8. The Graduated Approach in school

8.1. Introduction

This section should be used by school staff supporting children working towards key stages 1 - 4. Schools who take children from age 2 should also use the Early Years section. Due to funding arrangements and eligibility criteria for a number of services, this school section should also be used for young people in school sixth forms (although consideration should also be given to the post-16 'Preparing for Adulthood' section for these young people).

Using the Graduated Approach means recognising that there is a continuum of need and that needs are met through the addition of increasingly specialist interventions as the level of need increases. In line with *The SEND Code of Practice (January 2015)*, mainstream schools must designate a teacher to be responsible for co-ordinating SEN provision (the SEN Co-ordinator or SENCO) and must inform parents when they are making special educational provision for a child.

8.2. What is Quality First Teaching?

Support for all children and young people in schools starts with **Quality First Teaching**. This can be summarised as follows:

Inclusive Quality First Teaching describes what should be on offer for all children: i.e. the effective inclusion of all pupils in high quality, every day, personalised teaching.

Such teaching will, for example, be based on:

- clear objectives that are shared with the children
- careful explanation of new vocabulary
- lively interactive teaching styles

Approaches like these are the best way to reduce, from the start, the number of children who need extra help with learning and behaviour

What does Quality First Teaching (QFT) look like?

As a simple overview, QFT involves the following:

- Well organized classroom with labels and picture symbols
- Clear lesson structure with objectives presented orally and visually
- Instructions given in small chunks with visual clues
- Checking understanding by asking children or young people to explain what they have to do
- Understanding is demonstrated in a variety of ways
- A range of groupings including some random pairing activities
- Activities and listening broken up to allow for more 'kinaesthetic' activities
- Praise is specific and named
- Memory supported by explicit demonstration and modelling
- Classroom support planned for and used to maximise learning
- Children or young people are clear what is expected and good examples are used when necessary

More detailed examples and information about what Quality First Teaching looks like for the different areas of need is provided in the appendix

School

First Concerns

Cognition and Learning

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **emerging** and/or **fluctuating** difficulties with the following: • Low general attainment and progress and/or gap beginning to widen • Difficulty in understanding abstract concepts and applying prior learning • Speech and language difficulties • Attention and concentration span difficulties, e.g. easily distracted or short attention span • Literacy difficulties, e.g. reluctance to read or poor sight vocabulary • Numeracy difficulties • Untidy handwriting/clumsy • Poor organisation • Discrepancy between oral and written work • Difficulty following instructions • Tiredness due to excessive concentration levels needed • Social and behavioural difficulties arising from low self-esteem and frustration	• Discuss concerns/observations with parent(s) • Obtain and record parental information and views • Obtain and record child or young person's views If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records • Consider past teacher observations and views • Collate current assessments related to area of concern – qualitative, quantitative and summative • Observe and compare potential barriers to learning and participation across a range of contexts • Carry out further assessments as necessary • Discuss concerns with SENCO • Complete a First Concerns Profile if appropriate (a young person may be able to do this themselves)	• Identify gaps in learning and provide focussed teaching • Place yourself where children/young people can see your face clearly and you can see them • Ensure text and print is displayed using appropriate font and/or colour background • Keep all distractions to a minimum • Have clearly differentiated success criteria • Allow extra time for processing information, answering and completing tasks • Allow for frequent practice through recall and repetition • Use a variety of strategies for recording • Present new information in small chunks keeping language simple • Ensure that targets are SMART and achievable • Have visual prompts on display • Use colour highlighting for word patterns, prefixes, suffixes etc. • Introduce new material in a multi-sensory way – show it, listen to it, look at it, hear it, say it, write it • Use technology to support learning • Encourage Peer support • Provide visual and practical resources to present

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	• Place child or young person on a 'First Concerns' Register • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support)	key information • Encourage the use of spelling strategies, for example: mnemonics, words within words, base words and suffixes etc. • Use writing scaffolds to support planning • Use concept maps to plan and identify overall themes and the relationships between ideas • Use the marking criteria as a stimulus when redrafting work • Provide occasional opportunities to work with a scribe – perhaps within a small group to produce a piece of writing for 'publication'

Evidence of Graduated Approach *How do we track and record progress and outcomes?*
• Brief record of parental views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.). • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Cognition and Learning

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **persistent** and **moderate** difficulties with the following: • The gap between the child or young person and that of his/her peers may be significantly wider than would be expected for children or young people of his/her age • May also be socially or emotionally immature and have limited interpersonal skills • Attention and concentration span difficulties, leading to poor motivation and resistance to learning • Difficulties with sequencing, visual and/or auditory perception, coordination, or short term working memory • Difficulties in the acquisition of reading, writing, oral or number skills, which do not fit his/her general pattern of learning and performance • Difficulties with other areas, e.g. motor skills, organisation skills, behaviour, social or emotional skills and multi-agency advice may be required • Very specific difficulties (e.g. diagnosis of dyspraxia or dyslexia etc.) affecting literacy skills, spatial and perceptual skills and fine and gross	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Complete a SEN Support Plan and review on a regular basis (e.g. at least termly) • Place child/young person on register as SEN Support (Code K) • Seek external advice from appropriate educational agencies such as Cheshire East Autism Team (CEAT) and Educational Psychologist (EP) Clusters • Seek external advice from health professionals such as: School Health, Speech and Language Therapy (SALT); Child and Adolescent Mental Health Service (CAMHS) or Learning Disability (LD) CAMHS • Refer to the *'Timely Support for Children and*	Continue with any relevant strategies from First Concerns level, plus: • Provide appropriate small group interventions and resources specific to need with measurable SMART targets • Provide regular, specific focused teaching which is increasingly individualised from teacher or teaching assistant • Ensure pre and post assessments are completed for each intervention • Implement, monitor and review advice from external agencies • Try a range of coloured overlays and/or reading rulers • Use calendars and checklists to structure classroom/homework tasks and enable child or young person to meet deadlines • Teach keyboard skills

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
motor skill	*Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to approximately 12 hours of additional support). • Further investigate gaps in learning to identify specific needs or barriers • Carry out and review further assessments as required and/or as advised by outside agencies • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD)	

Evidence of Graduated Approach *How do we track and record progress and outcomes?*

• SEN Support Plan, which should include:
  ○ Record of parental views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)

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- **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)

- Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
- Record of any external support, contact or advice, e.g. CEAT or EP action plan
- Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Cognition and Learning

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

Observed **persistent** and **significant** difficulties with the following:
 	
• Will have low attainment reflected in levels, typical of two thirds of chronological age with the gap possibly continuing to widen
• Difficulties in the acquisition of reading, writing, oral or number skills, which require high levels of tailored support
• Inability to concentrate even with targeted support or resources leading to poor motivation and resistance to learning
• Frustration in inability to access learning leading to complete disengagement with learning or problematic behaviours which are unmanageable in a mainstream setting even with high levels of support and tailored, individual and skilled interventions
• Limited social, emotional and interpersonal skills, requiring high level of tailored support
• Complex difficulties with sequencing, visual and/or auditory perception, coordination, organisation, concentration or short term working memory
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		• Continue to identify gaps in learning
		• See EHCP for specific outcomes and break outcomes into smaller, SMART targets and review frequently
		• Create a personalised curriculum tailored to the child or young person's needs (this may require consultation with all professionals involved with the child or young person)
		• Incorporate external advice
		• Liaise with support to ensure learning outcomes are facilitated and resources are readily available
		• Put behaviour management programme in place, if appropriate

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	○ Change code on SEN register to indicate child/young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan' ○ Complete Annual Review of EHC Plan • Continue to act on external advice from educational and health agencies as necessary • Carry out and review further assessments as advised by outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support) ○ plus any additional top-up as detailed in the EHC Plan • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD)	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• EHC Plan (reviewed annually, and updated if appropriate) Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following: • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)   ○ Includes specific amounts (times and costs) – e.g. costed provision map • Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle • Record of any external support, contact or advice, which has been implemented and reviewed • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Cognition and Learning

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
• Won't meet age related expectations in all areas of learning throughout their education and not expected to exceed P-levels or National Curriculum Level 1 by Year 11 in mainstream education and/or needing access to alternative accreditation and/or lower level GCSEs	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Indicate on SEN register that child or young person has an EHC plan in place (code E) • Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement • Continue to plan, do, review against the specified outcomes and provision within the child or young person's EHC Plan	• Individual education programmes/plans put in place • Individualised curriculum closely tailored to identified long and short term outcomes for the child or young person, and likely involving pre-subject based learning and functional life skills training • High ratio of staff to pupils • Specially trained teaching staff and teaching assistants • Small class sizes (smaller than 10) • Multi-Disciplinary Team interventions on or off-site • Multi-sensory teaching • High level of appropriate 'catch-up' interventions put into place to try and accelerate progress • Assessment using a 'small steps' measure such B Squared/PIVATS

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
	• Complete Annual Review of the EHC Plan • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • Continue to act on advice from internal and external education and health professionals, as necessary • Carry out further assessments following advice and guidance from outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• EHC Plan (reviewed annually, and updated if appropriate) • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)   ○ Includes specific amounts (times and costs) – e.g. costed provision map • Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle • Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

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School

First Concerns

Communication and Interaction

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **emerging** and/or **fluctuating** difficulties with the following: **Difficulties relating to others** • Inability to interpret social cues correctly • Poor social timing • Lack of social empathy • Lack awareness of personal space • Difficulty maintaining appropriate eye contact • Lack of appropriate social conversational skills • Literal use and interpretation of language • Inability to see other people's point of view • Resistance to change and difficulties with transitions • Removal of self from certain environments • Solitary play and unusually focused special interests • Difficulties taking part in conversation • Inappropriate use of facial expression **Language** • Limited vocabulary knowledge, learning and using new words • Difficulty understanding words that are said to them or verbal instructions	• Discuss concerns/observations with parent(s) • Obtain and record parental information and views • Obtain and record child or young person's views If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records • Consider past teacher observations and views • Collate current assessments related to area of concern – qualitative, quantitative and summative • Consider any relevant health records that have been shared/provided (e.g. school health) • Observe and compare potential barriers to learning and participation across a range of contexts • Carry out further assessments as necessary • Discuss concerns with SENCO • Complete a First Concerns Profile if appropriate (a young person may be able to do this	• Place yourself where children or young people can see your face clearly and you can see them • Keep all distractions to a minimum • Have visual prompts on display (to reinforce the rules of good listening, good sitting and turn-taking) • Consider where children and young people are seated within the learning environment to enable them to see visual prompts etc. • Have clearly differentiated success criteria • Allow extra time for processing information, formulating a response and completing tasks • Allow for frequent practice through recall and repetition • Use a variety of strategies for effective communication, including visual support and/or encouraging the child or young person to say in a different way or show • Encourage child or young person to use gestures to support speech • Encourage the child or young person to tell you if they have not understood something • Create a predictable and consistent environment, ensuring routines are followed • Keep language clear, concise and unambiguous

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

• Attention and concentration skills
• Limited spoken language for their age
• Poor organisation and sequencing
• Echolalia (repetition of noises or words spoken by another person)
• Difficulty in understanding abstract concepts and applying prior learning
• Difficulty with receptive and expressive language
 	
Speech
• Monotone speech
• Unclear speech
• Stammer and/or difficulties getting words out
• Nasal quality to speech in the absence of a cold
• Unusual accent not linked to environment
 	
