



# Walsall Getting It 'Right for SEND' Guidance and Banding Document (June 2021)



Walsall Council



# Walsall Getting It 'Right for SEND' Guidance and Banding Document (April 2021)

## Who is this guidance for?

This guidance is a tool for any professionals supporting or working with children and young people with special educational needs and disabilities. This includes Walsall schools and settings and external support services supporting Walsall children and young people. It is also a tool for young people and the parents/carers of children and young people with SEND.

## What is the purpose of this guidance?

The purpose of this guidance is to support those who are directly supporting or working with children and young people with special educational needs and disabilities to:

- Implement whole school approaches and high quality first teaching that promotes the inclusion of all children and young people, including those with SEND
- Implement a consistent and transparent approach to the identification of children's special educational needs
- Implement an effective and appropriately targeted graduated approach to meeting SEN needs in accordance with the SEND Code of Practice (2015) to ensure all children with SEN make good academic progress and achieve good outcomes in relation to education, health and social care. This document provides signposting to national and local guidance documents and evidence based approaches and interventions suitable for supporting children with a range of needs
- Identify when it is appropriate to request additional high needs funding (via an EHC assessment)

It also provides a transparent structure for a needs led and equitable funding model for the allocation of high needs funding for children and young people with an Education Health and Care Plan (see attached top up rates for 2021-22).

## What are the national expectations for schools in relation to SEND?

- That they have an identified SENDCo who is a qualified teacher working at the school. A newly appointed SENDCO must be a qualified teacher and, where they have not previously been the SENDCo at that or any other relevant school for a total period of more than twelve months, they must achieve a National Award in Special Educational Needs Coordination within three years of appointment. The school should ensure that the SENDCO has sufficient time and resources to carry out these functions. This should include providing the SENDCO with sufficient administrative support and time away from teaching to enable them to fulfil their responsibilities in a similar way to other important strategic roles within a school.
- That they publish a SEN Information Report on their website and update this at least annually. This must include the school's SEN Policy, key contacts, the school's Local Offer and links to the Local Authority Local Offer
- That they have an identified individual on the Governing Board or Committee with specific oversight for the school's arrangements for SEND
- That they have a Behaviour Policy (or equivalent) which is inclusive and protects against discrimination, particularly for children with SEND
- That they have an Attendance Policy which is inclusive and protects against discrimination, particularly for children with SEND

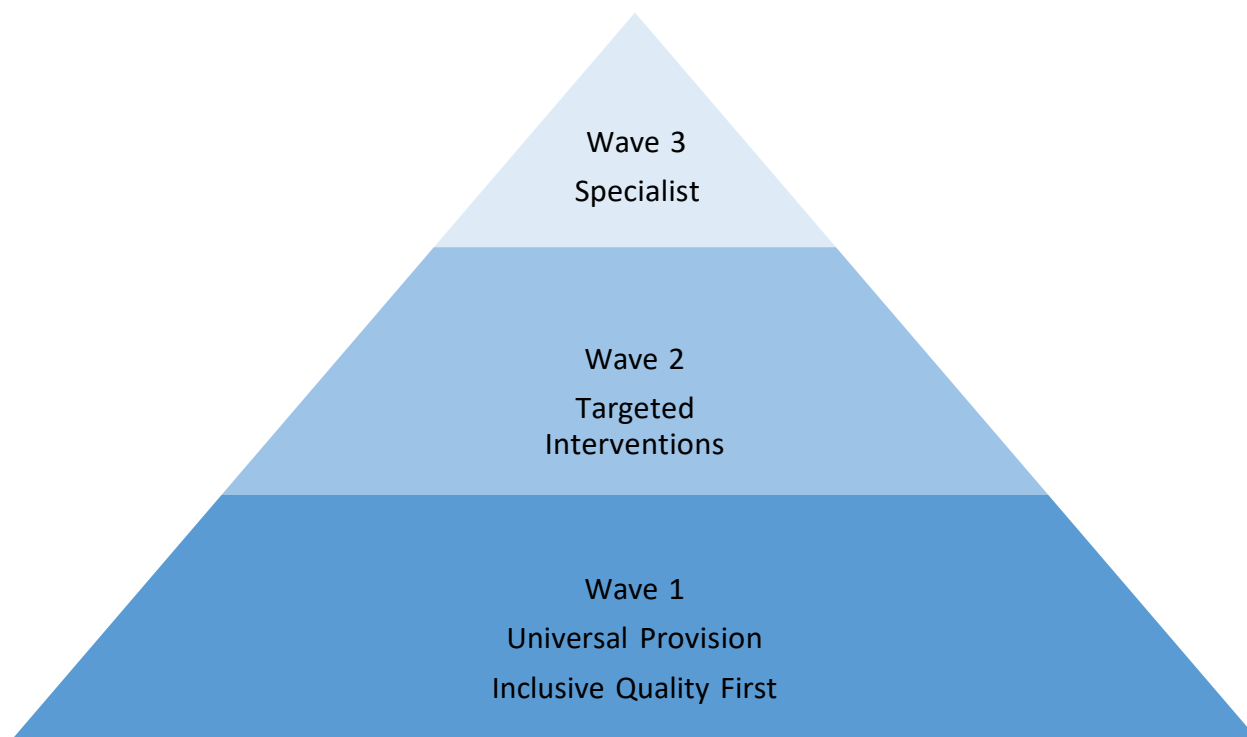
## What funding do schools receive to support children with SEND?

