

Southampton City Council Guidance and Criteria for Educational Settings within Southampton to make provision for children and young people with Special Educational Needs

School age children and young people aged 5 – 16 years

This criteria and guidance have been written to ensure that Education, Health and Care colleagues within Southampton have a clear and shared understanding of Special Educational Needs including details of assessment, appropriate provision and support that should be in place through a 'graduated response'. This guidance and criteria intends to also serve to support parents/carers understanding of the level of support which they can expect to be typically available in schools for their child/young person with SEND, dependant on the level of need of that child or young person. Levels of provision provided from **Universal, Targeted – Additional provision, Targeted – Intensive Additional, and Exceptional provision** are detailed to support a 'graduated response' in addition to detailing the level of need and provision that should be evident before an application for an assessment of Education, Health and Care needs is made.

This criteria and guidance has been written in light of the Children and Families Act 2014 with reference to the SEND Code of Practice 2015, and the Equality Act 2010.

How SEN funding is allocated to mainstream primary and secondary schools in Southampton

Southampton City Council has devolved funding to settings to provide for children and young people who should have their needs met as flexibly as possible within the whole setting's arrangements to support inclusion. Educational settings must make a range of ordinarily available provision for all children or young people, including those with SEN from the all the resources available to them. Educational settings will use a 'graduated approach' to implement increasingly specialist level of teaching and intervention for pupils with SEN.

Schools budget for all pupils

All maintained schools, including mainstream academies, receive a budget allocated at the beginning of the financial year (from 1 April each year).

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The school's allocation for all children and young people, including those with special educational needs (SEN), is based on the number and age of the children and young people within the school. This works out as approximately £4000 per pupil.

SEN Notional budget – additional resources for children and young people with SEN within schools

For the majority of children and young people with SEN, further resources are allocated through something called the 'SEN Notional budget for mainstream schools'. This is done using a funding formula.

The funding formula uses data and information about low attainment and deprivation. These factors have been determined by the Department for Education under the Government's new funding reforms which came into place from April 2013.

The use of the low attainment and deprivation data and information will identify a profile of need for each school, which can then be used for the allocation of available funds on an annual basis through the SEN Notional budget.

All types of need are covered by this funding model which results in the allocation of a sum of money which is part of the whole school budget. This can be used to address the needs of children and young people, in any category, as identified, assessed and prioritised by the school.

Funding for pupils with an Education, Health and Care Plan (EHCP)

Where a child or young person needs additional support above what can be delivered through the first £6000 SEN Notional budget (this will need to be evidenced), the school and/or parent/professional working with the family, can request to have an Education, Health and Care Assessment (EHCA).

Where a child or young person with high needs requires additional support over and above that normally available in school, the school is still required to fund the first £6,000 of their additional provision.

For children and young people with EHC plans whose needs require additional support over this level, specific funding is provided as a top-up. The top-up will be paid from the centrally retained resource held by the local authority on behalf of schools for additional support over and above £6000. This will only occur where a pupil has been assessed and determined by the LA, as needing an EHC Plan.

The amount of top-up funding provided will depend on the needs of individual pupils with EHCPs, following assessment.

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Criteria and guidance when considering Education, Health and Care Needs Assessment requests

For the purposes of this document the needs of children and young people is summarised into three broad categories.

1. Support for all children and young people

This can be categorised as “**Universal**” - it is the expectation that this is funded through the schools budget for all pupils.

2. SEN Support

This can be categorised as “**Targeted**” but for the purposes of this document we have split this level into two sub categories:

(i) Targeted - Additional support

(ii) Targeted - Intensive Additional Support

It is the expectation that the support provided at both of these sub-category levels is done so through the use of the schools SEN Notional Budget. We have split this level to support schools to understand and implement the use of a graduated response through the use of assess then ‘plan, do, review’ model, coordinated approaches and the use of external professionals/services if/where appropriate.

3. Support through an Education, Health and Care Plan (EHCP) – Exceptional provision

This can be categorised as “**Specialist**” for children and young people whose needs are assessed to be severe and complex needs that are long term through, requiring resources over and above those provided at the targeted level.

It is the expectation that schools deliver support at a Universal, Targeted – Additional Support and Targeted – Intensive Additional Support prior to making an application for an EHC Assessment.