Sensory
Experiences sensory processing difficulties, which may be observed by the following (this is not an exhaustive list):
• Actions such as rocking, stroking, flapping and/or hands over ears
• A self-limiting diet
• Difficulty with body temperature regulation, e.g. coat on and hood up on a hot day or t shirt with no jumper or coat on a cold day
 	
Other
• Poor self-esteem
• Frustration/anxiety due to social and communication difficulties
	themselves)
	
	• Place child or young person on a 'First Concerns' Register
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support)
	
	• For educational settings in South Cheshire - Ring Speech and Language Therapy (SALT) Triage helpline to discuss concerns (run by Central Cheshire Integrated Care Partnership (CCICP), which provides SALT services for South Cheshire and Vale Royal CCG areas ONLY. Helpline is available on Tuesday afternoons at 12.00-16.30 and is reached on 07825103893
		• Use the child or young person's name at the start of any instruction or information giving
		• Present new information in small chunks, using simple language that is relevant to the child or young person
		• Ensure that targets are SMART and achievable
		• Introduce new material in a multi-sensory way – show it, listen to it, look at it, hear it, say it, write it
		• Use technology to support learning
		• Encourage Peer support
		• Use visual timetables and calendars
		• Use concept maps to plan and identify overall themes and the relationships between ideas
		• Recap relevant vocabulary. Ensure knowledge of vocabulary before introducing a new topic.
		• Use clear adult models of speech and language, and repeat, emphasise and expand, as needed
		• Use adult modelling of appropriate social phrases in context
		• Make use of direct Playground Game teaching/ Personal, Social, Health and Economic (PSHE) education opportunities. Plan daily opportunities to teach specific skills such as sharing etc.
		• Make use of resources such as:
		  ○ Move 'n' sit cushions
		  ○ Buzy legs
		  ○ Movement breaks
		  ○ Fiddle toys
		• Explain words and phrases that have more than one meaning or may be misconstrued e.g. pull

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
• Social and/or behavioural difficulties arising from low self-esteem, frustration, or communication difficulties		your socks up • Encourage discussion and prediction about stories • React to what the child or young person says, not how clearly they speak • Don't pretend to understand

Evidence of Graduated Approach *How do we track and record progress and outcomes?*
• Brief record of parental views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Communication and Interaction

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **persistent** and **moderate** difficulties with the following: **Difficulties relating to others** • Inability to interpret social cues correctly • Poor social timing • Lack of social empathy • Unawareness of others' personal space • Difficulty maintaining appropriate eye contact • Lack of appropriate social conversational skills • Literal use and interpretation of language • Rigidity and inflexibility of thought processes • Inability to see other people's point of view • Resistance to change and difficulties with transitions • Solitary play and unusually focused special interests • Difficulties taking part in conversation • Inappropriate use of facial expression **Language** • Limited vocabulary knowledge, learning and using new words • They don't understand words that are said to	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Complete a SEN Support Plan and review on a regular basis (e.g. at least termly) • Place child or young person on register as SEN Support (Code K) • Seek external advice from educational agencies such as Cheshire East Autism Team (CEAT) and Educational Psychologist (EP) Clusters • Seek external advice from health professionals such as School Health, Child and Adolescent Mental Health Service (CAMHS) or Learning Disability (LD) CAMHS • For educational settings in South Cheshire - Ring Speech and Language Therapy (SALT) Triage helpline to discuss concerns (run by Central Cheshire Integrated Care Partnership	Continue with any relevant strategies from First Concerns level, plus: • Use a variety of strategies for effective communication – e.g. Picture Exchange Communication System (PECS), Widget, visual supports • Create an individualised timetable which is predictable and consistent, and includes unstructured times e.g. lunch • Use individual visual timetables, now and next boards, calendars and task lists to structure activities • Use social stories and comic strip conversations to aid understanding of social situations • Withdrawal facilities provided for times of stress or anxiety • Specific small group interventions • Differentiated curriculum, resources and success criteria. • Implement strategies from outside agencies • Provide access to a quiet, distraction free work station if needed • Ensure that preferred methods of communication (as well as level of eye-contact)

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
them or verbal instructions • Attention and concentration skills • Poor organisation and sequencing • Limited spoken language for their age • Echolalia (repetition of noises or words spoken by another person) • Difficulty in understanding abstract concepts and applying prior learning • Difficulty with receptive and expressive language **Speech** • Monotone speech • Unclear speech • Speech or sound production difficulties and/or differences • Stammer, difficulties getting words out and/or dysfluency (i.e. disruptions in forward flow and timing of speech) • Nasal quality to speech in the absence of a cold • Unusual accent not linked to environment **Sensory** Sensory needs still affecting learning, for example: • Difficulties with large indoor and outdoor spaces (such as assembly/P.E/lunch hall) • Issues with background and/or white noise • Issues with certain scents and perfumes • Aversion to everyday touch • May touch/stroke others to self soothe/regulate	(CCICP), which provides SALT services for South Cheshire and Vale Royal CCG areas ONLY. Helpline is available on Tuesday afternoons at 12.00-16.30 and is reached on 07825103893) • If required, refer to Speech and Language Therapy and implement advice, strategies and care plan from SALT (as appropriate for individual child or young person) • If appropriate, complete initial sensory processing audit (e.g. Autism Education Trust's Sensory Assessment and environmental audit checklists) • Carry out and review further assessments as required and/or as advised by outside agencies • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to approximately 12 hours of additional support). • Ensure all staff involved in the teaching of the individual child are aware of their speech, language, social and communication difficulties	known by all staff within school • Build access to activities which meet the child's sensory needs into the day, for example: timetabled movement breaks, quiet area to access in classroom, egg chair or pop up tent • Consider access to a workstation and/or set up a low stimulation workstation, privacy board on group table or personal table with few distractions but informative visual information and support

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Other • Poor self-esteem • Frustration / anxiety due to social and communication difficulties • Social and behavioural difficulties • Behavioural difficulties arising from low self-esteem, frustration, communication • Inconsistent behaviour between home and school	• Ensure class teacher and teaching assistants receive relevant Continuing Professional Development (CPD), including any specific training as advised by Speech and Language Therapy service	

Evidence of Graduated Approach *How do we track and record progress and outcomes?*

• SEN Support Plan, which should include:
  ○ Record of parental views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)
  ○ **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, e.g. CEAT or EP action plan, SALT care plan etc.
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Communication and Interaction

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

Observed **persistent** and **significant** difficulties with the following:
 	
• The gap in the child or young person's communication skills continues to widen and is significantly lower than would be expected for children or young people of his/her age
• The child or young person's impaired social development, communication, language and speech difficulties, rigidity of behaviour and thought are enduring, consistently impeding his/her learning and leading to significant and complex difficulties in functioning
• Revision of the differentiated classroom provision for the child or young person's education has not resulted in the expected progress towards achieving learning, pastoral and social interaction targets
• In respect of receptive and expressive communication and social interaction, evidence of the child or young person's need for a systematic programme to develop his/her understanding of verbal and non-verbal communication
• Evidence of significant difficulties persisting for
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
	  ○ Change code on SEN register to indicate
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		• Continue to identify gaps in learning
		• See EHCP and/or SALT care plan for specific outcomes
		• Create a personalised curriculum (class teacher with SENCO support)
		• Liaise with support to ensure learning outcomes are facilitated and resources are readily available
		• From the sensory assessment checklist(s) devise a bespoke sensory diet and implement
		• From completion of Autism Education Trust's environmental audit make environmental changes as appropriate to meet child/young person's need

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
the child or young person as a result of his/her inflexibility and/or intrusive obsessional thoughts • Evidence of a high priority having to be given to the management of the child or young person's language and communication difficulties in the planning of most classroom activities and the organisation of his/her learning environment	child or young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan' ○ Complete Annual Review of EHC Plan • Continue to act on external advice from educational and health agencies as necessary, including Speech and Language Therapy (SALT) care plan if necessary • Carry out and review further assessments as advised by outside agencies • Complete a sensory processing audit (e.g. Autism Education Trust's Sensory Assessment and environmental audit checklists) • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support) ○ plus any additional top-up as detailed in the EHC Plan • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional	

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
	Development (CPD), including any specific training recommended by SALT	

Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• EHC Plan (reviewed annually, and updated if appropriate) Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following: • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)   ○ Includes specific amounts (times and costs) – e.g. costed provision map • Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle • Record of any external support, contact or advice, which has been implemented and reviewed • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) Additional documents (if relevant/appropriate for individual): • SALT care plan

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Communication and Interaction

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
• Access to the curriculum is only meaningful through use of a communication aid(s) and could not be used in a mainstream setting • Needing a fully inclusive approach across the whole educational setting, including a total communication environment with a variety of different high tech communication mediums which would not be expected in a mainstream setting (e.g. timelines, schedules, eye gaze system) • Interaction with others is minimal and inconsistent and impacts on curriculum access. Interactions occur only when facilitated and/or prompted by an adult. Child or young person would be totally isolated in a mainstream setting • Child or young person needs a high level of modification to the learning environment and organisation to their curriculum to avoid daily, high-level problematic behaviour and to keep them engaged in the learning environment • High level of social anxiety or profound lack of social engagement leads to inability to communicate with others without support	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Indicate on SEN register that child or young person has an EHC plan in place (code E) • Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement • Continue to plan, do, review against the specified outcomes and provision within the child or young person's EHC Plan	Implement and use: • Alternative augmentative communication assessment and appropriate aids • High tech low tech systems • Use a variety of specialist strategies for effective communication – e.g. Picture Exchange Communication System (PECS), Widget, visual supports, Makaton, objects of reference, symbols, signs, proloquo2go, switches, voice output communication aids, eye gaze systems • Facilitate access to speech and language therapy • Carry out sensory assessments/audits and implement appropriate modifications • Use social interaction programmes/small group work as an integral part of the curriculum (e.g. Talking Partners, Circle of Friends, buddy systems) • Provide specialist communication sessions • Put behaviour modification programmes in place, if appropriate

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	• Complete Annual Review of the EHC Plan • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • Continue to act on advice from internal and external education and health professionals, as necessary • Carry out further assessments following advice and guidance from outside agencies, e.g. Speech and Language Therapy (SALT); sensory assessments/audit • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required, including any appropriate training from SALT	

Evidence of Graduated Approach *How do we track and record progress and outcomes?*
• EHC Plan (reviewed annually, and updated if appropriate) • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)

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- Includes specific amounts (times and costs) – e.g. costed provision map

- Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
- Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed
  - Including SALT care plan, if appropriate
- Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