All mainstream schools receive AWPU (Age Weighted Pupil Funding), which is an amount of money per child provided to all schools for each child they have on roll. This is the main source of funding for mainstream schools and covers the costs of staffing and resources to provide high quality teaching for all children. For example, this includes the cost of teachers, management and the SENCo and inclusive resources for all children.

Schools also have an amount identified within their overall budget, called the 'notional SEN budget'. This is not a ring-fenced amount, and it is for the school to provide high quality appropriate support from the whole of its budget. In accordance with the SEND Code of Practice, it is for schools, as part of their normal budget planning, to determine their approach to using their resources to support the progress of pupils with SEN. The SENCO, Headteacher and governing body or proprietor should establish a clear picture of the resources that are available to the school. They should consider their strategic approach to meeting SEN in the context of the total resources available, including any resources targeted at particular groups, such as the pupil premium.

Schools are not expected to meet the full costs of more expensive special educational provision from their core funding. They are expected to provide additional support which costs up to a nationally prescribed threshold per pupil per year (£6,000 per pupil per year). This is in addition to the AWPU funding.

If the level of SEN provision that a child needs exceeds this level then it is expected that the school will request an EHC needs assessment in order for the child to access High Needs Funding. The Banding section of this document provides guidance on when this is appropriate and the evidence required.



### High Needs/Top Up Funding

ARP places  
Alternative Provision  
EHCP Funding  
Special school places

### Notional SEN Budget

Targetted school based support  
Access to specialist support services

### AWPU

Inclusive Quality First Teaching  
Effective Differentiation

## What are the principles for practice which guide support for children and young people with SEND in Walsall?

The Walsall SEND Partnership Group, which comprises all relevant stakeholders including young people, parents/carers, schools and specialist education, health and social care services, has co-produced a set of principles that should guide and inform all work with children and young people with SEND in Walsall. The principles for practice are set out below:

- Access to the right specialist support at the right time, with a focus on early intervention
- Child/young person-centred approaches
- Outcomes focussed and strengths based assessments
- Co-production with children and young people and their parents/carers, Walsall schools and settings and support services. Using restorative practices ensuring we are collaboratively 'working with' children, young people and their families
- Ways of working that ensure everyone is heard and understood and can question and understand
- Inclusion of children and young people with SEND within local universal provision wherever possible
- Partnership working and effective information sharing across education, health and care
- High aspirations for all children and young people
- Focussing on preparation for adulthood and providing support which builds independence and reduces dependency
- Ethical and transparent ways of working
- Reducing barriers and bureaucracy
- Skilled and stable workforce

## What is the 'Walsall Right for Children' Vision?

This guidance has been developed in accordance with the Walsall Right for Children Vision. This sets out Walsall's ambition for providing children and young people, and their families, with the 'right support at the right time'. A restorative approach underpins the Walsall Right for Children vision and work. This is an approach that seeks to provide 'high challenge' alongside 'high support' and ensuring that we are 'working with'. The Walsall Right for SEND Guidance aims to provide a tool which is supportive of Walsall schools and helps to ensure that there is a consistent and appropriate response to SEND provision across all schools, for all Walsall children. This guidance has been developed by schools for schools and also with parents/carers so it seeks to be an accessible and supportive tool to support Walsall Local Area to move forward in its effective identification of children and young people's SEND needs and in ensuring an appropriate provision offer which supports positive outcomes for all children and young people with SEND.