Note: This criteria is offered as guidance and is neither definitive nor exhaustive. There will be exceptional circumstances when the consideration for an EHC will be made.

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*“9.16 - Local authorities may develop criteria as guidelines to help them decide when it is necessary to carry out an EHC needs assessment (and following assessment, to decide whether it is necessary to issue an EHC plan). However, local authorities **must** be prepared to depart from those criteria where there is a compelling reason to do so in any particular case and demonstrate their willingness to do so where individual circumstances warrant such a departure. Local authorities **must not** apply a ‘blanket’ policy to particular groups of children or certain types of need, as this would prevent the consideration of a child or young person’s needs individually and on their merits.”*
(SEND Code of Practice – January 2015)

In order to agree an EHC needs assessment the application will be considered against three criteria:

1. Evidence that the child or young person has **needs** that are exceptional, severe, complex and long term,
2. Evidence that the school have provided appropriate **provision** through a coordinated approach (e.g. fully utilising resources at universal, targeted additional and targeted intensive additional support), and
3. Evidence that the child or young person has made limited **progress** despite the provision that has been put in place, or that the progress that has been made has only been made with provision over and above that which would be expected with universal and targeted support.

The tables in the following pages provide detail of this criteria under the four main headings of SEND for guidance. Additional guidance is given in relation to Criteria 2 (Provision) for each heading. It should be noted that need is likely to occur across categories. **Decisions will be made upon need and progress made with appropriate provision rather than any diagnosis the child or young person may or may not have.**

Communication and Interaction

Communication and Interaction e.g. may include speech, language and communication needs including difficulties associated with Autistic Spectrum Difficulties

Criteria 1: Need	Criteria 2: Provision	Criteria 3: Progress
<p>Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child or young person with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.</p> <p>Some children or young people have difficulty with social communication which impacts upon their ability relating to, and interacting with others (for example, children with Autism Spectrum Difficulties).</p> <p>In order to be considered for an EHC assessment the child or young person's needs must present as a significant barrier to learning and understanding, communicating with others and/or severely detrimental to their social interaction and emotional wellbeing.</p>	<p>Universal support through quality first teaching.</p> <p>Targeted support – additional and intensive additional e.g.:</p> <ul style="list-style-type: none"> - Child and young person's needs have been met through a co-ordinated approach, typically involving appropriate outside agencies (e.g. Speech and Language Therapy, Educational Psychology, Outreach Services (SAOS)). - Curriculum modifications e.g. adapted environments to support communication and interaction needs, visual supports, augmentative communication systems, and additional training for staff where appropriate. - Targeted group or individual intervention. - Provision is informed through regular assessment, evaluation and monitoring. <p><i>(see Table below for more detailed information regarding provision)</i></p>	<p>Progress that has been monitored to inform provision through multiple 'plan, do, review' cycles.</p> <p>Evidence that, despite targeted (additional and intensive additional) intervention through a graduated response, the child or young person has made limited progress in their identified areas of need or the progress that has been made has only been made with provision over and above that which would be expected with universal and targeted support.</p> <p>Reviewed against a provision map or individual programme of support using a 'plan, do, review' approach which has been supported by additional services as appropriate.</p>

