and provision parents can access, such as:

- Early Support - a programme which aims to improve the delivery of services for disabled children and their families through better co-ordination, providing a single point of contact for families and through key working
- Portage - a home-visiting educational service for pre-school children with additional support needs and their families, offering a carefully structured system to help parents support their child’s early learning and development.
- Specialist Support Services - such as Health Visitors, Educational Psychologists, Therapists, Specialist Teachers of the Deaf or Visual Impairment or Early Years Support Workers, who may visit families at home, to provide practical support, answer questions and clarify needs.

Early years settings should consider, in consultation with the child’s parents, involving appropriate specialists where a child is not making expected progress. To see the range of sources of support available in Wigan go to [Chapter 5](#) - Sources of Support.

### 12.6 Graduated Response to SEND

It is particularly important in the early years that there is no delay in making any necessary special educational provision. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life. All settings should adopt a graduated approach with four stages of action: assess, plan, do and review.

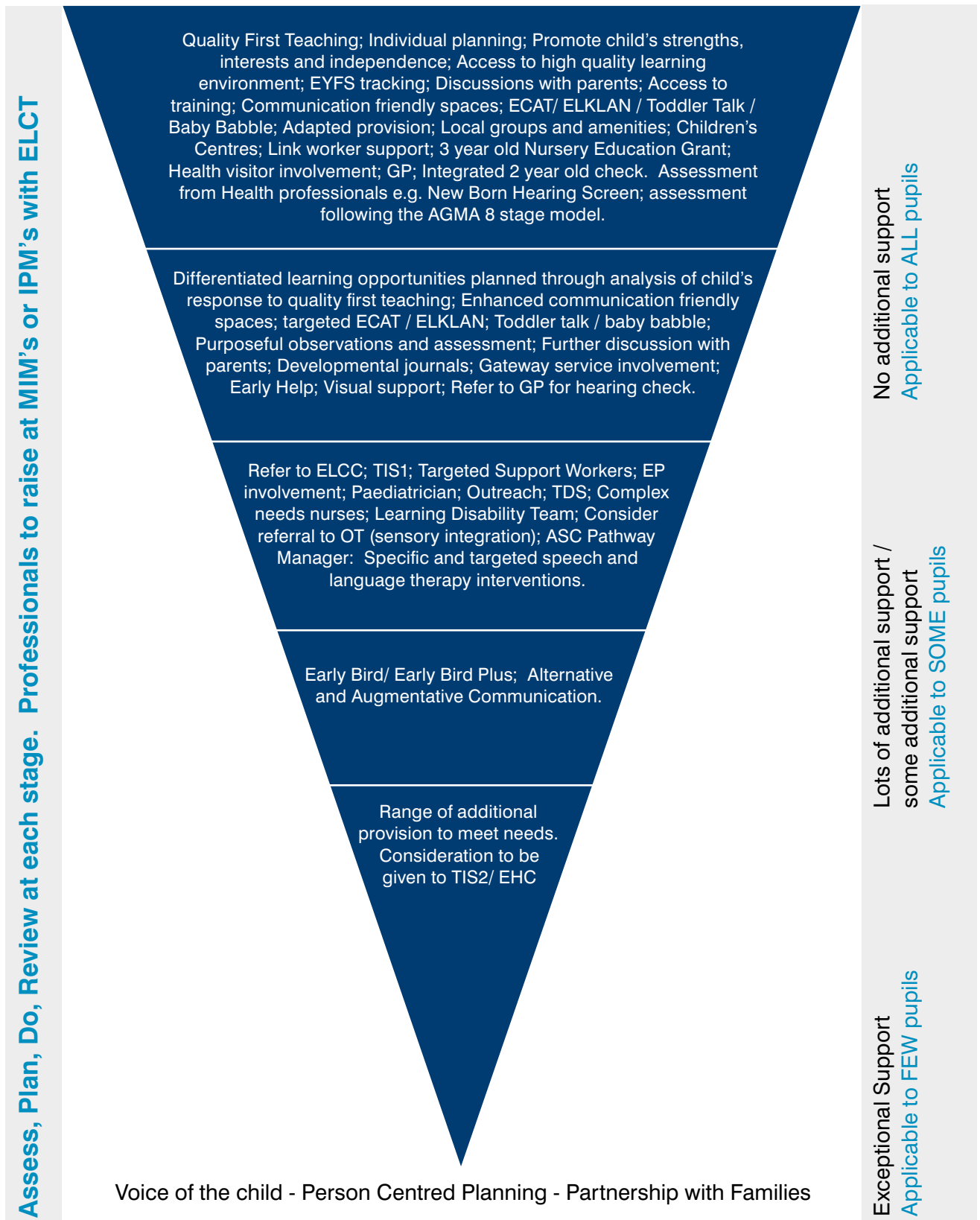
Additionally, the four triangular tables on the following pages provide additional guidance to what professionals and settings may consider as part of a graduated response to supporting early years children with additional needs.

Resources and referral forms can be found at the [Early Years page of the SEND Local Offer](#) website.

Please refer to the [Glossary](#) for a description of the terms and acronyms used in the following tables.

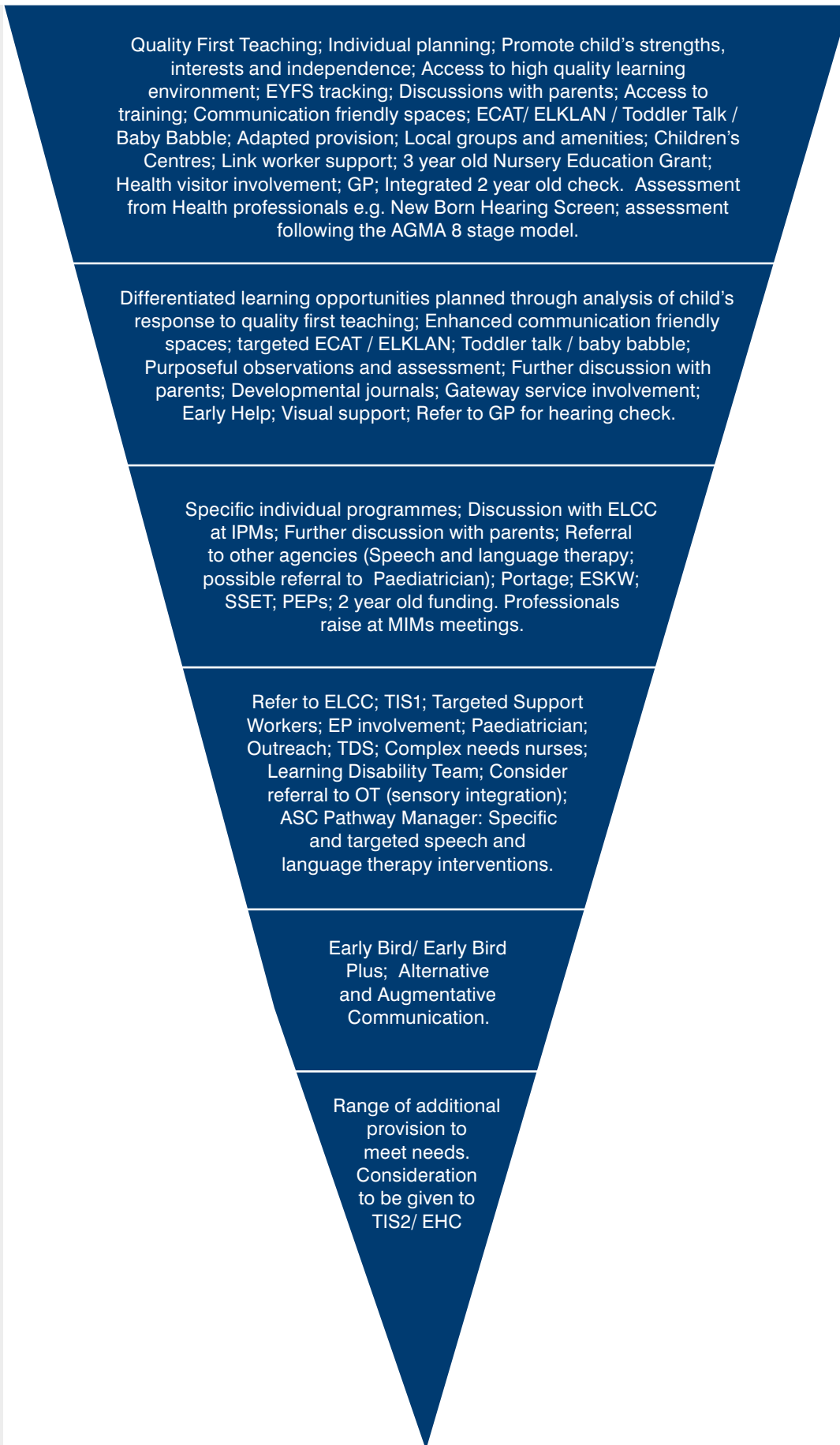
**Graduated Response - Identification of Additional Need:**

Good Practice for All Needs – see also EYInc1 Information in HEfA Resources



## Graduated Response - Prime Area: Communication and Language

**Assess, Plan, Do, Review at each stage. Professionals to raise at MIM's or IPM's with ELCT**



No additional support  
Applicable to ALL pupils

Lots of additional support /  
some additional support  
Applicable to SOME pupils

Exceptional Support  
Applicable to FEW pupils



**Graduated Response - Prime Area: Personal, Social and Emotional.**

**Assess, Plan, Do, Review at each stage. Professionals to raise at MIM's or IPM's with ELCT**

Support from Health professionals e.g. antenatal workshops, 'Getting to know your baby' groups. Quality first teaching including opportunities for promoting child's emotional and social development. Access to high quality learning environment; EYFS tracking; Communication friendly spaces; ECAT/ ELKLAN / Toddler Talk / Baby Babble. Early years practitioner (e.g. key worker) identified as child's setting-based attachment figure. Consistent boundaries and emotionally responsive approach at home and in the setting. Promote child's strengths, interests and independence. Community and family support. Link worker involvement; Children's Centre activities. Assessments by Health professionals e.g. New Born Hearing Screen; assessing bonding and attachment, parental mental health, domestic abuse screening, assessment following the AGMA 8 stage model.