## What national guidance is relevant to supporting children and young people with SEND?

This guidance document should be read in conjunction with relevant national guidance, including:

- SEND Code of Practice (2015)
- Children and Families Act (2014)
- SEND Regulations (2014)
- Equality Act (2010)
- The Equality Act 2010 and schools (2014)
- Supporting pupils with medical conditions at school (2015)
- Behaviour and Discipline in Schools (2016)
- Keeping Children Safe in Education (2019)
- Exclusion from mainstream schools, academies and Pupil Referral Units in England (2017)

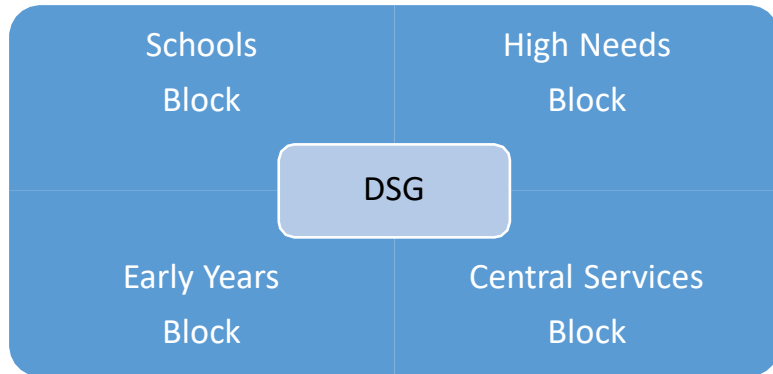
## What local guidance is relevant to supporting children and young people with SEND?

This guidance document should be read in conjunction with relevant local guidance, including:

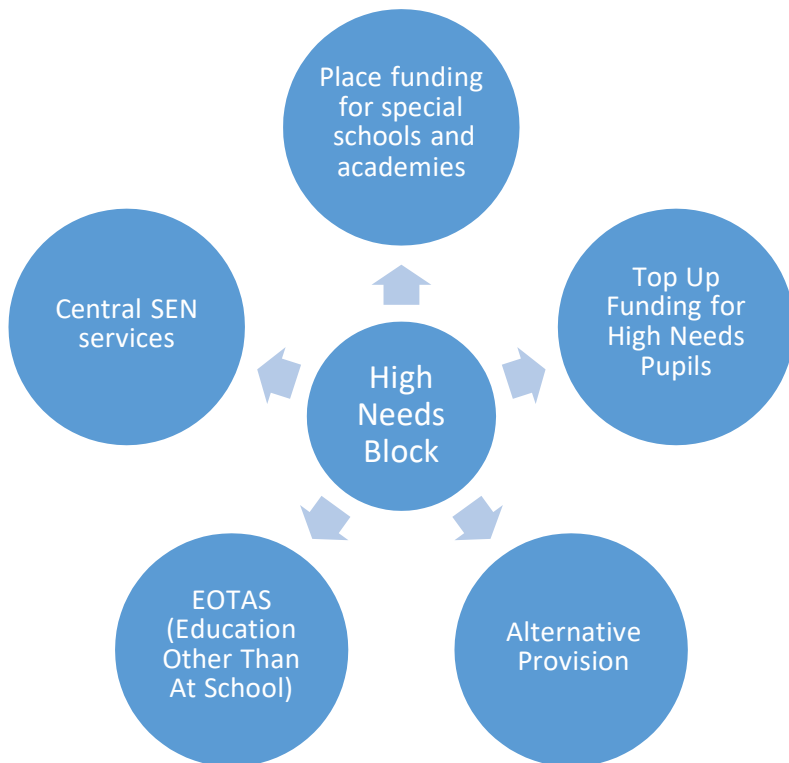
- Walsall Right for Children Inclusion Strategy
- FAP/exclusion protocol
- How to request an EHC needs assessment – a guide for schools/settings, young people and parents/carers
- My SEND Support Plan – a guide for schools/settings, young people and parents/carers
- My SMART targets – a guide for schools/settings, young people and parents/carers
- My SEND transition Plan – a guide for schools/settings, young people and parents/carers
- SEND toolkit (school age) (in development)
- Early Years SEN toolkit (0-5)
- Supporting children with medical needs
- Supporting children and young people with Autism: Guidance for schools (in development – to be co-produced with CYP and parents/carers with lived experience and relevant services through the Autism Working Group)
- Walsall Personal Care Policy
- Walsall Intimate Care Policy and Guidelines Walsall
- 'Good SENCo Guide'
- Walsall ARP Partnership Document