Criteria 2: Provision – more detailed examples of provision to support communication and interaction		
Universal provision	Targeted – Additional provision	Targeted – Intensive additional provision
<p>High Quality First Teaching –</p> <ul style="list-style-type: none"> • A broad and balanced curriculum within inclusive classrooms. • Engaging and relevant teaching. • Personalised learning targeting all learning styles. • Carefully planned differentiation to support individual’s needs in relation to communication and interaction. • Visual resources such as word banks, picture cues and visual presentations (SMART Board etc.) where language is supported by pictures. • Providing modelling by adults within the classroom in relation to using effective speaking and listening skills and interacting positively with others. • Peer mentoring and support in relation to using effective speaking and listening skills and interacting positively with others. • Access to whole school training to support teachers’/staff’s ability to differentiate activities effectively in relation to supporting speaking, listening skills and understanding the curriculum. • Curriculum assessment of progress to support goal setting for individual pupils. • Children and young people and parent/carers are fully included within their development as a learner through goal setting as above and positive and constructive feedback. (e.g. a well implemented assessment for learning policy) • ECAT (every child a talker for EY provision). 	<p>Early Intervention and Personalised provision –</p> <ul style="list-style-type: none"> • Inclusion of parents/carers/children or young person as part of a ‘plan, do, review’ cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as provision mapping, IEPs. This will be regularly reviewed, at least termly. • Small group work – narrative story group, social development group work such as ‘Circle of Friends’, ‘SULP’, ‘Socially Speaking’ and ‘Time to Talk’. • Whole staff training on supporting children and young people with specific communication and interaction needs e.g. ASD, SLCN. • Flexible staffing arrangements to support teacher led small group work where necessary. • Use of visual supports (including visual timetables) as necessary and augmentative communication (TEACCH, PECs etc). • Simplified and broken down instructions that are given in the order to be completed and the child or young person has opportunity to clarify with an adult as necessary. • Use of a personalised work station/area as necessary. • Confirmation via public health nursing team that the child has had satisfactory routine checks of vision and hearing • Access to SALSA and SLT advice as necessary. 	<p>Personalised provision –</p> <ul style="list-style-type: none"> • Multi professional planning and coordinated support. (E.g. EP service, Health colleagues, PHIG). • Individualised curriculum and resources. • Targeted support within class within small groups and working individually with an adult. • Personalised work station/area as necessary. • Specific training for key staff supporting children and young people with SCLN and or ASD (e.g. PECs, Southampton City Council courses provided by the EP Service, LSCB, Outreach Services (SAOS) and Southampton Inclusion Partnership (SIP)). • Access to an individual programme as detailed by SLT or SALSA that may be delivered by SLT and SALSA colleagues or specialist assistant. • Individual modifications to the curriculum due to SCLN and or ASD needs that may include Makaton signing, PECs, TEACCH that have reached a significant level. • Access to adapted, distraction reduced environments. • High levels of adult support for modelling to access the curriculum. • Support to be included with peer group.

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| | <ul style="list-style-type: none">• Implementation of programmes as advised by SLT, SALSA.• Consideration of the need for referral for further clinical assessments (e.g. autism assessment) and provision of reports and information to support any referrals | |
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Exceptional provision – at this point, where provision is considered over and above what has been detailed above, consideration may be given to applying for an Education, Health and Care assessment. The application will need to include evidence of provision in place as detailed above and include at least two 'plan, do, review' cycles.

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Final EHC Assessment Criteria – SEN Graduated Response April 2016
School Aged Children and Young People Aged 5-16

Cognition and Learning

<i>Cognition and Learning: this may include moderate, severe or profound learning difficulties and in exceptional cases specific learning difficulties.</i>		
Criteria 1: Need	Criteria 2: Provision	Criteria 3: Progress
<p>Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children and young people are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children and young people are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.</p> <p>Specific learning difficulties (SpLD), affect one or more specific aspects of learning e.g. literacy, numeracy. Sometimes terms such as dyslexia, dyscalculia and developmental coordination disorder may be used to describe these needs.</p> <p>In order to be considered for an EHC assessment the child or young person must have a general level of development and attainment significantly below that of their peers and/or needs which present as a significant barrier to accessing the majority of the curriculum.</p>	<p>Universal support through quality first teaching.</p> <p>Targeted support – additional and intensive additional e.g.:</p> <ul style="list-style-type: none"> - Child and young person’s needs have been met through a co-ordinated approach, typically involving appropriate outside agencies (e.g. Speech and Language Therapy, Educational Psychology, Outreach Services (SAOS)). - Curriculum modifications e.g. adapted environments to support learning needs, visual supports, augmentative communication systems, and additional training for staff where appropriate. - Targeted group or individual evidence based interventions. - Provision is informed through regular assessment, evaluation and monitoring. <p><i>(see Table below for more detailed information regarding provision)</i></p>	<p>Progress that has been monitored to inform provision through multiple ‘plan, do, review’ cycles.</p> <p>Despite targeted intervention and support the child and young person will continue to progress at a much slower rate than their peers across many areas of development</p> <p>Evidence that, despite targeted (additional and intensive additional) intervention through a graduated response, the child or young person has made no/limited progress in their identified areas of need or the progress that has been made has only been made with provision over and above that which would be expected with universal and targeted support.</p> <p>Reviewed against a provision map or individual programme of support using a ‘plan, do, review’ approach which has been supported by additional services as appropriate</p>