Differentiated learning opportunities planned through analysis of child's response to quality first teaching. Link worker/ EY practitioner support for targeted families, e.g. low-level parenting support strategies. Staff access to training/refresher training on supporting children's emotional development and positive behaviour management approaches. Family Nurse Partnership Programme; Health Visitor additional support; Low level interventions from Community Nursery Nurse. Gateway Service involvement; Early Help

Emotional support for families including parental mental health and wellbeing; Parenting support; Support plan for adults at home and in the setting to consistently use to support child's behaviour (using advice from supporting professionals); Close liaison with parents; Discussion with ELCC at IPMs; Referral to other agencies; Portage; ESKW; PEPs; 2 year old funding. Professionals raise at MIMs meetings.

Personalised programme of support using advice from supporting professionals; Refer to ELCC; TIS1; Targeted Support Workers; EP involvement; CAMHS involvement; Paediatrician; Outreach; TDS; Complex needs nurses; Learning Disability Team; Intensive interventions for most vulnerable families

Range of additional provision to meet needs. Consideration to be given to TIS2/ EHC

No additional support  
Applicable to ALL pupils

Lots of additional support /  
some additional support  
Applicable to SOME pupils

Exceptional Support  
Applicable to FEW pupils



**Graduated Response - Prime Area: Physical**

**Assess, Plan, Do, Review at each stage. Professionals to raise at MIM's or IPM's with ELCT**

Hearing: Newborn Hearing Screen; Paediatric Audiology (targeted follow up); Integrated 2 year old review; Training for settings  
 Vision: Medical check (Health visitor, Paediatrics; GP); referral to Orthoptist; Integrated 2 year old review ; training for settings  
 Physical: 6 week check (Health visitor); referral into universal services Sure Start programmes for targeting activities.

Hearing / Vision: Diagnosis and Prognosis can trigger: Specialist Support for Hearing and Vision; Assessment and advice; Pre school groups  
 Physical: Assessment and advice from therapy services. Health visitor input Specific programmes and training for settings.

Hearing / Vision/ Physical: Increasing levels of support according to need; Monitoring protocol / Developmental Journal; Settings to discuss with ELCC at IPMs; Further discussion with parents; Referral to other agencies; Portage; ESKW; SSET; PEPs; 2 year old funding; Planning for needs into settings (environmental audits); targeted intervention programmes; targeted training; Consideration of specialist equipment and training to use the equipment. Professionals raise at MIMs meetings.

Refer to ELCC; TIS1; Targeted Support Workers; EP involvement; Early Years Assessment Team (physical); Paediatrician; Outreach (PDOS); TDS; SSET; Complex needs nurses; Learning Disability Team.

Hearing / Vision: specialist support in setting (teacher/ specialist TA)

Range of additional provision to meet needs. Consideration to be given to TIS2/ EHC

No additional support  
 Applicable to ALL pupils

Lots of additional support / some additional support  
 Applicable to SOME pupils

Exceptional Support  
 Applicable to FEW pupils

## 12.7 Early Intervention Support Mechanisms

Multi-agency working will underpin support for settings in meeting children's needs. Setting and professionals will follow the graduated response and coordinated assessment principals outlined above. For some children targeted support may be the next step.

Multi-agency Inclusion Meetings (MIMs) will consider:

- Referrals for children with SEND not eligible or accessing their free entitlement
- Signposting to other services
- General problem solving
- Further professional input into cases
- Additional advice to settings including coordinated assessments
- Progress / tracking of individual cases
- Gathering information to support provision planning especially specialist settings
- Initial indications as to whether an EHC assessment would be appropriate
- Identifying packages of support for families e.g. Early Bird, DCATCH etc.
- Early Support Key-working requests
- Feedback from integrated 2 year old check

For some children whose needs have been identified as complex, settings can access Targeted Individual Support (TIS). Requests for TIS support are considered based on evidence of intervention and the child's response to these interventions. It is acknowledged that children who have similar needs may require varying amounts of support depending on the relevance and appropriateness of the curriculum they are offered. It is envisaged that by allocating TIS children's needs can be supported without necessarily referring to the EHC pathway.

There are 2 levels of TIS:

### Targeted Individual Support 1 (TIS1)

In the **Private and Voluntary Sector**, the support will be provided by one or more of the following:

- A Targeted Support Worker (TSW) on a weekly or fortnightly basis through Early Learning and Child Care Team (ELCC) following appropriate intervention and in liaison with ELCC
- The Specialist Sensory Education Team
- Specific support as a result of complex physical/medical needs

The Early Learning and Child Care Team can provide the criteria for TIS1 support from a Targeted Support Worker.

In the **Maintained Sector**, support may be provided by one or more of the following:

- Support from Elements 1 & 2/Targeted Support Worker
- Schools Outreach Service
- The Specialist Sensory Education Team
- An observation and assessment place in a resourced school
- An assessment place in a special school
- Specific support as a result of complex physical/medical needs

In all cases, the setting will have referred the child to ELCC using the EY Inc. 5 form. Referral forms can be found on the Early Years page of the [SEND Local Offer](#) website.

The setting will arrange regular reviews with external agencies and professionals involved with the child, as appropriate. Updates will be presented to the Inclusion Progress Meetings (IPM's) with the ELCC. Reviews should consider the progress made towards set targets and decide upon the next course of action, i.e.:

- To cease TIS 1 support
- To continue TIS 1 support
- To refer for Early Years Additional Resources i.e. TIS 2 support or an EHC needs assessment.

#### **Early Years Additional Resources (EYAR)** (TIS2 or EHC assessment)

In readiness for a child moving into reception, an application for Early Years Additional Resources can be made if the child:

- Has been in receipt of TIS1
- Needs support over and above what the setting is able to provide through their resources
- Needs are long term, severe and persistent complex
- Meets the criteria set out in Section 12.8

The Early Years Referral Group will consider referrals. If it is clear that a child has long term, severe and persistent needs (i.e. the delay is likely to persist for more than 12 months) an EHC needs assessment will be initiated and the EHC pathway will be followed. If it is unclear, but it is felt that a child needs some shorter term additional support on transition, then a TIS2 top up may be allocated. The severity criteria for TIS2 are the same as for an EHC needs Assessment. The child must have received a minimum of 2 terms TIS 1 support prior to consideration for EYAR application.

Where agreed, EYAR (TIS2) support may be provided until the end of the summer term of the reception year. Referrals for EYAR (TIS2) support will only be accepted until the 31st December of the reception year, with any funding previously agreed remaining in place for the remainder of child's reception year.

## 12.8 Criteria

Through the processes described above, information about and tracking of progress of early years' children with SEND will be in place. For the majority of young children with SEND, their needs are likely to be best met through the services set out in the Local Offer.

A local authority will conduct an EHC needs assessment for children under compulsory school age when:

- It considered it may need to make special educational provision in accordance with an EHC Plan.

The local authority will also take into account whether

- It considers that the special educational provision required to meet the child's needs can reasonably be provided from within the resources normally available to their mainstream early education provider or school
- It seems likely that the child will need an EHC plan in school.

### **Guidance and Rationale for the Criteria**

Most children with additional needs will have those needs met from within the resources of their educational setting. These resources relate to both those identified as part of a setting's budget, and extra resources such as support services and outside agencies.

For very few children, an application for Early Years Additional Resources may be necessary.

The EYAR application and supporting evidence must consider key questions

- Are the needs of the child/young person severe and complex?
- What are the barriers to learning?
- What extra support has already been tried and for how long?
- What educational progress is being made at the current time?
- Have the views of the young person and parents/carers been taken into account?
- What difference will TIS2 or an EHC needs Assessment make?