## How is SEN provision funded within Walsall Local Authority?

The local authority receives central funding in the Designated Schools Grant (DSG). The DSG comprises 4 blocks:



The High Needs Block is required to fund:



## Who decides how High Needs Funding is spent?

The Children and Families Act (2014) requires Local Authorities to keep the services and provision for children with SEND under review. Local Authorities are also required to make decisions about the delegation of funding through consultation with their Schools Forum. To strengthen the partnership and ensure an effective restorative approach consisting of high support, high challenge, Walsall Local Authority have worked with Walsall School's Forum to develop a Schools Forum High Needs Funding Working Group. The Working Group was established in July 2019 and comprises representatives from the primary & secondary sector as well as from mainstream, Additionally Resourced Provision and special school settings. Local Authority Officers, Governors representatives and Parent/Carer representatives are also included in the group.

A core task of the group has been to develop and implement a revised High Needs Funding Formula which is applied across mainstream and special schools for children from their Reception Year to Year 13. This guidance document supports the implementation of the revised approach.

Going forwards the Working Group will be responsible for:

- Overseeing the annual audit of need (all Walsall schools required to complete the SEND banding audit annually)
- Arranging and overseeing moderation of the annual audit data
- Reviewing the final annual audit data and making recommendations for cost effective approaches to meeting SEND needs in Walsall
- Reviewing the High Needs Funding Formula
- Making recommendations to Schools Forum and the Local Authority for how to use High Needs Funding to meet needs in a child centred, needs led and cost effective way

## How are schools required to use this guidance?

Walsall schools are required to use this guidance in 2 ways:

1. As a tool to ensure they are effectively identifying children and young people with SEND who should be included on their SEN register and who they support through an assess-plan-do-review cycle of support in accordance with the SEND Code of Practice (2015). Schools should make use of the links to related guidance documents, resources and recommendations for evidence based provision to help them support children with SEND. Schools are required to 'regularly review and evaluate the breadth and impact of the support they offer or can access' in accordance with the SEND Code of Practice (2015). This document should help schools to do that.
2. To complete an annual SEN audit. All SENCos will be asked to identify where each child on their SEN register (Reception to Year 13, excluding children in ARP places) is on the banding document and submit this information to the Local Authority to support a longer term strategic approach (supported by the Schools Forum High Needs Funding Working Group) to provision planning across Walsall.