Criteria 2: Provision – more detailed examples of provision to support cognition and learning		
Universal provision	Targeted – Additional provision	Targeted – Intensive additional provision
<p>High Quality First Teaching –</p> <ul style="list-style-type: none"> • A broad and balanced curriculum within inclusive classrooms. • Engaging and relevant teaching. • Personalised learning targeting all learning styles. • Carefully planned differentiation to support individual’s needs in relation to their learning and approaches to learning (e.g. practical, concrete resources and opportunities for real life learning). • Providing modelling by adults within the classroom in relation to learning and approaches to learning. • Peer mentoring and support in relation to reading and literacy. • Access to whole school training to support teachers’ ability to differentiate activities effectively in relation to Curriculum assessment of progress to support goal setting for individual pupils. • Children and young people (and their parent/carers) are fully included within their development as a learner through goal setting as above and positive and constructive feedback (e.g. a well implemented assessment for learning policy). 	<p>Early Intervention and Personalised provision –</p> <ul style="list-style-type: none"> • Inclusion of parents/carers/children or young person as part of a ‘plan, do, review’ cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as provision mapping, IEPs. • Use of internal assessment to inform ‘plan, do, review’ process with support from external agencies as appropriate (e.g. EP service, Outreach Services (SAOS)). • Targeted support within class through within small groups and working individually with an adult. • Use of additional group literacy and numeracy programmes (ALS, Springboard) • Use of evidence-based interventions delivered either individually or in small groups (e.g. Catch Up programmes). • Differentiation of the curriculum to individual learning needs and use of personalised strategies for learning. • Alternative methods of recording. • Confirmation via public health nursing team that the child has had satisfactory routine checks of vision and hearing • Consideration of the need for any additional referrals via the public health nursing team or GP to identify any diagnosis which might be associated with difficulties in cognition and learning (e.g. to paediatrics, CAMHS, therapy services) 	<p>Personalised provision –</p> <ul style="list-style-type: none"> • Multi professional planning and coordinated support (e.g. EP service, Outreach Services (SAOS), Health colleagues/Services, PHIG, social care colleagues. • Personalised support, working with an adult on an individualised curriculum. • High levels of adult support for modelling to access the curriculum. • Specific training for key staff supporting children and young people in relation to their learning and approaches to learning (e.g. PECs, Southampton City Council courses provided by the EP Service, LSCB, Outreach Services (SAOS) and Southampton Inclusion Partnership)). • Personalised work station/area as necessary. • Inclusion of parents/carers/children or young person as part of a ‘plan, do, review’ cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as provision mapping, IEPs. This will be regularly reviewed at least termly. • Access to adapted, distraction reduced environments. • Support to be included with peer group. • This will be regularly reviewed, at least termly.



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Exceptional provision – at this point, where provision is considered over and above what has been detailed above, consideration may be given to applying for an Education, Health and Care assessment. The application will need to include evidence of provision in place as detailed above and include at least two 'plan, do, review' cycles.

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Final EHC Assessment Criteria – SEN Graduated Response April 2016
School Aged Children and Young People Aged 5-16

Social, Emotional and Mental Health

Social, Emotional and Mental Health: the child or young person experiences a combination of significant, complex, frequent and persistent SEMH needs, (e.g. Anxiety, self-regulation of behaviour and/or attention, difficulties following adult direction, difficulty managing relationships with others) these must be present across a variety of contexts. Needs may manifest or be communicated through extreme and persistent challenging or withdrawn behaviour.