In order to determine where a child is functioning, settings should submit the Early Years Learner Report (EYFS) alongside current progress since the report was last submitted. As the Development Matters bands are wide, in order to determine if a child has exceptional or significantly low levels of functioning, the following table will be used to provide approximate ages (in months) of functioning across the 3 prime areas:

	A				B				C			D			E			F		
Development matters band	0-11				8-20				16-26			22-36			30-50			40-60		
ESDJ Steps	1	2	3	4	4	5	6	7	7	8	9	9	10	11	11	12	13	13	14	EYFS Goals
Emerging	0				8				16			22			30			40		
Working within (Developing)	6				14				21			29			40			50		
Secure (Achieved)	11				20				26			36			50			60		

The tables below outline the criteria for EYAR. It is important to consider:

- Severity of need
- Process of support (to be considered alongside the graduated response triangle tables and early years processes in place via ELCC and SENDS)
- Likely future support need

There are 3 tables:

- Table 1: Profound and Multiple Learning Difficulties (PMLD)
- Table 2: Significant development delays in Communication and Language, Physical Difficulties, Personal, Social and Emotional
- Table 3: Delay in one area of significant need (e.g. PD, Sensory or PSE), but not a significant developmental delay

<b>Table 1</b>	<b>Children with Profound and Multiple Learning Difficulties (PMLD)</b>
Severity of need	<p>Children with PMLD:</p> <ul style="list-style-type: none"> <li>• Have difficulty carrying out feeding, toileting and self-help skills without adult assistance</li> <li>• Require a significantly modified and predominantly sensory curriculum in addition to significant medical input within the educational setting</li> </ul> <p>Most children with PMLD:</p> <ul style="list-style-type: none"> <li>• Have a significant cognitive learning difficulty, usually with motor and sensory impairments, as well as complex health/medical care needs</li> <li>• Have communication difficulties and will be working at a very early developmental stage</li> </ul> <p>Children with PMLD are likely to:</p> <ul style="list-style-type: none"> <li>• Have severe developmental delay</li> <li>• Have impaired ability to communicate and interact with the environment. These may be due to multiple impairments, e.g., combinations of physical, sensory and medical needs. They may also have ASC, and behavioural needs, ranging from challenging to passivity.</li> </ul>
Process of support	<ul style="list-style-type: none"> <li>• Multi-agency involvement and assessment of additional needs</li> <li>• Programme of additional support which has been followed over time, including target-setting and review in collaboration with parent/carer, and including the child's perspective</li> <li>• Setting to attend ELCC's Inclusion Progress Meetings (IPMs).</li> <li>• If the child is not in a setting, the key professional should update MIM's meetings.</li> </ul>
Likely future support needs	<ul style="list-style-type: none"> <li>• Intensive and specialist support to access the physical environment e.g. if non-mobile, will require moving and handling plan, postural management programme, specialist equipment</li> <li>• Intensive support required for personal care</li> <li>• Access to a significantly differentiated and predominantly sensory curriculum learning programmes delivered by experienced teaching and support staff</li> <li>• Regular and consistent access to a range of therapy intervention delivered by specialist staff</li> <li>• Oversight by medical staff</li> </ul>

<b>Table 2</b>	<b>Children with delays/difficulties in; Communication and Language, Physical Difficulties, Personal, Social and Emotional</b>
Severity of need	<p>Exceptional or significantly low levels of functioning: delay will indicate that the child is working at or below approximately 50% of their chronological age, at the time of assessment, in the 3 prime areas (PSE, C&amp;L, PD).</p> <p>E.g. a child approaching 60 months would be working within or below 16-26 months; a child approaching 48 months would be working within or below 8-20 months.</p> <p>(See above table for how the approx. month in age will be calculated).</p>
Process of support	<ul style="list-style-type: none"> <li>• Persistence of need/delay after addressing possible short-term factors</li> <li>• Programme of additional support which has been followed over time, including target-setting and review in collaboration with parent/carer, and including the child's perspective</li> <li>• Involvement required of 2 or more specialist agencies</li> <li>• Setting to attend ELCC's Inclusion Progress Meetings (IPMs). I</li> <li>• If the child is not in a setting, the key professional should update MIM's meetings.</li> </ul>
Likely future support needs	<ul style="list-style-type: none"> <li>• Intensive support required to access learning and development activities due to developmental or social, emotional and mental health needs when compared to expectations of their chronological age</li> <li>• In addition to a significantly differentiated curriculum, higher levels of support than the ratios that would usually be provided from the settings available resources.</li> </ul>

<b>Table 3</b>	<b>Children who have a delay in one area of significant need (e.g. PD, Sensory or PSE), but not a significant developmental delay</b>
Severity of need	<p>Children with significant physical / sensory / medical needs may not present with a significant development delay but would require intensive levels of support to access the curriculum due to:</p> <ul style="list-style-type: none"> <li>• Severe or profound visual / hearing loss</li> <li>• Physical disability requiring intensive levels of support to access or use specialist equipment and/or significant personal care support.</li> </ul> <p>Children with a significant delay in the area of PSE only, will exhibit frequent and severe inappropriate behaviours which persist despite a joint home/setting behaviour management plan being in place.</p>
Process of support	<ul style="list-style-type: none"> <li>• Persistence of need/delay after addressing possible short-term factors</li> <li>• Programme of additional support which has been followed over time, including target-setting and review in collaboration with parent/carer, and including the child's perspective</li> <li>• Involvement required of 2 or more specialist agencies</li> <li>• Setting to attend ELCC's Inclusion Progress Meetings (IPMs).</li> <li>• If the child is not in a setting, the key professional should update MIM's meetings</li> </ul>



Likely future support needs	<ul style="list-style-type: none"> <li>• Intensive support required to access the physical environment E.g. moving and handling plan, specialist equipment</li> <li>• A physical difficulty requiring specialist input: daily postural management programmes; specialist aids; specialist handling training and care programmes; risk of life threatening medical emergency requiring rapid intervention; long term support for feeding and drinking under specialist health supervision.</li> <li>• Intensive support required to access learning and development activities due to physical / sensory needs when compared to expectations of their chronological age, e.g. child would require, in addition to a significantly differentiated curriculum, adapted to meet their physical / sensory needs, higher levels of support than the ratios that would usually be provided from the settings available resources.</li> <li>• High level of support for medically identified personal care needs e.g. to administer regularly prescribed medication; tracheostomy; feeding via equipment (i.e. PEG / NG tube); stomas / catheterisation.</li> </ul> <p>Personal, Social, Emotional:</p> <ul style="list-style-type: none"> <li>• Intensive support required to access learning and development activities due to personal, social, emotional needs when compared to expectations of their chronological age.</li> <li>• In addition to a significantly differentiated curriculum, higher levels of support than the ratios that would usually be provided from the settings available resources.</li> </ul>
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## 12.9 EHC Assessment and Review Processes

The LA will carry out assessments in line with Wigan EHC Pathway ([Chapter 11](#))

All early years children following the EHC Pathway until the end of the reception year will have the offer of a dedicated key worker to support the family through the process. Some families will already have a key worker who will fulfil this role.

Local authorities should consider reviewing an EHC Plan, for a child under 5 years old, at least every 3-6 months to ensure that provision continues to be appropriate. Such reviews should complement the duty to carry out a review at least annually, but maybe streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child. The child's parents will be fully consulted on any proposed changes to the EHC plan and made aware of their right to appeal to the SEND Tribunal.

For a child transferring to school, the review and any amendments must be completed by 15th February in the calendar year of the transfer. In Wigan, we recommend that reviews take place in the autumn term of the pre-school year.

A flowchart highlighting some of the key points of this process can be accessed via Early Years page of the [SEND Local Offer](#) website.

## Chapter 13

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## Preparing for Adulthood

### 13.1 What is Preparing for Adulthood?

The term "Preparing for Adulthood" is used to describe the process of moving from childhood into adult life. It is used by professionals to describe the changes in services when a child becomes an adult. However, this transition can happen at different times for different families. Some families may feel their children are not ready for adulthood but that is what the transition process is for; to help build those stepping stones for young people to prepare them for the move from school or college to a successful and independent adult life, whether this is into Further Education, employment, supported employment, training or volunteering.

During transition there will be changes in the support that is offered. There will also be emotional changes to go through as the young person starts the journey to becoming more independent. As well as leaving school and perhaps going to college or training, young people will be making new friends, starting new relationships, and maybe thinking about where they want to live. These decisions and changes can be both exciting and challenging.

If a young person has a learning disability, making this transition can be even more complicated. There may be a number of different agencies involved in supporting the transition including health, social care and education services and

these will all change as the young person approaches adulthood. In addition, these changes may happen at different times and it can be challenging to ensure that they are joined up.

The Children and Families Act 2014 aims to address these challenges and will make transition a more positive experience for children and young people with SEND and their families, ensuring that they have access to the right information at the right time and are well prepared for the transition process.

### **13.2 What is the Preparing for Adulthood Pathway?**

The Preparing for Adulthood Pathway starts when the young person is in Year 9 (13 or 14 years old) and will continue until they leave school, college or Further Education. Transition support from other agencies may continue until the young person is 25. During Year 9 the transition process will begin; the young person, the family, the school, professionals working with the young person and representatives from the local authority will discuss the most appropriate pathway.