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School

First Concerns

Social, Emotional and Mental Health Difficulties

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **emerging** and/or **fluctuating** difficulties with the following: • Difficulties with interpersonal communication or relationships, regularly reluctant to share materials or attention and/or participate in social groups • Involved in low level distractions which hinder own concentration and that of others due to a lack of social understanding, task avoidance and/or with intent to gain attention • Verbal challenges to peers or adults which do not cease with verbal intervention and requires adult intervention and/or time out from the situation • Is withdrawn and isolated, generally seeking too little or too much adult attention with limited or selective communication. Regularly appears on the fringe of activities • May not communicate feelings appropriately • Difficulty in controlling own emotions, feelings of frustration or distress in response to social or environmental situation that requires a reflective response with the child or young person	• Discuss concerns/observations with parent(s) • Obtain and record parental information and views • Obtain and record child or young person's views If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records • Consider past teacher observations and views • Collate current assessments related to area of concern – qualitative, quantitative and summative • Observe and record 'impact on learning' (using a behaviour log, if appropriate) across a range of contexts across school day to understand whether need is contextual/situational and to inform strategies needed • Carry out further assessments as necessary • Discuss concerns with SENCO • Complete a First Concerns Profile if appropriate (a young person may be able to do this	• Use emotional resilience resources available • Consider seating and grouping of children and young people • Provide safe area for child or young person to calm down or concentrate when required • Have a range of simple, accessible activities that the child or young person enjoys using as 'calming' exercises • Make tasks short, with frequent breaks and opportunities to access physical or sensory activities • When child or young person is exhibiting signs of stress, make instructions short and language clear, and provide low-challenge tasks and increased structure and predictability. Adjust timescale and output expectations for tasks. • Use an anxiety scale during post incident reflection to measure and track level of anxiety at times of heightened emotion • Use of visual support such as traffic lights, symbols, photos etc. to reinforce classroom instructions and routine • Use child or young person's name when addressing them or gaining attention • Provide access to 'fiddle toys' or similar items

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

• Foreseeable signs of distress to usual social situations or activities, e.g. withdrawing, refusing, avoiding, lack of engagement that requires adult acknowledgement and a need for space or time out
• Behaviour that can be challenging and/or upsetting towards peers or adults, that is perceived to be intentional
• Some anti-authoritative behaviour
• Anxiety and/or low mood impacting on ability to participate, engage and maintain attention requiring regular adult support and reassurance, which may be situationally dependent
• Some self-esteem and/or resilience difficulties leading to avoidance of new experiences/fear of failure
• Some controlled, low levels of self harming behaviours
	themselves)
	
	• Place child or young person on a 'First Concerns' Register
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support)
	
	• Arrange appropriate training for staff through the Emotionally Healthy Schools Links Team (including mental health awareness and facilitated reflection; see the 'Getting Advice' quadrant of the Thrive Model)
		• Explicitly teach the child or young person specific social and communication skills e.g. how to ask for help
		• Use available adults to model, coach and reinforce group work skills when the child or young person is working collaboratively with others
		• Utilise positive behaviour strategies, such as praising desired behaviour, separating behaviour from child or young person and reminding of expectations, e.g.
		  ○ Say what you want him or her to do, rather than what you don't
		  ○ Label the behaviour but not the child or young person
		  ○ Remind child or young person of a rule rather than telling them off, or make a point of praising a child or young person who is keeping the rule
		• Remind child or young person of the consequences of the various behavioural choices open to them
		• Make an effort to 'catch the child or young person being good' and praise them
		• Teach child or young person how to reward themselves
		• Devise a private signal system to let the child or young person know when they are off task or behaving inappropriately
		• Involve child or young person in development of a planned reward system for appropriate behaviour

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

		• Teach strategies and make adaptations to support child or young person to achieve, thereby strengthening self-esteem and avoiding frustration if child or young person is struggling with tasks
		• Take steps to build child or young person's self confidence, for example:
		  ○ Provide opportunities to share interests and skills
		  ○ Give them responsibilities or ask the child or young person to help others
		  ○ Have them keep records of new things they learn and can do
		  ○ Photocopy good pieces of work for them to take home
		• Make time and extra effort to develop a relationship with the child or young person and let them know they are held in mind when not teaching them
		• Help the child or young person identify an appropriate adult that they feel comfortable sharing concerns with
		• Build in time for 'emotional check-ins' during the day, and listen without judgement
		• Use a buddy or mentoring system with another child or young person
		• Provide opportunities for supported peer interaction to further strengthen social and communication skills

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• Brief record of parental views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile Additional documents (if relevant/appropriate for individual): • Boxall Profiles • Behaviour log and/or records e.g. ABC forms/Tally sheets

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Social, Emotional and Mental Health Difficulties

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **persistent** and **moderate** difficulties with the following: • Difficulties with interpersonal communication or relationships, regularly reluctant to share materials or attention, participate in social groups and distracts other children or young people, or self • Verbal aggression to peers or adults which does not cease with de-escalation techniques and/or requires time out from the situation • Is withdrawn and isolated, generally seeking too little or too much adult attention, which may often be negative attention • Will not communicate feelings appropriately • Difficulty in controlling own emotions and feelings of frustration or distress in response to social or environmental situation that requires emotional containment • Unforeseeable frustration and distress in response to personal, social or environmental situation which may result in danger or damage to self, people or property • Emotional responses that are not typical of the majority of the age group	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Complete an observation and analysis of frequency and pervasiveness of incidents over a range of contexts and across a number of lessons/activities using an ABC framework • Consider child or young person's learning context, motivational factors, and social and emotional competencies • Seek external advice from educational agencies such as Cheshire East Autism Team (CEAT), Educational Psychologist (EP) Clusters and the outreach services from Adelaide School and Oakfield Lodge (Oakfield Plus – an outreach support facility which can be provided as a means to preventing exclusion). (see the	Continue with any relevant strategies from First Concerns level, plus: • Provide a plan and support for unstructured and/or transition times • As far as possible, take steps to increase stability and predictability of environment • Provide individual task lists to enable child or young person to complete tasks to deadlines and reduce anxiety and/or anger • Differentiate language and responses to take account of stage of social functioning and emotional development • Adapt curriculum and allocate resources (adult support, or physical resources, e.g. ICT or sensory items) to meet individual SEMH need • Implement an appropriate and individualised behaviour management programme • Use appropriate emotional awareness and regulation workbooks or programmes within individual or a small group, such as Anger Gremlin, Anxiety Gremlin, 'think good, feel good' or 'no worries' programme • Implement an individual or small group tailored social skills intervention

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

• Behavioural difficulties that have not been addressed by differentiated learning opportunities or by the strategies described above in 'First Concerns'
• High levels of disruption causing break down in group activities, and requiring planned and targeted intervention and/or removal from the activity
• Harmful or unsocial behaviour in different settings, which may pose a risk to self or others
• Reduced ability to acknowledge or accept responsibility for his/her own actions in a heighted emotional state
• Anti-authoritative behaviour
• Anxiety and/or low mood adversely affecting participation, engagement, inclusion and concentration levels in multiple situations and requiring more sustained and recorded adult intervention and support
• Low levels of self-esteem and/or resilience leading to avoidance of new experiences/fear of failure, despite strategies and additional support described at "first concerns"
• Controlled, low levels of self harming behaviours
	'Getting Advice' quadrant of the Thrive Model)
	• Seek external advice from health professionals such as school nurse or via an Emotionally Healthy Schools Links Team consultation session (who may recommend referral to a local mental health service as outlined in the Local Offer) (see the 'Getting Advice' and 'Getting Help' quadrants of the Thrive Model)
	• If appropriate, refer to Cheshire East self harm pathway
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• Carry out and review further assessments as required and/or as advised by outside agencies, for example:
	  ○ a strengths and difficulty questionnaire (e.g. from www.sdqinfo.org) to strengthen understanding of need
	  ○ Environmental audit of classroom and/or outside space etc.
	  ○ Risk assessment(s) relating to behaviour, self-harm etc. as appropriate
	
	• Complete a SEN Support Plan, in conjunction with appropriate professionals, and review on a
		• Signpost young person to 'Reading Well' resources available at local libraries (list of books which cover common mental health conditions and available to borrow free of charge. The list is aimed at 13-18 year olds)
		• Use an anger scale with the child or young person, such as 5 point anger scale
		• Individual or small group use of low level emotional health interventions such as: relaxation exercises, safe place imagery, positive affirmations, thinking errors, positive events log, anxiety scale, worry charts, motivational rewards, celebration book etc.
		• Use appropriate interventions from self-harm pathway on an individual basis such as: personal safety plan, self-harm passport etc.
		• Assist child or young person to identify a member of staff who is able to carry out close liaison between home and school to ensure consistency across settings

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	regular basis (e.g. at least termly) • Place child/young person on register as SEN Support (Code K) • Complete a Reducing Anxiety Management Plan (RAMP) if required and appropriate • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to approximately 12 hours of additional support) • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD) and training, e.g. emotional containment; de-escalation techniques; conflict resolution and positive handling. Contact the Emotionally Healthy Schools Links Team for training on mental health awareness etc. (see the 'Getting Advice' quadrant of the Thrive Model) • Ensure protocols are in place for the positive management of specific behaviours and emotions which are consistent across all areas of school	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• SEN Support Plan, which should include:
  ○ Record of parental views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)
  ○ **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, e.g. CEAT or EP action plan
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• Boxall Profiles
• Behaviour log and/or records e.g. ABC forms/Tally sheets
• Risk Assessment
• Reducing Anxiety Management Plan (RAMP)
• Completed strengths and difficulty questionnaire (SDQ)

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Social, Emotional and Mental Health Difficulties

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

Observed **persistent** and **significant** difficulties with the following:
 	
• Withdraws or chooses not to participate in any interactions to a degree that requires continuing adult support within and outside the classroom context, e.g. a more personalised curriculum paying regard to specific areas of interest or strength and difficulty and differentiated appropriately.
• Difficulties in forming and maintaining reciprocal peer and adult relationships leading to significant social isolation and disengagement
• Verbal and/or physical aggression to peers or adults which does not cease with de-escalation techniques and/or requires time out from the situation
• Will not communicate feelings appropriately. More likely to be communicated through negative behaviours.
• Extreme emotional responses that are not age or situationally appropriate leading to an inability to engage with any formal learning situations and taking a significant amount of
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
	  ○ Change code on SEN register to indicate
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		• Develop a whole school approach that provides a consistent reward and sanction structure
		• Implement an appropriately differentiated curriculum; this may incorporate a personalised/ alternative curriculum and/or timetable (facilitating SEMH skill development)
		• Short term and focused alternative provision within school where appropriate
		• Use reflective practice to support positives and successes and develop a 'social toolkit'
		• Provide access to appropriate key adult support
		• Use role play/verbal rehearsal before activities to reinforce behavioural expectations and reduce social anxiety
		• Discuss social boundaries for forthcoming activities explicitly to support social communication difficulties
		• Use social stories to explore choices of actions and potential consequences
		• Implement specific lessons in social interaction that cover conversation, mealtime etiquette, personal safety, manners etc. (It may be