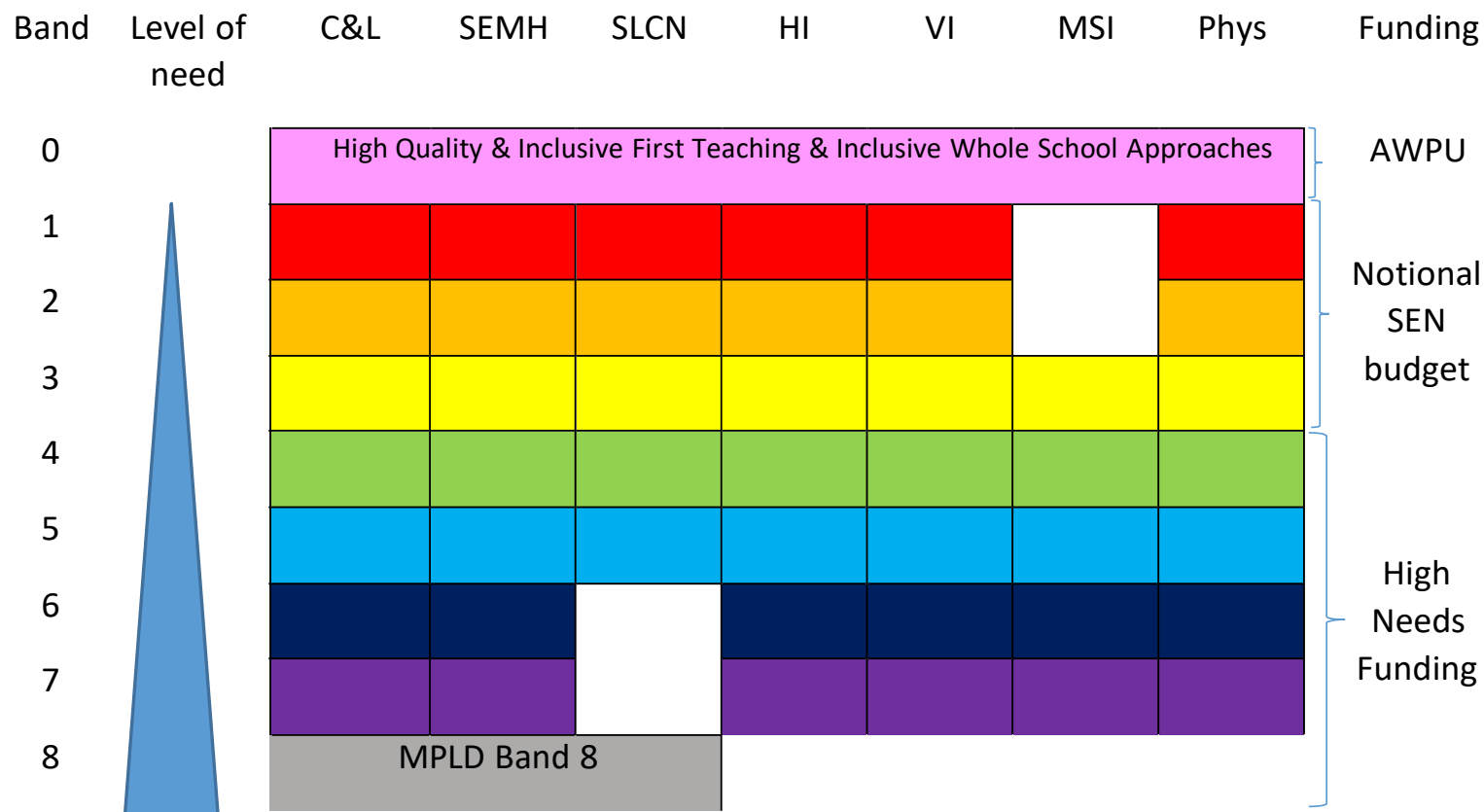


## How do schools complete the Banding audit?

The banding document is organised into 7 areas of primary need, which correlate to the 4 areas of the SEND Code of Practice. The 7 areas of primary need are:

- Cognition & Learning (C&L)
- Social, Emotional, Mental Health (SEMH)
- Speech, Language, Communication & Social Interaction (SLCN)
- Physical & Sensory:
  - Hearing Impaired (HI)
  - Visually Impaired (VI)
  - Multi-Sensory Impaired (MSI)
  - Physical Needs (Phys)

Generally each area of need is categorised into up to 7 'bands'.





Schools are required to look at each child on their SEN register (Reception to Year 13, excluding children in ARP places) and **identify their primary area of need** (from the 7 areas specified above) and **the level/Band of need** (from Bands 1-7/8). **Each child should only be identified once** on the banding document - according to their primary area of need. To do this schools should:

- Identify all relevant areas of need. This should be following appropriate holistic assessment which identifies all areas of need
- Identify what level of need the child has in each area. The provision guidance and groupings/ratios should also be considered - a child cannot be judged to be within a Band if they are not receiving a level of provision identified as appropriate for that Band
- Identify the area of need where the child has the highest level of need - this is the area of need which is having the most significant impact on their access to, and progress within education. This will be identified as the Primary area of need (this may change over time and should be reviewed regularly).

Schools should take a considered approach when completing the audit, bearing in mind that the needs of all children in Walsall schools, including special schools, are included within the audit, so an approach to banding needs to be relative to Walsall as a whole rather than relative to the needs within an individual school. Schools should take an evidence based and needs led approach.