### **13.3 Pathways to Preparing for Adulthood**

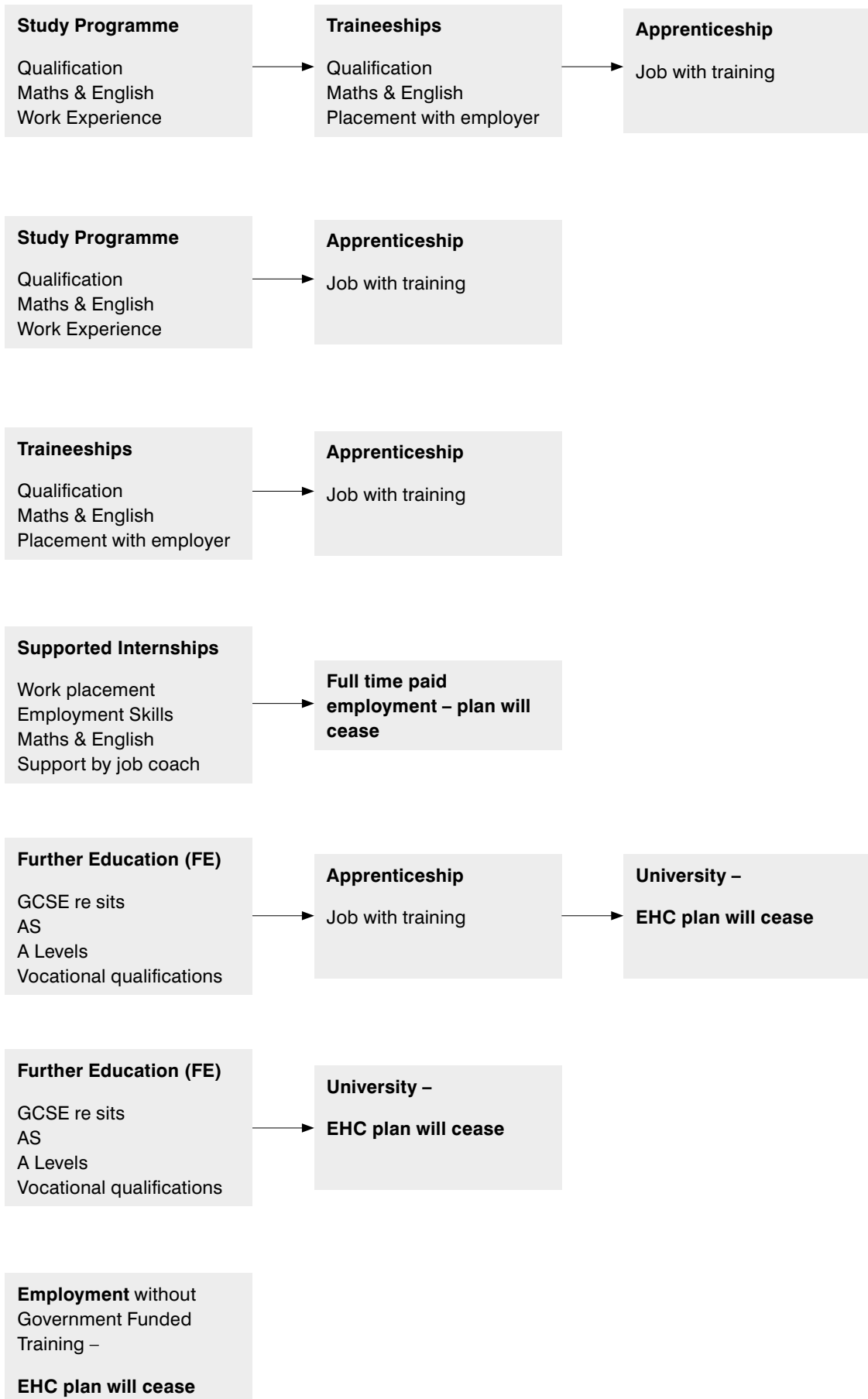
Preparing for Adulthood means planning for:

- Further education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies
- Independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living
- Participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community
- Being as healthy as possible in adult life

To enable young people to progress and develop so that they can achieve their outcomes and make that positive transition into adulthood the local authority has developed and will continue to develop a number of pathways. Together with health services, joint commissioning arrangements will be made to secure health and care provision to support and prepare young people for further education and or employment.

### Pathways to preparing for adulthood

Leaving school at the end of Year 11, 12, 13 or 14



### 13.4 The Role of Annual Reviews

The Preparation for Adulthood Pathway begins with the Year 9 Annual Review. At this review, discussions will take place that explore the types of career opportunities that will be available for young people with SEND, what they will need to do to prepare for one of these opportunities, what qualifications they might need, what support will be available and who will support them. This information will be contained in the Education, Health and Care (EHC) Plan and it will be reviewed each year to ensure it is still appropriate. Other agencies, such as social care, should be included in these discussions and informed that this process is underway.

The Year 10 review will build on what was discussed at the Year 9 review by supporting the young person and their family to explore the young person's aspirations and abilities and consider the best post 16 pathway for them. Subsequent reviews will be held in a similar way, ensuring that young people are involved in making decisions about their future. Schools have a statutory duty to ensure that young people are provided with independent careers guidance to support them to make a well-informed realistic decision from the provision available to them in the Local Offer. As young people approach a transition, schools and post 16 providers should work closely to help the young person and their family with more detailed, personalised planning, for example, through taster days, link programmes and visits. This may involve considering back-up or contingency plans if the first option of choice depends on specific exam results.

A Final Review will take place between September/October in the year the young person leaves school. This will bring together the post 16 plans and help the young person progress towards adulthood. It is important that schools share information with the receiving post 16 provider prior to the young person taking up their place, to ensure that suitable support is in place and that the college or training provider has a good understanding of the young person's aspirations and how they should be supported. The final review should ensure that the young person has been provided with impartial careers guidance to help them consider all of the options available to them and has applied for suitable post 16 provision. Young people should be involved in discussions around their aspirations, support needs and be encouraged to promote their independence.

To find out more about the range of options available to young people available to them and their families as they leave school look at the [Preparing for Adulthood](#) page on the Wigan Council Local Offer website

### 13.5 Pathways to Education:

By the December, prior to leaving school, the young person should have decided on the post 16 provider of their choice. They should have been offered an interview to discuss the suitability of the provision and support required. Alternative post 16 provision may be identified as a back-up option, which might be pursued if eligibility requirements are not met for their first choice of provision.

In January to March, the relevant post 16 providers will apply to the Local Authority for additional High Needs support costs. This will be done via the V10 Form and will define the outcomes and support required, tailored to meet

the individual's needs. Support being requested should be personalised and evidenced-based and linked directly to learning outcomes in the EHC Plan. Outcomes for young people must be ambitious and challenging.

By 31st March (31/05/15 in first year only) the EHC Plan will have been amended to name the receiving post 16 provider. If the young person later proves to be ineligible for a place at this post 16 institution (i.e. does not achieve the entry grades specified) alternative provision will be considered and agreed with the young person and their family and the Plan will be amended to reflect this.

### **Study Programme**

The Study Programme is a new approach leading 16-19 year olds into further education and employment. A study programme consists of an academic programme or a substantial vocational qualification and is a mixture of qualification and non-qualification (tutorial and work experience) hours.

For the non-qualification hours, learners are required 'where appropriate... to take part in work experience', that is relevant to their course of study. Young people who haven't yet achieved GCSE Grade 'C' in English and maths at 16 will continue to study these subjects, by taking Functional Skills or similar provision to enable them to progress towards their GCSE achievement.

Those students who aren't able to study an academic programme or a substantial vocational qualification, due to their level of need, will follow a non-qualification programme. The activities must prepare them well for employment, independent living, being healthy adults and participating in society. Young people should not be repeating learning they have already completed successfully.

The Post 16 provider must undertake Annual Reviews to ascertain progress made towards objectives in the EHC Plan, that support remains effective and is adjusted where necessary and to discuss onward transition. For funding to be continued beyond the first year of study, the reviews will need to demonstrate that young people are making progress towards their individual objectives

The EHC Plan will cease if;

- The young person transitions to Higher Education, or
- When the Local Authority is confident that the objectives in the plan have been met and it is considered that the young person no longer needs special educational provision.
- The young person is not undertaking any type of education leading to accreditation.

For some young people, their EHCP will continue beyond the age of 19, if it is considered that the young person requires a longer period in education or training in order to achieve their outcomes and make an effective transition into adulthood.

## 13.6 Pathways to Employment

The vast majority of young people with SEN are capable of sustainable paid employment with the right preparation and support. All professionals working with them should share that presumption. Post 16 institutions must consider the specific needs of young people with SEN when designing pathways to employment. This includes identifying the skills that employers value, and helping young people to develop them. All young people should be helped to develop the skills and experience, and achieve the qualifications they need, to succeed in their careers.