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
time and support to calm from • Complete disengagement and withdrawal in a classroom setting requiring high levels of adult support to re-engage with and access learning • Risk taking behaviour that has the potential to harm. Positive handling is necessary to safeguard the child/young person and others • Limited ability to acknowledge or accept responsibility for his/her own actions in a heighted emotional state • Consistent support required to minimise high levels of disruption • Anti-authoritative behaviour • Anxiety and/or low mood adversely affecting participation, engagement, inclusion and concentration levels in the majority of situations and requiring specific and targeted interventions. May already have referral to mental health service. • Very poor self-esteem and/or resilience which is pervasive (impacts all areas of life) • Emotional functioning affected to a level where regular self-harm is occurring and necessitating specialist mental health services. • Difficulties requiring admission to inpatient services which requires joint working between LA educational and health professionals to agree a bespoke package to be delivered through a mainstream setting upon discharge.	child or young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan'. Regularly update with strategies as they are tried. ○ Complete Annual Review of EHC Plan • Continue to act on external advice from educational and health agencies as necessary (see the 'Getting More Help' quadrant of the Thrive Model) • Carry out and review further assessments as advised by outside agencies (see the 'Getting More Help' quadrant of the Thrive Model) • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support) ○ plus any additional top-up as detailed in the EHC Plan • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD)	necessary to review facial expressions and body language as part of this). This should include giving and receiving compliments. • Make communication skills and behavioural expectations a core focus - this should include ways to show you are listening etc. • Teach self-help strategies to minimise hypervigilance, such as not sitting next to or facing doors or windows, using noise cancelling headphones to block out sound etc. • Support maintaining focus in a non-confrontational way at regular intervals using strategies such as using the child or young person's name, touching the desk in front of them or their book, passing post-its of instruction, using an agreed card system such as traffic lights • Monitor your own body language, facial expression and tone to project calm and consideration, and avoiding aggression or agitation associated with frustration • Teach good mental health strategies either through Social and Emotional Aspects of Learning (SEAL), mindfulness or similar therapeutic activities to calm and clear the mind • Utilise nurture group ethos and strategies • Provide a safe and supervised area for calming and time away from triggers

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• EHC Plan (reviewed annually, and updated if appropriate) Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following: • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)   ○ Includes specific amounts (times and costs) – e.g. costed provision map • Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle • Record of any external support, contact or advice, which has been implemented and reviewed • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) Additional documents (if relevant/appropriate for individual): • Boxall Profiles • Behaviour log and/or records e.g. ABC forms/Tally sheets • Completed strengths and difficulty questionnaire (SDQ)

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Social, Emotional and Mental Health Difficulties

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed difficulties requiring consistent high levels of specialist interventions with the following: • Cannot participate in any interactions without a specialist degree of adult support within and outside the classroom context. e.g. a bespoke curriculum, differentiated appropriately, to incorporate social and emotional strategies as well as academic • Extreme difficulties in forming and maintaining reciprocal peer and adult relationships leading to significant social isolation and disengagement or total apathy • Unable to communicate feelings appropriately, resulting in negative behaviours such as verbal and physical aggression which requires frequent specialist de-escalation and positive handling • Erratic and potentially unsafe emotional responses leading to an inability to engage with any formal learning situations and taking a significant amount of time and support to calm from • Complete disengagement and withdrawal requiring consistent, specialist adult support to attend, participate or to re-engage with and	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Indicate on SEN register that child or young person has an EHC plan in place (code E) • Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement • Continue to plan, do, review against the specified outcomes and provision within the child or young person's EHC Plan	Continue with any relevant strategies from First Concerns, SEN Support and/or Complex levels, plus: • Specialist nurture provision across the school • Specialist therapeutic interventions, e.g. play therapy, art therapy, interest based activities that facilitate reflective practice etc. • Support for parents to understand mental health and guidance on appropriate techniques and skills to use, e.g. using BASC3 monitoring and intervention structure • Signpost parents to support for parent mental health • Specific specially trained staff to meet individual need • Emotion coaching from trained staff • Sensory based therapies and workouts • Trauma and grief therapy • School work with medical staff to provide holistic package of care and intervention • Targeted behavioural modification programmes with family support and training • Individualised support that will include curriculum content, length of day, group dynamic, supported access to additional

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
access learning • Regular and/or targeted risk taking behaviour that is likely to harm without specialist intervention. Positive handling plan is necessary to safeguard the child/young person and others • Child or young person displays complete apathy or desensitisation towards all situations • Inability to acknowledge or accept responsibility for his/her own actions • Anti-authoritative behaviour in all environments • Anxiety and/or low mood adversely affecting participation, engagement, inclusion and concentration levels in the majority of situations and requiring specific and targeted interventions. May already have referral to mental health service • Very poor self-esteem and/or resilience which is pervasive (impacts all areas of life), causing high levels of distress and an inability to engage with learning without a bespoke package incorporating a specialist environment and services • Difficulties requiring admission to inpatient services (part of the 'Getting Risk Support' quadrant of the Thrive Model) which LA educational and health professionals agree will require ongoing mental health services and specialist interventions that can only be met in a specialist setting once discharged	• Complete Annual Review of the EHC Plan • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • Continue to act on advice from internal and external education and health professionals, as necessary • Carry out further assessments following advice and guidance from outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required • Refer child or young person for specialist psychotherapy as required with continuing support as prescribed (part of the 'Getting More Help' quadrant of the Thrive Model) • Where an admission is required to Child and Adolescent Mental Health Service (CAMHS) in-patient unit (part of the 'Getting Risk Support' quadrant of the Thrive Model), maintain communication with health professionals and contribute to discharge planning	medical appointments

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• EHC Plan (reviewed annually, and updated if appropriate)
 	
• Record of parental views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
  ○ May include intervention reflection sheets
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• Boxall Profiles
• Behaviour log and/or records e.g. ABC forms/Tally sheets
• Completed strengths and difficulty questionnaire (SDQ)
• Risk Assessment
• Reducing Anxiety Management Plan

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School

First Concerns

Sensory Needs (Visual Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
The child or young person has: • A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses • Access to standard learning resources • Access to computers The child or young person has observed **emerging** and/or **fluctuating** difficulties or deterioration in the following areas: • Deteriorating handwriting – may be unusually small or large, or letters may be poorly formed • Difficulty copying accurately either from board or close to. • Remembers and understands things which have been verbally explained rather than what has been read or seen • When reading may skip letters, lines and words and may cover an eye when reading or performing close tasks • Shows signs of poor hand eye co-ordination and over and under reaching • Appears clumsy and may often trip or fall	Talk to parents and/or child/young person in order to: • Establish whether the child or young person is known to have a visual impairment • Check to see if all vision checks are up to date and establish if having similar issues at home • Discuss concerns/observations with parent(s) • Obtain and record parental information and views • Obtain and record child or young person's views If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records • Consider past teacher observations and views • Collate current assessments related to area of concern – qualitative, quantitative and summative • Carry out further assessments as necessary. This may include an assessment for a magnifier and subsequent loan of a magnifier • Discuss concerns with SENCO	• Follow guidelines on individual condition and access strategies as advised by STVI in 'Advice to School'. e.g. positioning, use of magnifier • For most children and young people, class or subject teacher will be able to use resources and strategies available in the classroom • Try out different paper or Smartboard colours to try to find best contrast • Take advice from specialist teams related to font style and size • Intersperse short spells of visual activity with less demanding activities • Eliminate inessential copying from the board • Where copying is required, ensure appropriate print size photocopy is available • Provide occasional use of enlarged copies, as advised • Avoid standing in front of windows – your face becomes difficult to see • Ensure child or young person has own text or monitor • Plan and support opportunities for information sharing and liaison between school staff, SIS, parents, and other agencies, as required • Provide recommended equipment and

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
• May have difficulties with height, depth or shadows • Children or young people may tire easily or easily distracted by precision tasks • May thrust head forward to squint when looking at near/far • May hold equipment unusually close or at a strange angle	• Signpost child or young person, parents and staff to relevant information and services in the Cheshire East Local Offer for SEND and Live Well Cheshire East, including services related to visual impairment • Contact Sensory Inclusion Service (SIS) for advice and information • Completion of Quality First Teaching Inclusive classroom audit (VI) in consultation with Specialist Teacher for Visual Impairment (STVI). Environmental audits by Sensory Inclusion Service (SIS) may be required, particularly at Key Transitions • SIS to provide ongoing visits, assessment and advice • If the child or young person is assessed by the Specialist Teacher for Visual Impairment (STVI) as 'see on request', school should make contact with the STVI if there are significant changes or concerns regarding child or young person's visual condition/needs • Complete a First Concerns Profile if appropriate (a young person may be able to do this themselves) • Place child or young person on a 'First Concerns' Register • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on*	encourage its use, for example: specific writing implements and/or lined paper • Ensure safe access to physical and practical subjects • Tasks may need to be differentiated by some variation of teaching material and time given to complete tasks • Complete easily made changes to the learning environment

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	Thresholds of Need' document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support)	

Evidence of Graduated Approach *How do we track and record progress and outcomes?*
• Brief record of parental views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile Additional documents (if relevant/appropriate for individual): • Completed QFT Inclusion Audit – VI/SIS environmental audit • SIS advice sheets • SIS records of visit • Record of Functional Visual Assessment

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Sensory Needs (Visual Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

As at First Concerns, the child or young person has:
 	
• A recognised visual impairment and/or an assessed visual deficit, which is not fully corrected by glasses/lenses
 	
Additional to impact at First Concerns:
 	
The child or young person has:
• Reduced access to standard print
• Limited access to whole class presentations
 	
The child or young person has one or more of the following:
• Limited access to standard practical activities
• A need to type some work in order to access their own work
• A need for accessibility settings and/or specialist software to access computers
• A need for supervision or support in unfamiliar or hazardous situations
 	
And/or observed **persistent** and **moderate** difficulties with the following:
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Establish whether the child or young person is known to have a visual impairment
	• Check with parents to see if all vision checks are up to date
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Complete a SEN Support Plan and review on a regular basis (e.g. at least termly)
	• Place child/young person on register as SEN Support (Code K)
	
	• Referral to Sensory Inclusion Service (SIS)
	• SIS to carry out specialist assessments, including assessments for specialist equipment
	• Service Level Agreement between school and SIS to be drawn up
		Continue with any relevant strategies from First Concerns level, plus:
		
		• Provide changes in the learning environment, as advised by the Sensory Inclusion Service (SIS)
		• Withdrawal sessions for individual or small group work may be necessary to:
		  ○ Complete tasks made slower by the visual impairment
		  ○ Prepare child or young person for a class activity/learning experience
		  ○ Reinforce mainstream work
		  ○ Provide additional hands on experience of materials or presentations
		  ○ Provide additional experiences of the environment to remedy a lack of incidental learning
		  ○ Learn particular skills to improve curriculum access e.g. touch typing or use of magnifiers or other specialist equipment
		  ○ Learn mobility skills
		• Child or young person may benefit from using specialist equipment, for example:
		  ○ Sloping reading/writing boards

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
• Difficulty with forming or reading back own handwriting – may be unusually small, large or letters poorly formed • Difficulty copying accurately either from board or from table top learning materials • When reading may skip letters, lines and words • Shows signs of poor hand eye co-ordination and over- and under-reaching • Children or young people may tire easily or be easily distracted from precision tasks • Move close to items to view them or hold them at an angle • Adopts a noticeable head tilt or position	• Seek external advice from educational agencies such as Educational Psychologist (EP) Clusters • Seek external advice from health professionals such as School Health • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to approximately 12 hours of additional support). • Carry out and review further assessments as required and/or as advised by outside agencies • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD). Liaise with SIS regarding possible training opportunities	○ Magnifiers ○ Dark pens/pencils ○ Dark lined books/paper ○ Large print materials (e.g. reference books) ○ Laptops/tablets ○ CCTVs (Closed Circuit TVs, i.e. magnification aid) • Printed material may need to be enlarged and modified, or accessed via magnification, as advised by the Specialist Teacher for Visual Impairment (STVI). School would use their own resources for modification of work. • Follow advice submitted by the SIS to facilitate access to the curriculum, for example: ○ Use of whiteboard ○ Accessibility of printed materials ○ Modification of teaching methods used ○ Speed of work ○ Physical position of the child or young person Consider information from parents and other professionals in relation to the above also • Consider whether some support from a teaching assistant/adult is required • Ensure STVI visits are timetabled, and a suitable room is provided for assessment/audiological support and/or teaching sessions • Consider whether typing tuition needs to be provided • Consider access arrangements for external tests and exams, following advice from the STVI