Criteria 1: Need	Criteria 2: Provision	Criteria 3: Progress
<p>Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. There can be many different explanations for SEMH needs including significant life events and environmental factors. Sometimes mental health diagnoses may also be used to explain these difficulties (e.g. anxiety or depression, self-harming, substance misuse, eating disorders, attention deficit disorder, attention deficit hyperactive disorder).</p> <p>In order to be considered for an EHC assessment there must be a clear understanding of the factors influencing the child or young person's SEMH, the needs must present as a significant barrier to learning and be severely detrimental to the child or young person's social interaction and emotional wellbeing.</p>	<p>Universal support through quality first teaching.</p> <p>Targeted support – additional and intensive additional e.g.:</p> <ul style="list-style-type: none"> - Child and young person's needs have been met through a co-ordinated approach, typically involving appropriate outside agencies (e.g. Educational Psychology, Outreach Services (SAOS), CAMHS, Early Help). - Curriculum modifications e.g. adapted environments to support social emotional and/or mental health needs e.g. enhanced pastoral support, individualised reward systems, visual supports, augmentative communication systems, and additional training for staff where appropriate. - Targeted group or individual emotional literacy intervention including personally tailored time-limited intervention programmes that are consistently applied. - Evidence that the support that has been put in place is based upon both assessment and understanding of the 	<p>Progress that has been monitored to inform provision through multiple 'plan, do, review' cycles.</p> <p>Evidence that, despite targeted (additional and intensive additional) intervention through a graduated response, the child or young person has made no/limited progress in their identified areas of need or the progress that has been made has only been made with provision over and above that which would be expected with universal and targeted support, and that the support is considered to be necessary in the long term.</p> <p>Evidence that needs have significantly impacted upon additional areas of their development.</p> <p>Reviewed against a provision map or individual programme of support using a 'plan, do, review' approach which has been supported by additional services as appropriate</p>

	<p>child's needs and communication e.g. analysis and interpretation of ABCC charts.</p> <ul style="list-style-type: none"> - Provision is informed through regular assessment, evaluation and monitoring. <p><i>(see Table below for more detailed information regarding provision)</i></p>	
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Criteria 2: Provision – more detailed examples of provision to support social emotional and mental health		
Universal provision	Targeted – Additional provision	Targeted – Intensive additional provision
<p>High Quality First Teaching –</p> <ul style="list-style-type: none"> • A broad and balanced curriculum within inclusive classrooms. • Engaging and relevant teaching. • Personalised learning targeting all learning styles. • Carefully planned differentiation to support individual's needs in relation to their social, emotional and mental health. • Providing modelling by adults within the classroom in relation to promoting wellbeing and positive social and emotional development • Peer mentoring and support in relation to using positive behaviour, following rules and routines and emotional awareness. • Access to whole school training to support teachers' ability to differentiate activities effectively in relation to Curriculum assessment of progress to support goal setting for individual pupils (e.g. behaviour 	<p>Early Intervention and Personalised provision –</p> <ul style="list-style-type: none"> • Inclusion of parents/carers/children or young person as part of a 'plan, do, review' cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as provision mapping, IEPs. • Individualised systems of praise and reward. • Differentiation to support needs underlying challenging behaviour. • Skills to support 'Behaviour for Learning', explicitly taught (e.g. listening skills, resilience, social skills etc. through Circle Time, PSHE). • Use of internal assessment to inform 'plan, do, review' process with support from external agencies as appropriate (e.g. EP service). • Individualised behaviour plans detailing strategies to prevent challenging behaviour, as well as how to manage behaviour should it occur. 	<p>Personalised provision –</p> <ul style="list-style-type: none"> • Multi professional planning and coordinated support (e.g. EP service, Compass School, PHIG and CAMHS). • High level of individual and small group support. • Whole staff training for managing significantly challenging behaviours (e.g. BILD accredited approach to behaviour management and restrictive physical intervention). • Individual preventative behaviour plans to include any necessary risk assessments that are regularly reviewed. • Personalised work station/area as necessary. • Identification of what child or young person is trying to communicate with their behaviour through detailed observations and explicit teaching of alternative strategies. • Inclusion of parents/carers/children or young person as part of a 'plan, do, review' cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified

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<p>management, conflict management, Restorative Practices).</p> <ul style="list-style-type: none"> • Children and young people and parent/carers are fully included within their development as a learner through goal setting as above and positive and constructive feedback. (e.g. a well implemented assessment for learning policy) • Effective policies for behaviour including robust systems of praise and reward. • Rewards- engaging to class, sustained and embedded. 	<ul style="list-style-type: none"> • 'Learning to learn'/development curriculum, nurture activities, nurture group. • Visual supports (e.g. Visual timetables, 'Oops' cards for when there is a change, task boards). • Emotional literacy programmes both individualised and in small groups (e.g. ELSA, Circle of Friends, Peer mentoring). • Targeted support within class through within small groups and working individually with an adult. • Support for unstructured times/social times e.g. break and lunch. • Support from external agencies. (E.g. EP service, Outreach Services (SAOS)). • Confirmation via public health nursing team that the child has had satisfactory routine checks of vision and hearing • Consideration of the need for any additional referrals via the public health nursing team or GP to identify any diagnosis which might be associated with the emotional and behavioural difficulties (e.g. to community paediatrics, CAMHS) 	<p>with SEN as detailed using techniques such as provision mapping, IEPs. This will be regularly reviewed at least termly.</p> <ul style="list-style-type: none"> • Specific training for key staff supporting children and young people with SEMH (e.g. PECs, Southampton City Council courses provided by the EP Service, LSCB, Outreach Services (SAOS) and Southampton Inclusion Partnership (SIP)). • Support from Compass school. • Support to be included with peer group. • Access arrangements for exams. • Long term need for highly individualised, development curriculum or equivalent. • Sustained involvement from external agencies.
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Exceptional provision – at this point, where provision is considered over and above what has been detailed above, consideration may be given to applying for an Education, Health and Care assessment. The application will need to include evidence of provision in place as detailed above and include multiple 'plan, do, review' cycles.

Sensory and/or Physical

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Final EHC Assessment Criteria – SEN Graduated Response April 2016
School Aged Children and Young People Aged 5-16

Sensory and/or Physical: significant physical, sensory (e.g. visual impairment, hearing impairment), medical needs arising from a pre-existing or acquired condition which impacts upon the child or young person's overall development and which is likely to persist over time.

Criteria 1: Need	Criteria 2: Provision	Criteria 3: Progress
<p>Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time e.g. may deteriorate over time. Some children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning. Children and young people with MSI have a combination of vision and hearing difficulties, which makes it difficult for them to access the curriculum or study programme than for those with a single sensory impairment.</p> <p>Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.</p> <p>In order to be considered for an EHC assessment the child or young person's sensory, medical or physical needs must be severe and present as a significant barrier to accessing the majority of the curriculum independently. The needs may also significantly impact on the child or young person's ability to communicate with others and be severely detrimental to the child or young person's social interaction and emotional wellbeing.</p>	<p>Universal support through quality first teaching.</p> <p>Targeted support – additional and intensive additional e.g.:</p> <ul style="list-style-type: none"> - Child and young person's needs have been met through a co-ordinated approach which has involved the guidance from appropriate outside agencies (e.g. Specialist Teacher Advisors, Health Services, Occupational Therapy and Physiotherapy). - Curriculum and environmental modifications e.g. adapted environments to support learning needs as appropriate e.g. visual supports, assisted learning devices, Braille, British Sign Language, mobility assisted devices, acoustically adapted environments, augmentative communication systems. - Appropriate training for staff (e.g. manual handling). - Provision is informed through regular assessment, evaluation and monitoring. <p><i>(see Table below for more detailed information regarding provision)</i></p>	<p>Progress that has been monitored to inform provision through multiple 'plan, do, review' cycles.</p> <p>Evidence that despite reasonable adjustments made by the school/setting, with support from outside agencies, the child or young person's physical, sensory and or medical condition significantly impacts upon their opportunity to access the whole curriculum.</p>