Reviews in school should help young people recognise the skills and identify work experience opportunities to explore employment, allowing them to have work based learning opportunities, giving first-hand experience of the world of work. A young person will maintain their EHC Plan if they entered the following employment with training opportunities:

- traineeships,
- apprenticeships,
- supported internships

The EHC Plan will cease if a young person enters an employment option other than those specified below.

### **Traineeships**

These are education and training programmes with work experience, focusing on giving young people the skills and experience they need to help them compete for an apprenticeship or other jobs. Traineeships last a maximum of six months and include core components of work preparation training, English and maths (unless GCSE A\*-C standard has already been achieved) and a high quality work experience placement. Young people can retain their EHC Plan when on a Traineeship. For more information see <http://www.apprenticeships.org.uk/traineeships.aspx>

### **Apprenticeships**

These are paid jobs that incorporate training, leading to nationally recognised qualifications. Apprentices earn as they learn and gain practical skills in the workplace. Many lead to highly skilled careers. Young people with EHC plans can retain their plan when on an apprenticeship. For more information see <http://apprenticeships.org.uk/>

### **Supported internships**

These are structured study programmes for young people with an EHC Plan, based primarily at an employer. Internships normally last for a year and include extended unpaid work placements of at least six months. Wherever possible, they support the young person to move into paid employment at the end of the programme. Students complete a personalised study programme which includes the chance to study for relevant substantial qualifications, if suitable, and English and maths to an appropriate level. Young people with EHC plans will retain their plan when undertaking a supported internship.

Young people may be eligible for funding from Access to Work. This is available from the Department for Work and Pensions. Schools and Post 16 institutions should support young people to apply if they are considering entering into apprenticeships, traineeships or supported internships. For more information see <http://www.gov.uk/access-to-work/overview>

The local authority will work in partnership with the young person, the family and the post 16 institution to determine the best route for them. A thorough assessment will be conducted to ascertain the student's potential, abilities, interests and areas they want to develop. A similar assessment will be carried out with any potential work placement to make certain the experience is a positive one for the young person.

The Local Offer will identify where employment and training opportunities can be obtained. The local authority will work with young people and their families to access the appropriate Preparing for Adulthood Pathway to meet their individual needs and career aspirations. See the Wigan Council website [Special Educational Needs and Disability - Local Offer](#)

### 13.7 Education, Health and Care: Roles and Responsibilities

Young people with SEND turning 18 may become eligible for adult social care, regardless of whether they have an EHC plan or whether they have been receiving services from children's social care.

The Care Act 2014 and the associated regulations set out the requirements on local authorities for young people who are approaching 18 and who are likely to require an assessment. The regulations have been developed to support effective transition from children's to adult social care services. Children's Services must continue until adult provision has started or a decision made that the young person is not eligible for adult services. Where a young person has been assessed as having social care needs in relation to SEND they will be referred to the SEND Social Work Team, up to the age of 18 (in special circumstances up to age 19).

### 13.8 Funding for Post 16 Young People with SEND

In the context of this guidance a young person is someone over the compulsory school leaving age and under 25 years of age.

Young people who have Special Education Needs and Disabilities (SEND) can attract extra funding to assist schools and colleges in supporting them to achieve their educational outcomes and experience a successful transition into adult life.

The Employment and Skills Act now states that a young person is expected to stay in learning until their 18 birthday; this can be extended to 25 for young people with SEND. However this does not mean that there is an automatic entitlement to support post 19. The local authority may cease a plan after the age of 19 if it is not appropriate for the support to continue.



The local authority receives funding from a government department known as the Education and Funding Agency (EFA). This is used to fund the high needs places that institutions request; this is known as the 'High Needs Block'. A high needs place refers to a young person whose support needs are calculated at being above £6,000. Funding for young people with SEND is similar to funding for children in schools. It is made up of three elements:

Element 1 is the funding that all post 16 institutions receive if they hold a contract with the EFA. It may differ depending on the type of institution and is paid to all institutions for every student regardless of their support needs. It is used to deliver the programmes. These can be;

- Stand-alone qualifications,
- A study programme,
- Units towards qualifications,
- Work experience,
- A Traineeship, Apprenticeship or a Supported Internship.

Element 2 The setting will provide additional support from within their core funding (Element 2) The nationally prescribed threshold per pupil, per year, is currently £6000. Many young people have support needs, however, this does not mean they are categorised as having SEND, that they will require an EHC Plan and will attract extra funding through the High Needs Block. Post 16 institutions receive funding from the EFA and from the Skills Funding Agency (SFA). The funding they receive is used to support young people whose additional support needs are assessed as costing below £6,000.

A young person will only attract extra funding from the local authority if their needs costs are assessed as being above the prescribed threshold. They may then be entitled to support from the High Needs Block. The SFA is responsible for young people who are aged 19 and over and under 25, who are not subject to an Education, Health and Care Plan. The local authority is not responsible for agreeing places or for funding for this group of young people. This is the responsibility of the college or work-based learning provider where their training/ learning is taking place.

Element 3 is the extra funding, sometimes referred to as 'top up' funding, that post 16 institutions can apply for if they are educating someone whose needs are assessed as costing above £6,000. In most cases these young people will have an EHC Plan or a Learning Disability Assessment (LDA). This funding will differ for every young person as it is based on an individual assessment of their support needs. Post 16 institutions requesting this funding must be able to demonstrate what the needs of the young person are, what support they will put in place and how this support will ensure the young person meets the outcomes outlined in their plan. LDAs will be phased out by September 2016.

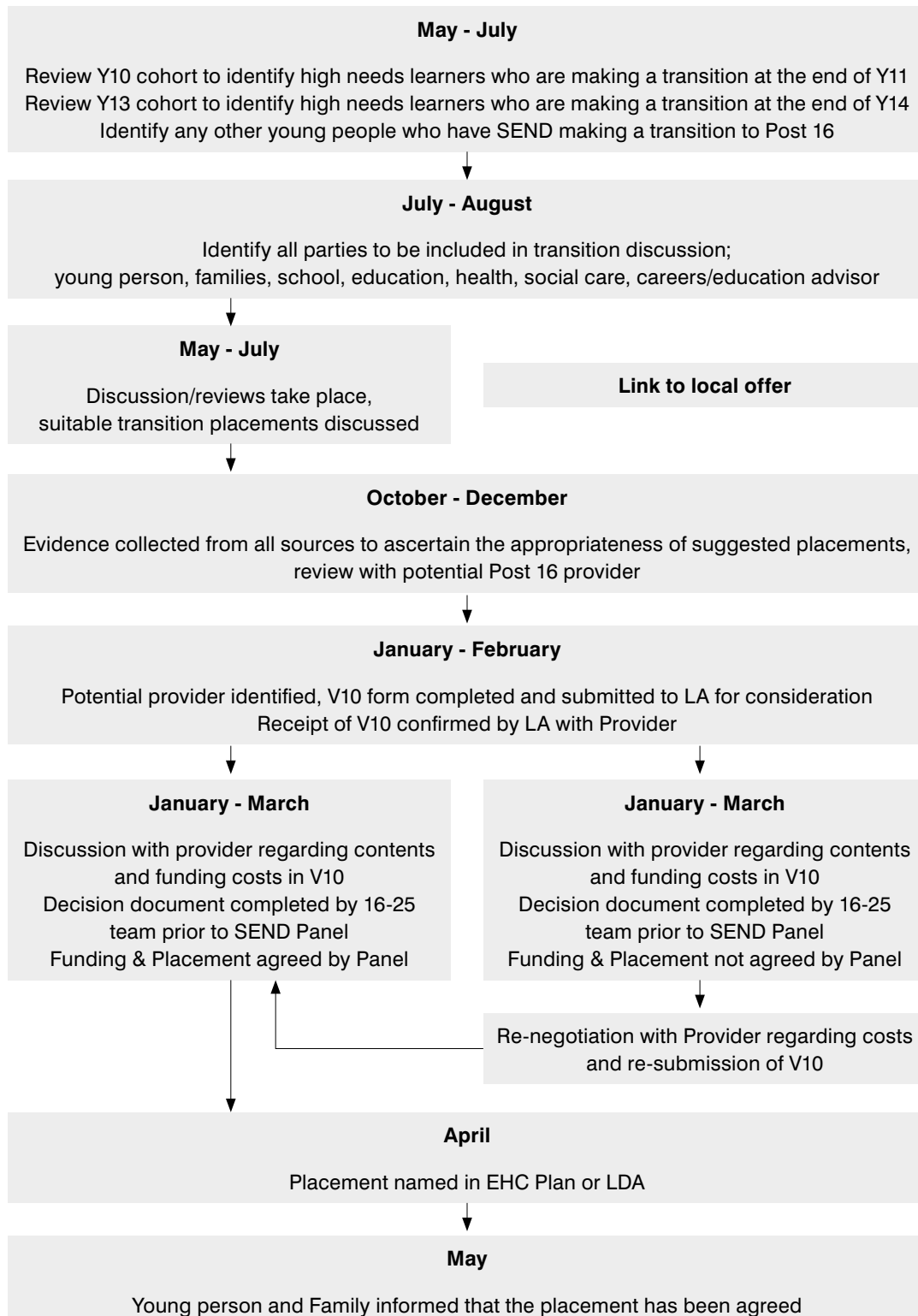
Personal budgets can be considered to fund elements of the programme. Young people and parents of children who have EHC plans have the right to request a Personal Budget, which may contain elements of education, social care and health funding. Users can either take their personal budget as a direct payment, leave the local authority with the responsibility to commission the services or they can have a combination of the two.