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• SEN Support Plan, which should include:
  ○ Record of parental views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)
  ○ **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, e.g. SIS record of visit or report, including assessment of child or young person's functional vision and advice about access arrangements
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• SIS environmental audit
• SIS advice sheets
• SIS records of visit
• Record of Functional Visual Assessment
• SIS Equipment Loan Agreement

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Sensory Needs (Visual Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

Additional to impact at First Concerns and SEN Support:
 	
The child or young person has observed **persistent** and **significant** difficulties with the following:
• Access to standard print and needs modified materials, or alternative formats, e.g. braille
• Learning from demonstrations and activities in lessons
• Recording/retrieving written work efficiently
• Organising learning materials
• Access to incidental learning and concept development
• Moving safely, independently and with appropriate speed
 	
The child or young person will also have one or more of the following:
• A need to use specialist equipment to provide efficient access to the curriculum
• A need for some individualised programmes of learning
• A need for some pre or post tutoring to ensure full access to learning
• Slower work rate/ability to process visual
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		• Employ a differentiated/modified curriculum
		• Provide support to meet needs as detailed in STVI recommendations, and EHC Plan
		• Provide significant modification of materials and presentation to facilitate access to the curriculum
		• Will require targeted support from a teaching assistant and/or preparation of resources to access the curriculum
		• Provide appropriate learning space – taking into account use of equipment
		• Ensure that specialist equipment is kept in good working order and inform STVI of any problems.
		• Provide child or young person with time for pre or post tutoring
		• Provide alternative physical activities if and when required/advised
		• Provide time for joint planning between school staff and STVI
		• Provide sufficient time for school TAs to acquire specialist skills, e.g. Braille
		• Actively support the child or young person in

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
information • A need for provision of alternate physical activities • Limited social and self-help skills	○ Change code on SEN register to indicate child/young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan' ○ Complete Annual Review of EHC Plan. Specialist Teacher for Visual Impairment (STVI) to attend Annual Review • Continue to act on external advice from educational and health agencies as necessary • Carry out and review further assessments as advised by outside agencies • Continue to liaise with SIS/STVI, who will carry out further specialist assessments as required and write reports for annual review of EHC Plan • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support) ○ plus any additional top-up as detailed in the EHC Plan • Ensure Class teacher and Teaching assistants	using specialist skills as an integral part of the school day SIS involvement may be required as follows: • Specialist Teacher for the Visually Impaired • Defined and time limited programmes of specialist teaching, e.g. ○ Use specialist equipment. ○ Social skills ○ Ongoing, weekly specialist teaching of Alternative Formats, such as Braille, Moon, Audio. ○ Ongoing specialist teaching for curriculum support ○ Ongoing support around social and emotional aspects of learning ○ Ongoing training for school TAs • Specialist Teaching Assistant (VI) ○ Support TA training by working alongside school TA to model good practice • Habilitation Specialist ○ Assess skills in mobility ○ Assess independent life skills ○ Create and implement a programme of work to develop mobility skills and techniques ○ Create and implement a programme of work to develop independent life skills to be carried out by SIS, school staff and parents/carers. This may include shopping,

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	receive relevant Continuing Professional Development (CPD)	food preparation or dressing • Sensory Production Base ○ Allocated time to support school in the modification of learning resources, following the SIS criteria

Evidence of Graduated Approach *How do we track and record progress and outcomes?*

• EHC Plan (reviewed annually, and updated if appropriate)
 	
Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following:
• Record of parental views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, which has been implemented and reviewed
  ○ Includes documents from SIS, e.g. Record of visits etc.
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Sensory Needs (Visual Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Additional to impact at First Concerns, SEN Support and Complex, the child or young person may have one or more of the following: • Significant cognitive/health/physical difficulties, plus a visual impairment or visual loss • A very high and complex level of need, specifically related to the visual impairment • Particular and significant social/emotional or medical needs which require sustained specialist provision • Need for access to appropriate sporting activities and opportunities as an intrinsic part of the curriculum • Need for individualised programmes of learning due to a combination of special educational needs and visual impairment • A requirement to be taught within a small group • A requirement for a high level of mobility and independent life skills teaching as an intrinsic part of the curriculum • A need for an appropriate peer group to support social and emotional wellbeing • A need for access to appropriate social activities	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Indicate on SEN register that child or young person has an EHC plan in place (code E) • Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement • Continue to plan, do, review against the specified outcomes and provision within the child or young person's EHC Plan	Additional to strategies at First Concerns, SEN Support and Complex: • Suitable/alternative curriculum, exams, vocational assessments/learning environment • Daily teaching from a STVI/Habilitation Specialist

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
• A need for an appropriate peer group to support identity as a person with visual impairment	• Complete Annual Review of the EHC Plan. STVI to attend Annual Review • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • STVI completion of Out of Borough form, if appropriate • Continue to act on advice from internal and external education and health professionals, as necessary • Carry out further assessments following advice and guidance from outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• EHC Plan (reviewed annually, and updated if appropriate)
 	
• Record of parental views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed
  ○ Includes documents from SIS, e.g. Record of visits etc.
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• SIS Out of Borough Visiting Officer Report
• Record of ongoing liaison between STVI, specialist provision, parents and other agencies

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School

First Concerns

Sensory Needs (Hearing Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Child or young person: • Has a diagnosed hearing loss (which is confirmed by up-to-date information from Audiology) AND • May have hearing aids OR • Is suspected of having a hearing loss and is undergoing clinical assessment Child or young person may exhibit some **emerging** and/or **fluctuating** difficulties with the following: • Receptive and expressive language • Attention and concentration • Understanding verbal (spoken) information • Following instructions • Missing key information • Misunderstanding key information • Processing auditory information, including verbal and non-verbal information • Listening in the presence of background noise and/or locating the speaker in large/noisy environments • Acquiring and retaining vocabulary (may be observed as vocabulary gaps or poor language	Talk to parents and/or child/young person in order to: • Establish whether the child or young person is known to have a hearing loss/impairment • Ask them to request a referral for a hearing assessment via GP or school nurse • Discuss concerns/observations with parent(s) • Obtain and record parental information and views • Obtain and record child or young person's views If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records • Consider past teacher observations and views • Collate current assessments related to area of concern – qualitative, quantitative and summative • Carry out further assessments as necessary Once confirmation of hearing loss is confirmed: • Complete QFT Inclusion Classroom Audit	• Follow advice from the Specialist Teacher of the Deaf (STOD) regarding appropriate classroom management strategies, as detailed in the 'Advice to School' document and/or records of visit • Implement advice from SALT Advice Line, if required • Ensure advised access arrangements for exams are applied for and provided • School to plan and support opportunities for information sharing and liaison between school staff, SIS, parents, and other agencies, as required • Support management of hearing aids • Consider seating arrangements to ensure that the child or young person can see the teacher clearly and also see other speakers • Keep hands away from mouth and avoid standing in front of windows – your face becomes difficult to see • Encourage child or young person to pay close attention to the speaker's face • Ensure you have child or young person's full attention before important information is given • Allow more thinking and talking time in group

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
skills where they may have missed early vocabulary) • Often asks for repetition • Volume of voice (i.e. abnormally loud or quiet voice) • Acquisition of phonic skills (which may impact early stages of reading) • Frequent colds/ear infections • Problems with self-esteem, emotional wellbeing and social interaction • Fatigue due to level of concentration required	ensuring all strategies are included – Hearing Impairment (HI) • Discuss concerns with SENCO • Signpost child or young person, parents and staff to relevant information and services in the Cheshire East Local Offer for SEND and Live Well Cheshire East, including services related to hearing impairment • Contact HI team to request SIS information and advice (Referrals will usually come to the Sensory Inclusion Service (SIS) via Audiology. In the event of no information being received by the school from the SIS, SENCO to contact the SIS – Hearing Impairment team) • SIS - HI Service will provide information and/or a visit, following Service criteria • For educational settings in South Cheshire - Ring Speech and Language Therapy (SALT) Triage helpline to discuss concerns (run by Central Cheshire Integrated Care Partnership (CCICP), which provides SALT services for South Cheshire and Vale Royal CCG areas ONLY. Helpline is available on Tuesday afternoons at 12.00-16.30 and is reached on 07825103893) • Complete a First Concerns Profile if appropriate (a young person may be able to do this themselves)	discussions • When asking a direct question to the child or young person, use appropriate and simplified language and allow additional time to respond • Repeat contributions from other children – their voices may be softer and their speech more unclear • Provide key words and/or additional visual support as prompts or to reinforce learning

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	• Place child or young person on a 'First Concerns' Register • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support) • Consider Continuing Professional Development (CPD) requirements and support for staff, and implement. Access any appropriate training from SALT	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• Brief record of parental views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile Additional documents (if relevant/appropriate for individual): • Completed QFT Inclusion Audit - HI • SIS Advice to school sheets • SIS records of visit

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Sensory Needs (Hearing Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

The child or young person:
• has hearing aids or cochlear implants
• is likely to have a personal radio aid system
• is unable to access the mainstream curriculum through personal amplification alone within the allowed timescale and at normal teaching pace
 	
In addition, the child or young person will have one or more of the following:
• A late diagnosis
• A progressive hearing loss
• A moderate to severe hearing loss
• Auditory Neuropathy
• Delayed language development
• Requires elements of the curriculum to be differentiated
• Observed **persistent** and **moderate** difficulties with the following:
  ○ Perception of some speech sounds
  ○ Accessing linguistic aspects of the curriculum
  ○ Accessing speech in TV programmes, DVDs and YouTube clips where lip pattern is not present (e.g. 'hidden narrators' and voiceover)
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Complete a SEN Support Plan and review on a regular basis (e.g. at least termly)
	• Place child/young person on register as SEN Support (Code K)
	
	• Referral to Sensory Inclusion Service (SIS)
	• SIS to carry out specialist assessments of listening and language, including assessments for specialist equipment, following service criteria
	• SIS to provide, on loan, specialist auxiliary equipment, following Service criteria
	• Service Level Agreement between school and SIS to be drawn up
	• School to liaise and plan with the Specialist Teacher Of the Deaf (STOD), other professionals
		Continue with any relevant strategies from First Concerns level, plus:
		
		• Daily checks of personal hearing aids and radio aid systems, as advised the Specialist Teacher of the Deaf (STOD)
		• Follow recommendations from the STOD for listening skills/language development activities
		• Some small group or individual interventions may be required for the following:
		  ○ Development of listening skills
		  ○ Language development including vocabulary
		  ○ Pre/post tutoring of subject-specific curriculum vocabulary and/or concepts
		  ○ Social Emotional skills
		
		• SIS to provide specialist equipment check, advisory, or teaching visits, following Service criteria
		• Ensure STOD visits are timetabled, and a suitable room is provided for assessment/audiological support and/or teaching sessions
		• Use and safe storage of equipment, as advised