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Criteria 2: Provision – more detailed examples of provision for sensory and/or physical needs		
Universal provision	Targeted – Additional provision	Targeted – Intensive additional
<p>High Quality First Teaching –</p> <ul style="list-style-type: none"> • A broad and balanced curriculum within inclusive classrooms. • Engaging and relevant teaching. • Personalised learning targeting all learning styles. • Careful consideration given to the classroom environment including acoustics, lighting and physical accessibility. • Reasonable adjustments in line with the setting’s disability and equality policy. • Carefully planned differentiation to support individual’s needs in relation to their sensory and physical development, communication and interaction. • Providing modelling by adults within the classroom in relation to using assisted devices and ICT, communication and interaction. • Peer mentoring and support in relation to using ICT, alternative ways of recording, working positively with others. • Modified P.E. curriculum and activities. • Opportunities for small group work. • Access to whole school training to support teachers’ ability to differentiate activities effectively in relation to Curriculum assessment of progress to support goal setting for individual pupils. • Children and young people and parent/carers are fully included within their development as a learner through goal setting as above and positive and constructive feedback. (e.g. a well implemented assessment for learning policy) 	<p>Early Intervention and Personalised provision –</p> <ul style="list-style-type: none"> • Inclusion of parents/carers/children or young person as part of a ‘plan, do, review’ cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as provision mapping, IEPs including any necessary risk assessment. • Physical adaptations to enable accessibility. • Advice from Specialist teacher advisors and Therapy services as necessary. • Through discussion with the public health nursing team, ensure the child has accessed appropriate medical, nursing and therapy support • Incorporate of therapy activities within the IEP as advised by relevant therapists • Where there is no suspicion of a sensory impairment, there should be confirmation via public health nursing team that the child has had satisfactory routine checks of vision and hearing • If the child has a sensory impairment, ensure ongoing liaison between school staff and relevant health professionals • When the child has a medical condition which requires medication or other treatment in school, ensure the child has a health care plan. • Use of assisted devices including hearing aids, braille, concept keyboards, mobility etc. • Use of motor skills programmes. • Access arrangements for examinations 	<p>Personalised provision –</p> <ul style="list-style-type: none"> • Multi professional planning and coordinated support (e.g. EP service, Outreach Services (SAOS), PHIG, CAMHS and Child Development Service.). • Targeted support within class within small groups and working individually with an adult. • Inclusion of parents/carers/children or young person as part of a ‘plan, do, review’ cycle of targeted assessment and intervention. This needs to be completed as soon as child or young person is identified with SEN as detailed using techniques such as provision mapping, IEPs. This will be regularly reviewed including any necessary risk assessment at least termly. • Personalised work station/area as necessary. • Individualised curriculum and outcomes. • Specific training for key staff supporting children and young people with sensory and or physical needs (e.g. PECs, Southampton City Council courses provided by the EP Service, LSCB, Outreach Services (SAOS) and Southampton Inclusion Partnership (SIP)). • Support and monitoring from specialist teacher advisors, therapy services and health colleagues. • Manual handling training for all staff where necessary. • Support to be included with peer group. • Individual physio and occupational therapy support and programmes. • Personal care plans (e.g. toileting and managing personal hygiene)

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| | <ul style="list-style-type: none">• Health Care Plan (as set out in The Department of Health Guidance and Local Policy) to support self-help needs and management of medical conditions. | |
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Exceptional provision – at this point, where provision is considered over and above what has been detailed above, consideration may be given to applying for an Education, Health and Care assessment. The application will need to include evidence of provision in place as detailed above and include at least two ‘plan, do, review’ cycles.

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Glossary of terms

ALS – Additional Literacy Strategy

ASD – Autism Spectrum Disorder

ECAT – Every Child A Talker

EHC – Education, Health and Care

EHCA – Education, Health and Care Assessment

EHCP - Education, Health and Care Plan

ELSA – Emotional Literacy Support Assistant

EP – Educational Psychology

EY – Early Years

HI – Hearing Impairment

ICT – Information, Communication and Technology

LSCB - Local Safeguarding Children's Board

MLD – Moderate Learning Difficulty

MSI – Multi Sensory Impairment

PD – Physical Difficulties

PECs – Picture Exchange Communication System

PMLD – Profound/Multiple Learning Difficulties

PHIG – Primary Heads Inclusion Group

PHSE – Personal, Health and Social Education

SALSA – Speech and Language Support Assistant

SAOS – Southampton Advisory and Outreach Services

SEN – Special Educational Needs

SEND – Special Educational Needs and Disability

SEMH – Social and Emotional and Mental Health

SLCN – Speech, Language and Communication Needs

SLD – Severe Learning Difficulties

SLT – Speech and Language Therapy Service

SpLD – Specific Learning Difficulties

SULP – Social Use of Language Programme

TEACCH - Treatment and Education of Autistic and Related Communication Handicapped Children

VI – Visual Impairment

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