The transition social worker will work alongside a broker who will help the young person and their family to develop a personalised programme of activities and support using their personal budget.

See [Chapter 2.6](#) - Personal Budgets

**A chart showing the process for Preparing for Adulthood for new learners is shown below.**

### Pathways to Preparing for Adulthood

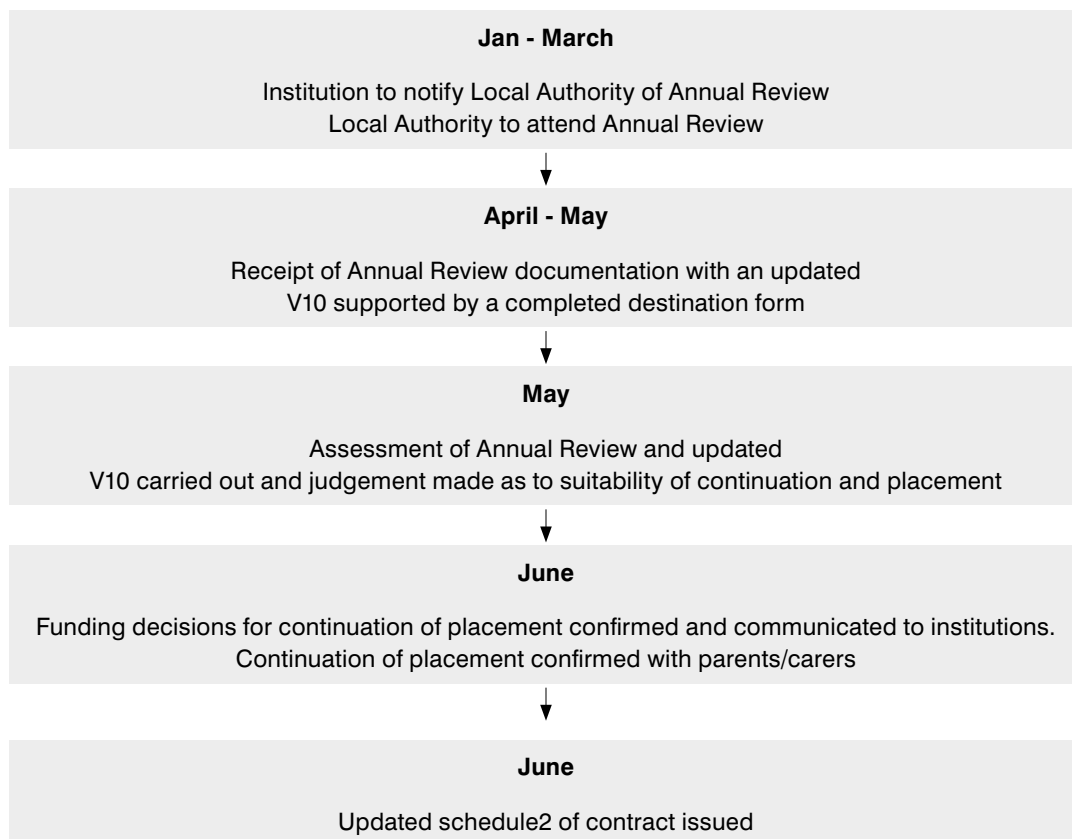


## Process for new learners

A funding document (V10) which describes the support needs of the young person and outlines the associated costs will be submitted to the local authority. The Post 16 Transition team will negotiate and agree the content of the V10 and confirm that the funding request is supported. All applications for funding are then submitted to the SEND Panel for ratification; following which, a contract will be issued to the Post 16 institution.

Funding is agreed on an annual basis; requests for continuing funding must be accompanied by an annual review and an updated V10.

## Process for preparing for adulthood - continuing learning



### More information about

- Statutory Duties on post-16 institutions
- The role of Transition Social Workers
- The Transition Nursing Team

can be found in the “Related Documents” section of the Preparing for Adulthood section of the SEND Local Offer webpage.

## Chapter 14

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# 14

### Ofsted Framework for SEND

#### 14.1 Introduction

Ofsted inspects educational settings to improve practice. There is a requirement to show that all pupils are making progress. When making their judgements inspectors must consider pupils with SEND and the extent to which the education provided meets their needs.

#### 14.2 SEND Provision and Policies

During an Ofsted inspection the focus will be on the vulnerable pupils and the pupils who are underachieving or not making expected progress. Special Educational Needs Co-ordinators (SENCOs) and Inclusion Managers are important contributors and so it is vital that they are ready for an inspection. They will need to be able to discuss the SEND provision and be prepared to answer questions to explain why it is as it is. There will be a need to be clear, with regard to SEND, on what the whole school/college/setting is doing, how it is being done and why it is being done. It is important to stay positive and be proactive about what is being done to address any issues; what is working well and what is not working as well. Self-evaluation will be helpful showing how the SEND action plan links to the school improvement/development plan.

The SEND Policy and other relevant policies (e.g. behaviour policy, equality policy, accessibility plan) are key to good practice. Parent friendly information must be available through the SEND Local Offer (School Information Report) on the school/college/setting website. When reviewed annually it is important to ensure they are known and understood by all school staff and governors.

Being prepared is an on-going process and the whole school, supported by the senior leadership, needs to be part of this. Setting time to meet regularly with senior leadership enables SENCOs to be more effective when monitoring and evaluating SEND provision and this in turn helps the whole school to support the progress of the more vulnerable pupils. There are opportunities too for analysis of others' views of SEND Provision e.g. Whole Staff Professional Development Audits, Parent Questionnaires.

#### 14.3 Observation

When inspectors are observing teaching, they are evaluating the quality of learning. Prior to an inspection the SENCO and other senior leaders may wish to help colleagues through observation and coaching. The SENCO may wish to monitor if the work set is appropriate in meeting the needs of individual pupils and check that it is challenging the learner to make learning progress. Alongside this the SENCO should check that the teacher monitors SEND pupils' progress and adapts their teaching accordingly. It is useful to observe classroom feedback and conversations to ensure discussions and questioning prompt positive learning outcomes for the SEND pupils.

## 14.4 Gathering Evidence

Gathering evidence to demonstrate success is helpful and it can be collected at planned times by all staff as part of whole school improvement processes. Examples of evidence are; case studies, samples of work, minutes from work scrutiny sessions, attendance data, formative and summative assessments, minutes from support agency meetings, letters from pleased parents. Ensure that the evidence is well organised and easily accessible. Be certain everyone knows everything that the school has been doing and everyone is ready to talk with understanding, including all non-teaching staff and governors. The SENCO needs to check that all the support staff and the teachers they are working alongside have a clear understanding of each of their pupil's needs and the progress they are making. The teachers are responsible and accountable for the progress and development of all the pupils in their class, even when they are accessing support elsewhere.

## 14.5 Portfolio

As a SENCO it is useful to develop a portfolio of evidence evaluating the school's effectiveness and to help with whole school self-evaluation.

Ensure that it is linked to:

The framework for school inspection <http://www.ofsted.gov.uk/resources/framework-for-school-inspection>

School inspection handbook

<http://www.ofsted.gov.uk/resources/school-inspection-handbook>

A SEND portfolio can include the following:

- Data analysis showing progress according to age and prior attainment
- Analysis of data trends
- Evaluation using comparative data (Progression Guidance 2010 to 2011: advice on improving data to raise attainment and maximise the progress of learners with special educational needs <https://www.gov.uk/government/publications/progression-2010-to-2011-advice-on-improving-data-to-raise-attainment-and-maximise-the-progress-of-learners-with-special-educational-needs> )
- Evidence that senior leadership are involved in evaluating of the progress made by SEND pupils
- Evidence of the Graduated Approach: Assess-Plan-Do-Review
- Evidence that shows there are good identification processes for pupils with SEND which are moderated by the senior leadership
- Evidence of whole school moderation for learning, social, emotional and behavioural development
- Evidence that senior leadership are involved in evaluating the curriculum to ensure it is appropriate in meeting the needs of SEND pupils

- Evaluation of SEND support to ensure the best use of support staff to improve outcomes for pupils for learning, social, emotional and behavioural development
- Evidence that all staff support children with SEND appropriately to ensure positive behaviour and learning outcomes
- Evidence of lesson observations (including interventions) and learning walks which focus on the progress of children with SEND for learning, social, emotional and behavioural development
- Evidence that all staff make effective use of assessments to develop positive behaviour and learning opportunities with high expectations which enable all SEND pupils to achieve
- Evidence that senior leadership are involved in a planned approach to the professional development of all staff with regard to SEND
- Evidence of professional development which has had an impact on outcomes for your pupils for learning, social, emotional and behavioural development
- Analysis of behaviour and attendance data in relation to SEND pupils – including punctuality, exclusions, bullying
- Evidence of pupils' voice with regard to their attitudes to school/ learning, how safe they feel in school and their aspirations for their own future
- Evidence that the senior leadership and governing body proactively model high expectations for your SEND pupils
- Evidence that the SENCO is a qualified teacher who has received the appropriate SENCO training and is encouraged to further develop through training and other opportunities
- Evidence that the governors support and challenge SEND provision

#### 14.6 Self-Evaluation of SEND Provision

During the self-evaluation of SEND provision the following questions could be asked:

- Do all staff and pupils have high expectations for the achievement of all SEND pupils?
- Can good or better teaching and learning for all our SEND pupils at all times be demonstrated?
- Is provision based on a careful analysis of need?
- Is individual's progress closely monitored?
- Do all staff have a shared vision of desired outcomes?
- Is the evaluation of the effectiveness of provision helping to improve opportunities and progress for our SEND pupils?
- Is there a whole school approach to improving general provision as part of a Graduated Approach to SEND rather than just increasing additional provision?
- As a result of evaluating achievement and well-being, are desired changes made swiftly?
- Do SEND pupils become independent and resilient learners?