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
○ Accessing speech where there is competing background noise, including music	and parents • Seek external advice from educational agencies such as Educational Psychologist (EP) Clusters • Seek external advice from health professionals such as School Health and Speech and Language Therapy (SALT) • For educational settings in South Cheshire - Ring Speech and Language Therapy (SALT) Triage helpline to discuss concerns (run by Central Cheshire Integrated Care Partnership (CCICP), which provides SALT services for South Cheshire and Vale Royal CCG areas ONLY. Helpline is available on Tuesday afternoons at 12.00-16.30 and is reached on 07825103893) • If required, refer to Speech and Language Therapy (Hearing Impairment Specialist Speech and Language Therapy for children with severe or profound hearing loss) • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to	by the STOD If required: • Implement advice from SALT Advice Line • Implement SALT Care plan • Liaise with Speech and Language Therapist

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	approximately 12 hours of additional support). • Carry out and review further assessments as required and/or as advised by outside agencies • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD). School to provide opportunities for INSET from the STOD, including deafness awareness training, and training regarding the use and management of specialist equipment. Also, access any appropriate training from SALT	

Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• SEN Support Plan, which should include:
  ○ Record of parental views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)
  ○ **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, e.g. SIS record of visit or report, or record of liaison with SALT
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• Action for Inclusion meeting minutes

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- SIS records of visits, reports and assessment results, including advice about access arrangements
- SIS Equipment Loan Agreement
- SALT care plan (including any review/evaluation)

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Sensory Needs (Hearing Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

The child or young person has a diagnosed permanent bilateral hearing loss
 	
The child or young person will also have observed **persistent** and **significant** difficulties with one or more of the following:
• Delayed language development
• An inability to access the mainstream curriculum through personal amplification alone within the allowed timescale and at normal teaching pace
• A requirement for high levels of targeted intervention to facilitate access to a differentiated curriculum
• Support with social and emotional aspects of learning
• A need for communication support at break-times and lunch times
• A requirement for alternative modes of communication
• Additional learning difficulties and disabilities
• Difficulty establishing friendships with hearing peers
• May need to focus their visual attention for long periods of time (e.g. to watch a signer or lip read)
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		Facilitate child or young person's use of the following if required according to their needs (following advice from the Sensory Inclusion Service and/or Speech and Language Therapy):
		• May need intensive hearing, speech and language rehabilitation following hearing aid fitting or cochlear implant surgery
		• Use of sign language as their primary mode of communication and to access to learning, or to supplement delayed or limited spoken language
		• Use of a communication support worker for British sign language, sign supported English or different communication approaches according to the situation (known as total communication)
		
		• Provide support to meet needs as detailed in STOD recommendations, and EHC Plan
		• Provide teacher led small group work
		• Provide access to quiet working spaces for tutorial/small group work and specialist assessment
		• Use a differentiated/modified curriculum, as

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	○ Change code on SEN register to indicate child/young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan' ○ Complete Annual Review of EHC Plan. STOD to attend Annual Review • Continue to act on external advice from educational and health agencies as necessary. Specialist teams may include hearing assessment clinic/cochlear implant centre, specialist teacher of the deaf (STOD), educational audiologist, community paediatrician and educational psychologist • For educational settings in South Cheshire - Ring Speech and Language Therapy (SALT) Triage helpline to discuss concerns (run by Central Cheshire Integrated Care Partnership (CCICP), which provides SALT services for South Cheshire and Vale Royal CCG areas ONLY. Helpline is available on Tuesday afternoons at 12.00-16.30 and is reached on 07825103893) • If required, refer to Speech and Language Therapy (Hearing Impairment Specialist Speech and Language Therapy for children with severe or profound hearing loss) • Carry out and review further assessments as	required • Reinforcement of curriculum through additional methods, e.g. sign, use of visual resources, pre/post tutoring, small group work • Consider if child or young person requires targeted support from a teaching assistant to facilitate access to the curriculum • Consider acoustic treatment of rooms and Soundfield systems • Facilitate frequent contact with specialist teacher of the deaf (STOD), for example to provide: specialist teaching and assessment, pre and post tutoring, auditory rehabilitation, plus staff training, mentoring and supervision of specialist support workers SIS involvement may be required as follows: • Via Specialist Teacher for the Deaf providing: ○ Ongoing, weekly specialist teaching of language and literacy skills ○ Ongoing specialist teaching for curriculum support ○ Ongoing support around social and emotional aspects of learning ○ Ongoing training for school Teaching Assistants (TAs) • Via Involvement of a Specialist Teaching Assistant (HI) providing: ○ Support for TA training by working alongside school TA to model good

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

	advised by outside agencies
	• Service Level Agreement between school and SIS to be drawn up (if not in place) and/or maintained
	• Continue to liaise with SIS/STOD, who will carry out further specialist assessments as required and write reports for annual review of EHC Plan
	
	• Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU)
	  ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support)
	  ○ plus any additional top-up as detailed in the EHC Plan
	
	• Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD). Access any appropriate training from SALT
		practice
		  ○ Additional input to support targets set by STOD
		
		If required:
		• Implement advice from SALT Advice Line
		• Implement SALT Care plan
		• Liaise with Speech and Language Therapist

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• EHC Plan (reviewed annually, and updated if appropriate)
 	
Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following:
• Record of parental views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, which has been implemented and reviewed
  ○ Includes documents from SIS, e.g. Record of visits etc., and/or records of liaison with SALT
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• SALT care plan (including any review/evaluation)

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Sensory Needs (Hearing Impairment)

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
In addition to impact at First Concerns, SEN Support and Complex, the child or young person may have one or more of the following: • An inability to access the mainstream curriculum without additional specialist support • A requirement for a differentiated/modified curriculum • A need to access a d/Deaf peer group • A need for a signing environment and a signing peer group • A requirement for specialist subject teachers of the deaf • A need for the curriculum to be delivered through sign language or alternative modes of communication • A need for small group teaching • A requirement for a specialist TA/HI professionals to facilitate access to a differentiated curriculum (e.g. through sign language) • A requirement for on-site access to speech therapy and other agencies	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Indicate on SEN register that child or young person has an EHC plan in place (code E) • Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement • Continue to plan, do, review against the specified outcomes and provision within the child or young person's EHC Plan	In addition to strategies at First Concerns, SEN Support and Complex: • Suitable/alternative curriculum, exams, vocational assessments/learning environment • Daily teaching from a Specialist Teacher Of the Deaf (STOD) • Access to a d/Deaf peer group • Curriculum delivered through sign language or alternative modes of communication If required: • Implement advice from SALT Advice Line • Implement SALT Care plan • Liaise with Speech and Language Therapist

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	• Complete Annual Review of the EHC Plan. STOD to attend Annual Review • STOD completion of Out Of Borough form, if appropriate • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • Continue to act on advice from internal and external education and health professionals, as necessary • For educational settings in South Cheshire - Ring Speech and Language Therapy (SALT) Triage helpline to discuss concerns (run by Central Cheshire Integrated Care Partnership (CCICP), which provides SALT services for South Cheshire and Vale Royal CCG areas ONLY. Helpline is available on Tuesday afternoons at 12.00-16.30 and is reached on 07825103893) • If required, refer to Speech and Language Therapy (Hearing Impairment Specialist Speech and Language Therapy for children with severe or profound hearing loss) • Carry out further assessments following advice and guidance from outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required.	

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
	Access any appropriate training from SALT	

Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• EHC Plan (reviewed annually, and updated if appropriate)
 	
• Record of parental views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice (including reports or assessments) which has been implemented and reviewed
  ○ Includes documents from SIS, e.g. Record of visits etc.
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• SIS Out of Borough Visiting Officer Report
• Record of ongoing liaison between STVI, specialist provision, parents and other agencies (including SALT, if required)
• SALT care plan (including any review/evaluation)

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School

First Concerns

Sensory Processing

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
The child or young person has observed **emerging** and/or **fluctuating** difficulties in the following areas: • Distracted by loud, sudden noises • Distracted by noises around them • Prefers to be on the move, may take risks when playing in the playground • May be struggling to sit for tabletop work • Tends to lean against children or furniture around them • Appears reluctant to climb on apparatus in PE or in the playground • May appear to struggle to move around and may bump into peers or obstacles • Wary of rough and tumble • May need reminding to dress appropriately for the temperature (e.g. removing fleece in summer, wearing coat in winter) • May express some dislike of uniform or clothing but able to make their own adjustments for comfort • Reluctance to be physically close to others • Tends to be more tactile towards peers and adults and enjoys being in close to others.	• Be aware: all of us struggle at times with our sensory processing - e.g. we may be more startled by loud noises when we are stressed. Sensory processing issues are more likely in children who are anxious or have other medical diagnoses. • Discuss concerns/observations with parent/carers and obtain and record their views. • Obtain and record child or young person's views. • Check achieved motor milestones are age appropriate and consider physical causes. • Make sure relevant checks on vision and hearing have been made to rule out sensory impairments. • Consider seeking external advice from health professionals such as School Health/GP with the parent/carer. • Contact otsensoryadmin@mcht.nhs.uk for information about local training on sensory processing. If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records.	Examples of what might be expected from this level of school support: • Ensure all school staff have an awareness of sensory processing (e.g. 'Making Sense of Sensory Behaviour' by Falkirk Council) • Employ noise reduction strategies in the classroom e.g. felt pads in the bottom of pencil pots, ends of chair and table legs. Utilising carpeted areas. • Increase prediction and control of occurrences of sudden or loud noise e.g. have a signal when a loud noise is likely, the child makes their own noise, takes control of ringing the bell, puts hands over ears. • Whole class brain breaks intrinsic to the school day e.g. YouTube kids yoga or teacher devised movement break. • Whole school approach to graded play with access to rough play areas and quiet play areas. • Whole class PSHE social scenarios covering safe play and dangers in the playground. • Create visuals for personal space e.g. Robot hands, carpet spots, clearly labelled areas. • Consider using social distancing strategies.

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
• Sometimes doesn't notice when hands or face are dirty • Often wipes hands during messy tasks • Likes to hold/fiddle with objects • Reluctant to join in messy play, or touch certain objects • Notices certain smells • Reluctance to explore food textures, tastes and colours • May chew clothing or objects such as pencils • Lose their place on the page or find it hard to follow text on a whiteboard • Be distracted in busy visual environments	• Consider past teacher observations and views. • Collate current assessments related to area of concern – qualitative, quantitative and summative. • Discuss concerns with SENCO. • Carry out further assessments as necessary. This may include a Sensory Audit. • Complete a First Concerns Profile if appropriate (a young person may be able to do this themselves). • Place child or young person on a 'First Concerns' Register. • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family. • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support).	• Consider sitting in a chair/on a circle for carpet time or allow use of the wall for support. • Encourage a child who likes to have a lot of physical contact to give themselves a hug. • Provide means of communication for the child to say they would prefer to play separately. • Give verbal prompts to encourage young people to wear appropriate clothing e.g. to put their coat on if it's cold. • Be aware of the child/young person's personal sensory adjustments to clothing, such as allowing them to feel labels or wear socks inside out. • Have an awareness that children's sense of smell is often more sensitive than adults and be understanding of their experience. • Consider commercially available chewable pencil toppers, use of sports drink bottle or crunchy snacks such as carrots to provide oral feedback. • Preparatory discussion for tactile exploration e.g. talk about textures and properties before handing. • Use a graded approach to encourage exploration of new sensory experiences e.g. messy play, new foods or climbing PE equipment. Gentle encouragement when the child is in a relaxed state to take small steps, e.g. touch the foam with a paintbrush then progress to touch with one finger. • Provide Blu Tack or quiet fidget toys to handle. • Take into account environmental considerations,

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
		such as the seating, lighting, noise, colour of background or of power points etc. • Reduce visual clutter where possible such as enlarging information on a screen/paper. • Seat child or young person nearer to the whiteboard, make presentations clear and do not overload with images or provide paper copies to use on tables etc. • Consider the position in the classroom so that the young person is not situated close to the door or window where traffic will distract. • Malleable resource to help develop and strengthen fine motor skills.

Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• Brief record of parent/carer views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile Additional documents (if relevant/appropriate for individual): • Completed Sensory Environmental Audit

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Sensory Processing

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
The child or young person has observed **moderate** and/or **persistent** difficulties in some of the following areas: • Active or passive reaction to loud, sudden noises (e.g. telling people to stop, putting hands on ears or freeze reaction). • Struggles to filter background noise. This means they may struggle with completing tasks or following verbal instructions. • Generates own noises e.g. humming, whistling, tapping. • Needs regular movement; struggles to remain seated for table-top activities. • Frequently struggles to navigate around the classroom and bumps into obstacles. • Often avoids and appears wary climbing on apparatus in PE or in the playground. • Seeks fast movement, takes risks when playing in the playground e.g. through spinning, jumping, climbing. • Avoids rough and tumble. • Often leans against children or furniture around them and often slouches, slumps or sprawls • Unable to tolerate certain items of uniform,	• Class teacher, SENCO, parents/carers and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents/carers within a 12 month period. If necessary: • Establish whether the child or young person is known to have a sensory need • Check with parents/carers to see if all vision and hearing checks are up to date • Obtain and record updated parent/carers' views • Obtain and record updated child or young person's views • Further screening of motor and developmental difficulties • Consider mental health factors e.g. anxiety • Consider any trauma history or ACES (Adverse Childhood Experiences) which may be relevant • Complete a SEN Support Plan and review on a regular basis (e.g. at least termly) • Place child/young person on register as SEN Support (Code K) • Seek external advice from educational agencies	Continue with any relevant strategies from First Concerns level, plus: • Small group targeted intervention. • Gentle graded encouragement to make contact with wet textures, try foods or climb PE equipment. Scaffold the task to ensure success e.g. close adult support to model/reassure. • Timetabled movement breaks e.g. errands or sensory activities throughout the day. • Provide alternative lunchtime activities. • Consider seating arrangements and where personal belongings are kept so that normal daily activities in school can be managed and movement around the room is clear and obstacles kept to a minimum. • Allow the young person extra time for transitions especially when these involve negotiating places such as the cloakroom. • Adjustments to school uniform if required. • De-sensitise hands before messy play by clapping them together or putting deep pressure through hands by pushing them together or against the wall. • Encourage the child or young person to check

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
clothing or fabrics e.g. wears polo shirt instead of shirt. This may be noticed at home or school. • Often dressed inappropriately for the temperature (e.g. fleece in summer, no coat in winter). • Often upset by minor injuries. • Not noticing when hurt. • May need to hold/fiddle with objects frequently. • Avoids messy play or touching certain objects. • Frequently wipes hands during messy tasks. • Often fails to notice when hands or face are dirty. • Is frequently more tactile towards peers and adults and enjoys being close. • Dislikes being physically close to others and shows a reaction by freezing or moving away. • Reluctant to mark make. • Expresses strong preferences about certain smells. • May refuse to explore certain food textures, tastes and colours. • Habitually chews clothing or objects such as pencils. • Persistently loses their place on the page and finds it hard to follow text on a whiteboard. • Is frequently distracted in busy visual environments. • Overly focused on visual details.	such as the Cheshire East Autism Team • Contact otsensoryadmin@mcht.nhs.uk for information about local training and targeted support on sensory processing. • Seek external advice from health professionals such as School Health, GP or specialist Paediatric services. • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to approximately 12 hours of additional support). • Carry out and review further assessments as required and/or as advised by outside agencies • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD), e.g. online learning on sensory differences • Signpost child or young person, parents and staff to relevant information and services in the Cheshire East Local Offer for SEND and Live Well Cheshire East, for local children's services	appearance in the mirror and provide the relevant cleaning materials for the child to use. • Scaffolded teaching of playground games, emphasising gentle physical touch such as 'tig' with a light touch. • Allow a young person to carry a preferred smell with them to self soothe e.g. when going on a school trip to somewhere strong smelling such as a farm. • Consider commercially available chewable items such as Chewelry or cuffs etc. • Reduce visual clutter and superfluous information on the page and employ dyslexia friendly strategies such as a reading window and clear font. • Provide handouts to reduce the volume of copied work. • Consider adding sensory circuits and/or sensory breaks into the child/young person's day depending on their sensory needs. • Look at child/young person's sensory needs using a tool such as a scale (sensory ladder). • Research ideas and strategies on www.theottoolbox.com. • Develop understanding of emotional regulation. • Access simple mindfulness activities (see sites such as Cosmic Kids for examples).

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• SEN Support Plan, which should include:
  ○ Record of parent/carers' views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)
  ○ **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, e.g. CEAT or EP action plan
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)
 	
Additional documents (if relevant/appropriate for individual):
• Completed Sensory Environmental Audit

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Sensory Processing

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

The child or young person has observed **persistent** and **significant** difficulties with the following:
 	
• Unable to keep their place on the page and cannot follow text on a whiteboard
• Unable to participate in learning in a busy visual environment
• Unable to focus and complete tasks when there is almost imperceptible background noise (e.g. noise from classroom lighting)
• Preoccupied with visual details (e.g. grains of sand, eyelashes, the carpet weave)
• Almost always misses verbal directions due to difficulty filtering background noises
• Noises interfere with the ability to participate in parts of the school day (e.g. cannot join in with school assembly or sit in the dining hall)
• Needs to generate own noises (e.g. humming, whistling, tapping) throughout the day in order to self-regulate
• Smells cause strong reactions and interfere with their ability to participate in the school day (e.g. avoids areas of the school due to certain smells)
• Diet is restricted to a limited range of food textures, tastes or colours
	• Class teacher, SENCO, parents/carers and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents/carers within a 12 month period
	
	If necessary:
	• Obtain and record updated parent/carers' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		• Employ a differentiated/modified curriculum that provides sensory based learning and/or sensory rich environment to meet developmental and sensory needs
		• Provide support to meet needs as detailed in the EHC Plan
		• Provide significant modification of materials and presentation to facilitate access to the curriculum
		• Will require targeted support from a teaching assistant and/or preparation of resources to access the curriculum and meet sensory needs
		• Provide appropriate learning space – taking into account use of equipment such as angled desk top, sit and move cushion etc.
		• Provide child or young person with time for pre or post tutoring in a quiet space
		• Actively support the child or young person in using self-regulation and sensory strategies as an integral part of the school day
		• Consider whether the child meets the referral criteria for the Sensory Processing Occupational

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
• Almost always chews clothing or objects that compromises personal hygiene or safety • Unable to touch certain objects (e.g. running away or sitting and ignoring or showing distress) • Constantly needs to hold/fiddle with objects • May create sensory feedback to self-regulate (e.g. pick skin, bite fingers or hand) • Almost always fails to notice when hands or face are dirty: significantly out of line with their developmental age • Becomes passively overloaded or actively distressed when unable to move freely • Persistently bumping into people and objects and struggles to navigate around the classroom • Becomes passively overloaded or actively distressed when faced with PE/playground equipment or apparatus • Always on the move, takes risks when playing in the playground with compromise to personal safety or that of others • Almost always leans against children or furniture around them to the point of annoying others • Overly tactile (according to developmental age) towards peers and adults and needs to be close and to touch everything • Freezes, shouts or recoils when touched or when others get too close • Persistently avoids mark making • Significantly and frequently upset by minor injuries	○ Change code on SEN register to indicate child/young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan' ○ Complete Annual Review of EHC Plan. • Continue to act on external advice from educational and health agencies as necessary • Carry out and review further assessments as advised by outside agencies • Contact otsensoryadmin@mcht.nhs.uk for information about local training/targeted support/specialist intervention on sensory processing • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support) ○ plus any additional top-up as detailed in the EHC Plan • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional	Therapy Sensory Support Service

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
• May not show pain or be able to register injuries that impact on personal safety • Almost always dressed inappropriately for the temperature (e.g. fleece in summer, no coat in winter) • Unable to wear certain items of uniform, clothing or fabrics e.g. wears polo shirt instead of shirt. This may be noticed at home or school. This is significantly connected to their emotional regulation	Development (CPD).	

Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• EHC Plan (reviewed annually, and updated if appropriate)
 	
Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following:
• Record of parent/carers' views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
 	
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, which has been implemented and reviewed
  ○ Includes documents from sensory pilot OT, e.g. Record of visits, reports etc.
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Sensory Processing

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
• Significant sensory needs as part of a complex presentation of need or significant vulnerability, requiring a specialist, bespoke package of support. • Cognitive/health/physical difficulties, plus a complex level of need relating to sensory processing. • Particular and significant sensory processing needs which impact on the child's ability to access classroom learning/social skills and participate in the wider community. • Intense sensory seeking and avoiding behaviours that require specific support. • Struggles to connect to peers and social activities. • Struggles to self-regulate their emotions and often shows a high-level stress response.	• Class teacher, SENCO, parents/carers and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parent/carers' views • Obtain and record updated child or young person's views • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Indicate on SEN register that child or young person has an EHC plan in place (code E) • Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement • Continue to plan, do, review against the specified outcomes and provision within the	Additional to strategies at First Concerns, SEN Support and Complex: • Suitable/alternative curriculum, exams, vocational assessments/learning environment. • Daily targeted teaching with support from specialist services. • Require sustained specialist provision to support sensory preferences. • Access to appropriate sensory activities and opportunities as an intrinsic part of the curriculum. • Individualised programmes of learning due to Special Educational Needs including sensory processing. • Timetabled sensory breaks and activities to aid self-regulation. • Use of a structured approached to monitor and support intense sensory seeking and avoiding behaviours. • Small group teaching. • A high level of independent life skills teaching as an intrinsic part of the curriculum. • Diverse peer group to support social and emotional wellbeing.

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	child or young person's EHC Plan • Complete Annual Review of the EHC Plan. • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • Continue to act on advice from internal and external education and health professionals, as necessary • Carry out further assessments following advice and guidance from outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required.	• Support to access social activities.

Evidence of Graduated Approach *How do we track and record progress and outcomes?*

• EHC Plan (reviewed annually, and updated if appropriate)
• Record of parent/carers' views
• Record of child or young person's views
• Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO)
• Smaller, SMART targets for child or young person based on outcomes described in EHC Plan
• Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)
  ○ Includes specific amounts (times and costs) – e.g. costed provision map
• Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
• Record of any external support, contact or advice, which has been implemented and reviewed
  ○ Includes documents from Sensory Processing OT e.g. Record of visits, reports etc.
• Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

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School

First Concerns

Physical Needs

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **emerging** and/or **fluctuating** difficulties with the following: • Has physical needs and uses specialist aids relating to their disability, e.g. pencil grip or writing slope • Motor control – fine and gross delay • Spatial orientation issues • Minor physical difficulties – hand eye coordination • Problems causing difficulties in throwing, catching, balance safety in Physical Education (PE) • Supervision or support needed for medical conditions, diet and toileting, dressing and/or mealtimes • Lack of progress in the curriculum due to condition • Needs impact on their self-esteem and social relationships • Working at a slower pace due to fatigue • Medication which impairs concentration and may lead to difficulties in the classroom. • Poor engagement during tasks for intermittent periods throughout the day	• Discuss concerns/observations with parent(s) • Obtain and record parental information and views • Obtain and record child or young person's views If available and/or appropriate: • Examine Early Years Foundation Stage (EYFS) Data and/or previous school records • Consider past teacher observations and views • Collate current assessments related to area of concern – qualitative, quantitative and summative – along with any health records that have been shared • Observe and compare potential barriers to learning and participation across a range of contexts • Carry out further assessments as necessary • Perform an audit/risk assessment of the young person's learning environment, and apply extra consideration to any visits or trips • Discuss concerns with SENCO (and/or school	• Consider organisation of classroom and seating plans to ensure free movement and sufficient working space • Consider positioning of child or young person in the classroom to minimise distractions • Use programmes to develop motor skills • Implement an accessibility plan to move around the school • Provide additional classroom resources such as sloping board, adapted cutlery/chairs/scissors and pencil grips etc. • Use differentiation and personalised learning targets • Use a well-structured curriculum plan in PE • Keep withdrawals from class to a minimum • Provide specific skill development and activities in support of targets • Provide adaptations to the pace of lessons to take account of fatigue • Consider timetabling and location of rooms where possible to facilitate movement • Use technology to support learning • Encourage peer support • Provide alternative lined paper with spaces sufficiently wide enough to accommodate child

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	nurse, if appropriate) • Complete a First Concerns Profile if appropriate (a young person may be able to do this themselves) • Place child or young person on a 'First Concerns' Register • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £3,000 (this is equivalent to approximately 6 hours of additional support) and review impact • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD), e.g. manual handling etc.	or young person's handwriting • Attach paper to desk with masking tape to avoid having to hold with one hand and write with the other hand • Eliminate inessential copying from the board • Teach sequencing skills, for example putting on clothes in the right order etc. • Have appropriate height chairs and tables

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• Brief record of parental views (completed Discussion Form) • Brief record of child or young person's views • Collated assessment data • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.) • Brief record of any external support or contact (e.g. records of telephone conversation or emails) • First Concerns Profile

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SEN SUPPORT

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School

SEN Support

Physical Needs

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
Observed **persistent** and **moderate** difficulties with the following: • Has physical needs and uses specialist aids relating to their disability, e.g. seating • Motor control – marked fine and gross functional skills delay • Spatial orientation issues • Physical difficulties – hand eye coordination • Problems causing difficulties in throwing, catching, balance in PE – moderately behind peers • Supervision or support needed for medical conditions, diet and toileting, dressing and/or mealtimes • Lack of progress in the curriculum due to condition • Needs impact on their self-esteem and social relationships • Moderate difficulties in physically accessing the curriculum • Working at a markedly slower pace due to fatigue • Poor engagement during tasks throughout the day	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period If necessary: • Obtain and record updated parents' views • Obtain and record updated child or young person's views • Complete a SEN Support Plan and review on a regular basis (e.g. at least termly) • Place child/young person on register as SEN Support (Code K) • Seek external advice from educational agencies such as Educational Psychologist (EP) Clusters • Seek external advice from health professionals such as: School Health; Physiotherapy; Occupational Therapy (OT) OT (referrals to be made through GP or Paediatrician); Child and Adolescent Mental Health Service (CAMHS) or Learning Disability (LD) CAMHS • Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on*	Continue with any relevant strategies from First Concerns level, plus: • Provide flexible, adult assistance as necessary to access the curriculum, manage their condition, or move with safety around the environment • Flexible support in school to include dressing and undressing, and toileting • Provide extra time to deliver targeted and additional motor skills development • Ensure access to additional and specialised IT equipment, as required • Consider access arrangements for external tests and exams, and apply for/implement as necessary • Use strategies to reduce or provide alternative methods of recording written work • Teach child or young person how to use planner, diary, lists to organise themselves as appropriate • Allow additional time to complete tasks • Where possible, provide alternatives to taking part in competitive team games where child or young person may feel self-conscious • Allow child or young person to leave early when

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
• Needs extended adult support beyond "First Concerns" level of support to be able to access the curriculum	*Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family • Implement strategies (including targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) plus up to a maximum of £6,000 (this is equivalent to approximately 12 hours of additional support). • Carry out and review further assessments as required and/or as advised by outside agencies • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD), e.g. manual handling	travelling between classes to avoid large groups in corridors and enable extra travel time e.g. to go to lift • Appropriate size and height chairs/tables to encourage a correct posture and to support fine motor function and writing • Provide handrails on stairs • Consider rails within toilets or access to disabled toilet • Ensure child or young person is able to reach and use facilities e.g. hand basins/taps/coat pegs /lockers • Give consideration to transporting of food at lunchtime e.g. assistance with trays and seating • Provide a locker for child or young person to store books etc. rather than needing to carry them around during the day • Provide option for child or young person to sit on a chair rather than on the floor at carpet time/assemblies. Can have a classmate do the same if appropriate

Evidence of Graduated Approach ***How do we track and record progress and outcomes?***

• SEN Support Plan, which should include:
  ○ Record of parental views
  ○ Record of child or young person's views
  ○ Collated assessment data from a range of sources (e.g. class teacher and SENCO)
  ○ Record of desired outcomes for child or young person
  ○ Record of implemented resources and strategies including resulting impact and progress (assess, plan, do, review cycles)
  ○ **NOTE**: if child/young person is approaching step up to COMPLEX, implemented resources and strategies must include specific amounts (time and

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cost) in order to consider whether a request for an EHC needs assessment is required (e.g. costed provision map)

- Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle
- Record of any external support, contact or advice, e.g. health reports or health care plans
- Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and progress has not been made
→ Continue to COMPLEX and consider a request for an EHC needs assessment

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School

Complex

Physical Needs

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

Observed **persistent** and **significant** difficulties with the following:
 	
• Despite implementation of strategies from "First Concerns" and "SEN Support", progress for the child or young person is either:
  ○ significantly slower than that of their peers starting from the same baseline
  ○ fails to match or better the child or young person's previous rate of progress
  ○ fails to close the attainment gap between the child or young person and their peers or
  ○ widens the attainment gap
 	
• Their ability to function independently in the school environment and in their everyday life
• May require significant therapies and/or medical interventions
• May require adult support to navigate around the school
• May require adult support to access and use equipment safely in practical lessons e.g. science/cooking
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• If EHC Plan is not in place:
	  ○ Review SEN Support Plan (at least termly)
	  ○ Consider a request for EHC needs assessment (see section on EHC needs assessments)
	
	• If EHC Plan is in place:
		Continue with any relevant strategies from First Concerns and/or SEN Support levels, plus:
		
		• Follow EHCP for specific outcomes
		• Monitor the impact on other areas of learning e.g. social and emotional well being
		• Adaptations to the school environment e.g. changing plinths/ramps/hoists
		• Consider space needed to accommodate specialist equipment e.g. walker
		• Ensure access to specialised seating and/or height adjustable tables
		• Carry out lessons on ground floor if no suitable access to classrooms on upper floors
		• Consider adaptations required in practical lessons e.g. ovens in cookery to be wheelchair accessible

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Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*
	○ Change code on SEN register to indicate child/young person has EHC plan in place (code E) ○ Refer to described outcomes and provision and implement ○ Continue to plan, do, review against the specified outcomes and provision, using previous SEN Support Plan as 'EHC Implementation Plan' ○ Complete Annual Review of EHC Plan • Continue to act on external advice from educational and health agencies as necessary • Carry out and review further assessments as advised by outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels: Universal funding (AWPU) ○ plus up to £6,000 (this is equivalent to approximately 12 hours of additional support) ○ plus any additional top-up as detailed in the EHC Plan • Ensure Class teacher and Teaching assistants receive relevant Continuing Professional Development (CPD)	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• EHC Plan (reviewed annually, and updated if appropriate) Previous SEN Support Plan now becomes "EHC Implementation Plan", which is a working document and acts an ongoing record updated on a termly basis for the following: • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)   ○ Includes specific amounts (times and costs) – e.g. costed provision map • Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle • Record of any external support, contact or advice, e.g. health report or health care plan, which has been implemented and reviewed • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

If "Impact on Learning" indicators remain and/or progress has not been made
→ Continue to SPECIALIST

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School

Specialist

Physical Needs

Impact on Learning *What are we seeing?*	Response *What should we do next?*	Strategies *What can we put in place?*

• Physical needs cannot be met within mainstream school setting due to complex or vulnerable nature of the child's condition
• Child or Young Person requires:
  ○ Specialist medical intervention
  ○ Manual handling e.g. hoists, changing plinths
  ○ Change of position during the day into specialist equipment
  ○ Adult support for independence and self-care
  ○ Educational environment which allows easy access moving around indoors and outdoors
	• Class teacher, SENCO, parents and child/young person continue to liaise on a regular basis – minimum of 3 meetings with parents within a 12 month period
	If necessary:
	• Obtain and record updated parents' views
	• Obtain and record updated child or young person's views
	
	• Refer to the *'Timely Support for Children and Families in Cheshire East – Guidance on Thresholds of Need'* document published by Cheshire East Safeguarding Children's Partnership (CESCP) and children's services to consider the appropriate levels of support for the child or young person and their family
	
	• Indicate on SEN register that child or young person has an EHC plan in place (code E)
	• Refer to described outcomes and provision in the child or young person's individual EHC Plan and implement
	• Continue to plan, do, review against the specified outcomes and provision within the child or young person's EHC Plan
		• Use specialist equipment for manual handling/ changing, as required
		• Implement individualised health care plan
		• Implement individualised postural management programme
		• Provide access to hydrotherapy if appropriate to their medical needs and physiotherapy intervention plan

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Impact on Learning ***What are we seeing?***	Response ***What should we do next?***	Strategies ***What can we put in place?***
	• Complete Annual Review of the EHC Plan • Liaise with named local authority 0-25 SEND officer for child or young person if needs change etc. • Continue to act on advice from internal and external education and health professionals, as necessary • Carry out further assessments following advice and guidance from outside agencies • Implement strategies (including provision of targeted support and/or resources) up to agreed financial levels for specialist provision (see finance section) • Ensure all staff receive Continuing Professional Development (CPD) and training as required	

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Evidence of Graduated Approach ***How do we track and record progress and outcomes?***
• EHC Plan (reviewed annually, and updated if appropriate) • Record of parental views • Record of child or young person's views • Ongoing, collated assessment data from a range of sources (e.g. class teacher and SENCO) • Smaller, SMART targets for child or young person based on outcomes described in EHC Plan • Record of implemented and reviewed resources and strategies - including resulting impact and progress (plan, do, review cycles)   ○ Includes specific amounts (times and costs) – e.g. costed provision map • Log of meetings with parents - minimum of 3 meetings within a 12 month period to support assess, plan, do and review cycle • Record of any external support, contact or advice (including reports or assessments, e.g. health report or health care plan) which has been implemented and reviewed • Records of any completed observations or evidence which supports observed impact on learning (e.g. class work, photos etc.)

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