## Chapter 15

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### Resources for SENCOs

Throughout this document there are references to various resources that SENCOs may find useful. These resources can be found on the [HEFA web page](#) of the SEND Local Offer website.

Suggestions for additions to the list can be passed on through the Targeted Education Support Service (TESS) or by emailing [local.offer@wigan.gov.uk](mailto:local.offer@wigan.gov.uk)

## Chapter 16

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### Glossary of Terms

This is a glossary of many of the terms found in both the current document and also the “Special Educational Needs and Disability Code of Practice: 0 to 25 Years” (September 2014).

**Academy:** A state-funded school in England that is directly funded by the Department for Education, through the Education Funding Agency. Academies are self-governing and independent of local authority control.

**Access to Work:** An Access to Work grant from the Department for Work and Pensions helps to pay for practical support for young people and adults who have a disability, health or mental health condition so they can start work, stay in work or start their own business. It can pay for things like special equipment, fares to work if public transport is not practical, a support worker or coach in the workplace or a communicator at a job interview.

**Annual review:** the review of an EHC plan which the local authority must make as a minimum every 12 months.

**Armed Forces Covenant:** The armed forces covenant sets out the relationship between the nation, the government and the armed forces. It recognises that the whole nation has a moral obligation to members of the armed forces and their families and it establishes how they should expect to be treated. The Covenant states that the children of service personnel should have the same standard of, and access to, education (including early years services) as any other UK citizen in the area in which they live.

**Care Plan:** A record of the health and/or social care services that are being provided to a child or young person to help them manage a disability or health condition. The Plan will be agreed with the child’s parent or the young person and may be contained within a patient’s medical record or maintained as a separate document. Care Plans are also maintained by local authorities for looked after children – in this instance the Care Plan will contain a Personal Education Plan in addition to the health and social care elements.

**Child and Adolescent Mental Health Services (CAMHS):** These services assess and treat children and young people with emotional, behavioural or mental health difficulties. They range from basic pastoral care, such as identifying mental health problems, to specialist ‘Tier 4’ CAMHS, which provide in-patient care for those who are severely mentally ill.

**Children and young people’s secure estate:** This comprises three types of establishment – secure children’s homes, secure training centres and young offender institutions.

**Comprehensive Health Assessment Tool (CHAT):** An assessment tool for young people in the youth justice system. It ensures that young people in the secure estate and in the community receive a comprehensive assessment of their



physical and mental health, substance misuse and neuro-disability needs on entry to the system.

**Compulsory school age:** A child is of compulsory school age from the beginning of the term following their 5th birthday until the last Friday of June in the year in which they become 16, provided that their 16th birthday falls before the start of the next school year.

**Disabled Students Allowance (DSA):** An allowance for undergraduate or post-graduate students who have a disability or long-term health condition, mental health condition or specific learning difficulty such as dyslexia or dyspraxia which affects their ability to study. It can be used to pay for things such as special equipment, a note-taker or transport costs.

**Disagreement resolution:** This is a statutory service commissioned by local authorities to provide a quick and non-adversarial way of resolving disagreements between parents or young people and bodies responsible for providing education, whether the child or young person has an EHC plan or not, or health and social care in relation to EHC assessments and plans. Disagreement resolution services can also be used in cases of disagreement between local authorities and health commissioning bodies during EHC needs assessments, the drawing up of EHC plans or the reviewing of those plans.

**Early Help Assessment:** A social care assessment of a child and his or her family, designed to identify needs at an early stage and enable suitable interventions to be put in place to support the family.

**Early Support Programme:** The Early Support Programme co-ordinates health, education and social care support for the parents and carers of disabled children and young people from birth to adulthood. A key worker is assigned to families that join the Programme.

**Early Years Foundation Stage (EYFS):** The foundation stage begins when children reach the age of three. Many children attend an early education setting soon after their third birthday. The foundation stage continues until the end of the reception year and is consistent with the National Curriculum. It prepares children for learning in Year 1, when programmes of study for Key Stage 1 are taught.

**Early years provider:** A provider of early education places for children under five years of age. This can include state-funded and private nurseries as well as child minders.

**Education Funding Agency (EFA):** An arm of the Department for Education that manages the funding for learners between the ages of 3 and 19 years and for those with SEN or disabilities between the ages of 3 and 25. The EFA allocates funding to 152 local authorities for maintained schools and voluntary aided schools. It is also responsible for funding and monitoring academies, University Technical Colleges, studio schools and free schools, as well as building maintenance programmes for schools and sixth-form colleges.

**Education, Health and Care Plan (EHC Plan):** An EHC plan details the education, health and social care support that is to be provided to a child or young person who has SEN or a disability. It is drawn up by the local authority after an EHC needs assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies.

**Elected members:** The elected members of a county council or unitary local authority (as opposed to the salaried officials of the council or local authority). Some elected members have a lead responsibility for specific areas of policy, for example the Lead Member for Children's Services.

**First-tier Tribunal (Special Educational Needs and Disability):** An independent body which has jurisdiction under section 333 of the Education Act 1996 for determining appeals by parents against local authority decisions on EHC needs assessments and EHC plans. The Tribunal's decision is binding on both parties to the appeal. The Tribunal also hears claims of disability discrimination under the Equality Act 2010.

**Free school:** A free school is a type of academy, which is free to attend, but is not controlled by the local authority. Free schools receive state funding via the Education Funding Agency. Parents, teachers, businesses or charities can submit an application to the Department for Education to set up a free school.

**Further education (FE) college:** A college offering continuing education to young people over the compulsory school age of 16. The FE sector in England includes general further education colleges, sixth form colleges, specialist colleges and adult education institutes.

**Graduated approach:** A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasing specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.

**Health and Wellbeing Board:** A Health and Wellbeing Board acts as a forum where local commissioners across the NHS, social care and public health work together to improve the health and wellbeing of their local population and reduce health inequalities. The boards are intended to increase democratic input into strategic decisions about health and wellbeing services, strengthen working relationships between health and social care and encourage integrated commissioning of health and social care services.

**Healthwatch England:** Healthwatch England is an independent consumer champion, gathering and representing the views of the public about health and social care services in England. It operates both at a national and local level and ensures the views of the public and people who use services are taken into account. Healthwatch England works as part of the Care Quality Commission.

**Healthy Child Programme:** The Healthy Child Programme covers pregnancy and the first five years of a child's life, focusing on a universal preventative service that provides families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

**Independent Reviewing Officer (IRO):** The appointment of an IRO is a statutory requirement for local authorities under the Adoption and Children Act 2002. IROs make an important contribution to the goal of significantly improving outcomes for looked after children. Their primary focus is to quality assure the care planning process for each child, and to ensure that his or her current wishes and feelings are given full consideration.

**Independent school:** A school that is not maintained by a local authority and is registered under section 464 of the Education Act 1996. Section 347 of the Act sets out the conditions under which an independent school may be approved by the Secretary of State as being suitable for the admission of children with EHC plans.

**Independent supporter:** A person recruited locally by a voluntary or community sector organisation to help families going through an EHC needs assessment and the process of developing an EHC plan. This person is independent of the local authority and will receive training, including legal training, to enable him or her to provide this support.

**Joint Strategic Needs Assessment (JSNA):** Joint strategic needs assessments (JSNAs) analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. The JSNA's central role is to act as the overarching primary evidence base for health and wellbeing boards to decide on key local health priorities.

**Local Offer:** Local authorities in England are required to set out in their Local Offer information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. Local authorities must consult locally on what provision the Local Offer should contain.

**Maintained school:** For the purposes of this Code, schools in England that are maintained by a local authority – any community, foundation or voluntary school, community special or foundation special school.

**Mediation:** This is a statutory service commissioned by local authorities which is designed to help settle disagreements between parents or young people and local authorities over EHC needs assessments and plans and which parents and young people can use before deciding whether to appeal to the First-Tier Tribunal about decisions on assessment or the special educational element of a plan. Mediation can cover any one or all three elements of an EHC plan and must be offered to the parent or young person when the final plan is issued, but they are not able to appeal to the Tribunal about the health and social care aspects of the plan.

**National curriculum:** This sets out a clear, full and statutory entitlement to learning for all pupils, determining what should be taught and setting attainment targets for learning. It also determines how performance will be assessed and reported.

**National Offender Management Service (NOMS):** NOMS is an executive agency of the Ministry of Justice. It is responsible for the running of prison and probation services, rehabilitation services for prisoners leaving prison, ensuring support is available to stop people re-offending, contract managing private sector prisons and services such as the Prisoner Escort Service and electronic tagging, and contract managing 35 Probation Trusts.

**NHS Continuing Care:** NHS Continuing Care is support provided for children and young people under 18 who need a tailored package of care because of their disability, an accident or illness.

**NHS Continuing Healthcare:** NHS Continuing Healthcare is the name given to a package of care that is arranged and funded solely by the NHS for individuals aged 18 and over who are not in hospital but have complex ongoing healthcare needs. It can be provided in any setting, for example in the home or in a residential care home.

**NHS England:** NHS England is an independent body, at arm's length to the government and held to account through the NHS Mandate. Its main role is to improve health outcomes for people in England by providing national leadership for improving outcomes and driving up the quality of care; overseeing the operation of clinical commissioning groups; allocating resources to clinical commissioning groups, and commissioning primary care and specialist services.

**NHS foundation trust:** NHS foundation trusts are not-for-profit corporations that provide NHS hospital, mental health and ambulance services. NHS foundation trusts are not directed by the Government, but are accountable to their local communities through their members and governors, to their commissioners through contracts and to Parliament through their annual report and accounts. Foundation trusts are registered with and inspected by the Care Quality Commission.

**NHS Mandate:** The NHS Mandate is issued by the government to NHS England. It sets out the government's ambition for the National Health Service and provides direction to NHS England. The mandate will be reviewed annually.

**NHS trust:** NHS trusts are public sector bodies that provide community health, hospital, mental health and ambulance services on behalf of the NHS in England and Wales. Each trust is headed by a board consisting of executive and non-executive directors, and is chaired by a non-executive director.

**Non-maintained special school:** Schools in England approved by the Secretary of State under section 342 of the Education Act 1996 as special schools which are not maintained by the state but charge fees on a non-profit-making basis. Most non-maintained special schools are run by major charities or charitable trusts.

**Ofsted:** Office for Standards in Education, a non-Ministerial government department established under the Education (Schools) Act 1992 to take responsibility for the inspection of all schools in England. Her Majesty's Inspectors (HMI) form its professional arm.

**Outreach:** A service offered by the Special Schools in Wigan to support children with additional needs in mainstream.

**Parent:** Under section 576 of the Education Act 1996, the term 'parent' includes any person who is not a parent of the child, but has parental responsibility (see below) or who cares for him or her.

**Parent Carer Forum:** A Parent Carer Forum is a group of parents and carers of disabled children who work with local authorities, education, health and other providers to make sure the services they plan and deliver meet the needs of disabled children and families.

**Parent Partnership Services:** Parent Partnership Services provide advice and information to children with SEN or disabilities, their parents, and young people with SEN or disabilities. They provide neutral and factual support on the special

educational needs system to help the children, their parents and young people to play an active and informed role in their education and care. Although funded by local authorities, Parent Partnership Services are run either at arm's length from the local authority or by a voluntary organisation to ensure children, their parents and young people have confidence in them.

**Parental responsibility:** Parental responsibility is defined under Section 3 (1) of the Children Act 1989 as meaning all the duties, rights, powers, responsibilities and authority which parents have with respect to their children and their children's property. Under Section 2 of the Children Act 1989, parental responsibility falls upon:

- all mothers and fathers who were married to each other at the time of the child's birth (including those who have since separated or divorced)
- mothers who were not married to the father at the time of the child's birth, and
- fathers who were not married to the mother at the time of the child's birth, but who have obtained parental responsibility either by agreement with the child's mother or through a court order Under Section 12 of the Children Act 1989, where a court makes a residence order in favour of any person who is not the parent or guardian of the child, that person has parental responsibility for the child while the residence order remains in force.

Under section 33 (3) of the Children Act 1989, while a care order is in force with respect to a child, the social services department designated by the order will have parental responsibility for that child, and will have the power (subject to certain provisions) to determine the extent to which a parent or guardian of the child may meet his or her parental responsibility for the child. The social services department cannot have parental responsibility for a child unless that child is the subject of a care order, except for very limited purposes where an emergency protection order is in force under Section 44 of the Children Act 1989.

**Personal Budget:** A Personal Budget is an amount of money identified by the local authority to deliver provision set out in an EHC plan where the parent or young person is involved in securing that provision. The funds can be held directly by the parent or young person, or may be held and managed on their behalf by the local authority, school, college or other organisation or individual and used to commission the support specified in the EHC plan.

**Personal Education Plan:** An element of a Care Plan maintained by a local authority in respect of a looked after child, which sets out the education needs of the child. If a looked after child has an EHC plan, the regular reviews of the EHC plan should, where possible, coincide with reviews of the Personal Education Plan.

**Portage:** Planned, home-based educational support for pre-school children with special educational needs. Local authorities usually provide Portage services. The Portage service is named after the town of Portage, Wisconsin, USA. There is an active and extensive network of Portage services in the UK, developed by the National Portage Association, which provides a Code of Practice and accredited training.

**Pupil Referral Unit (PRU):** Any school established and maintained by a local authority under section 19 (2) of the Education Act 1996 which is specially organised to provide education for pupils who would otherwise not receive suitable education because of illness, exclusion or any other reason.



**Service Children's Education (SCE):** SCE oversees the education of UK Service children abroad. It is funded by the Ministry of Defence and operates its own schools as well as providing advice to parents on UK and overseas schools.

**Special Educational Needs (SEN):** A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she has a significantly greater difficulty in learning than the majority of others of the same age, or has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

**Special Educational Needs Co-ordinator (SENCO):** A qualified teacher in a school or maintained nursery school who has responsibility for co-ordinating SEN provision. In a small school, the headteacher or deputy may take on this role. In larger schools there may be a team of SENCOs. Other early years settings in group provision arrangements are expected to identify an individual to perform the role of SENCO and childminders are encouraged to do so, possibly sharing the role between them where they are registered with an agency.

**Special educational provision:** Special educational provision is provision that is different from or additional to that normally available to pupils or students of the same age, which is designed to help children and young people with SEN or disabilities to access the National Curriculum at school or to study at college.

**Special school:** A school which is specifically organised to make special educational provision for pupils with SEN. Special schools maintained by the local authority comprise community special schools and foundation special schools, and non-maintained (independent) special schools that are approved by the Secretary of State under Section 342 of the Education Act 1996.

**Speech and language therapy:** Speech and language therapy is a health care profession, the role and aim of which is to enable children, young people and adults with speech, language and communication difficulties (and associated difficulties with eating and swallowing) to reach their maximum communication potential and achieve independence in all aspects of life.

**Virtual School Head (VSH):** The Virtual School Head (VSH) is an officer of a local authority who leads a virtual school team that tracks the progress of children looked after by the authority as if they attended a single school. The Children and Families Act 2014 requires every local authority to appoint an officer who is an employee of that or another authority to discharge this duty.

**Young person:** A person over compulsory school age (the end of the academic year in which they turn 16). From this point the right to make decisions about matters covered by the Children and Families Act 2014 applies to the young person directly, rather than to their parents.

**Youth Justice Board (YJB):** The Youth Justice Board for England and Wales is an executive non-departmental public body. Its board members are appointed by the Secretary of State for Justice. The YJB oversees the youth justice system in England and Wales, works to prevent offending and reoffending by children and young people under the age of 18 and ensures that custody for them is safe, secure and addresses the causes of their offending behaviour.

**Youth Offending Team (YOT):** Youth offending teams are part of local authorities and are separate from the police and the justice system. They work with local agencies including the police, probation officers, health, children's services, schools and the local community, to run local crime prevention programmes, help young people at the police station if they're arrested, help young people and their families at court, supervise young people serving a community sentence and stay in touch with a young person if they're sentenced to custody.

### Acronyms

EY	Early Years
EHC	Education, Health and Care
EYP	Early Years Pathway
SEN	Special Education Needs
SEND	Special Education Needs and Disabilities
LA	Local Authority
EYFS	Early Years Foundation Stage Curriculum
ESKW	Early Support Key Working
ASQ	Ages and Stages Questionnaire
ASQSE	Ages and Stages Questionnaire Social and Emotional
ECAT	Every Child A Talker
TSW	Targeted Support Worker (part of ELCC)
IPMs	Inclusion Progress Meetings (arranged by ELCC)
PEP	Personal Education Plan for Children who are Looked After (CLA)
ASC	Autistic Spectrum Condition
EP	Educational Psychologist