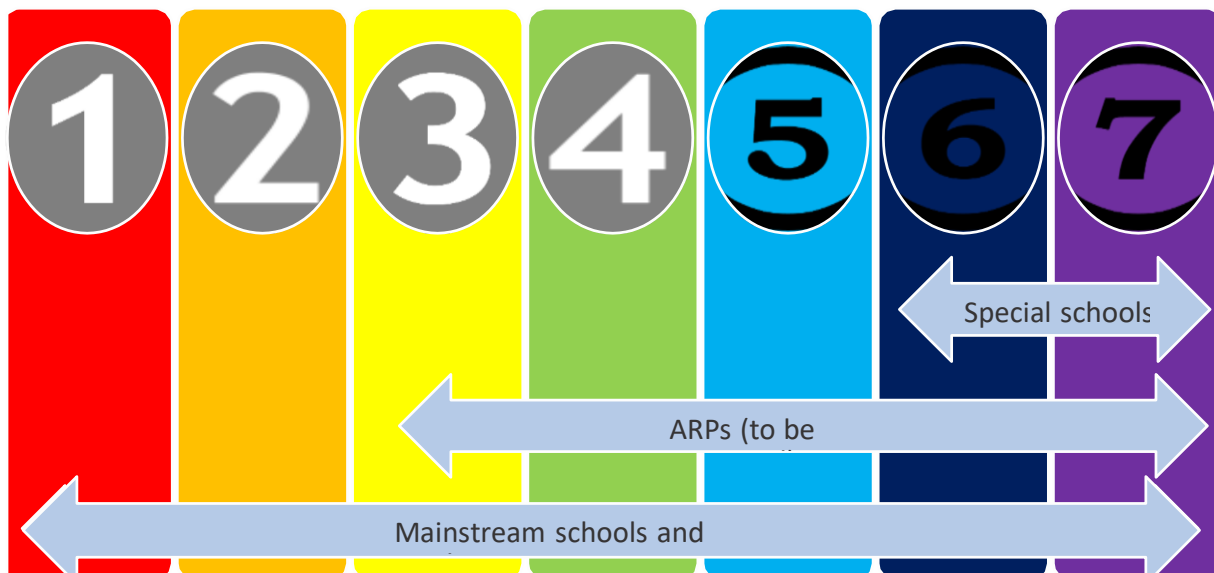
### **What factors are taken into account when deciding on educational placement?**

Walsall Local Authority expect that the majority of children with SEN in Walsall (including those with an EHCP) will be able to receive the 'right support at the right time' to meet their special educational needs and will be fully included within their local mainstream school. Parents/carers of some children with more complex needs who have an EHCP or young people with an EHCP themselves may request a particular school/setting to be named in their EHCP. This will be complied with unless it is considered to be:

- unsuitable for the age, ability, aptitude or SEN of the child or young person, or
- the attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resources

Walsall Local Authority will continue to review the designations of our special schools in light of the annual audit data submitted by schools and our growing knowledge of the range of SEN needs children have in Walsall. In general, it is only expected that children will require access to specialist provision within a special school if they have needs at Band 6 or above. Many children with needs at Band 6 and above will also continue to access education within their local mainstream school.

Walsall also has Additionally Resourced Provision schools (ARPs). During 2021-22 these schools will continue to maintain the same entry criteria and attract the same high needs funding top up rates. Children who currently have a place in an ARP may have levels of need in a range of bands. ARPs will be subject to a review in the future and it is expected that they will be included within the WR4SEND banding approach.



### Promoting inclusion and responding to individual needs:

The WR4SEND Guidance and Banding document aims to promote inclusion across all Walsall schools and supports the aims set out within Walsall's Inclusion Strategy.

Whilst the WR4SEND Guidance and Banding document aims to provide a transparent approach to allocating high needs funding for children with EHCPs through use of the banding approach, focussed on identifying a child by their primary need, it is important to continue to recognise the complexity of children's special educational needs and the often interrelated factors and areas of need. This encourages a 'best fit' approach and schools are expected to carry out holistic assessments of children's special educational needs to ensure all of their needs are identified and planned for.

### Preparing for Adulthood:

One of the principles underpinning SEND practice in Walsall is - 'Focussing on preparation for adulthood and providing support which builds independence and reduces dependency'. We are committed to ensuring there is a focus on 'preparing for adulthood' from the earliest years. It is important that schools and other professionals supporting children and young people with SEND are skilled in identifying children's aspirations and hopes for the future, and engage in collaborative planning to ensure that the right support is put in place at the right time to enable children and young people to make progress towards, and achieve their aspirations in relation to:

- education and employment
- independent living
- engagement in their community
- their health

The aim of all SEND support should be to help children develop their skills, maximise their independence and enable them to achieve their aims and aspirations. It is therefore essential that there is a real focus on setting SMART targets and putting in place highly targeted and evidence based support to achieve this.

## Neurodiversity:

What is neurodiversity and how does it fit into WR4SEND?

The term "neurodiversity" refers to variation in the human brain regarding sociability, learning, attention, mood and other mental functions. [1998 Judy Singer]

It can refer to individuals with a range of conditions including but not limited to, Autism, ADHD, Dyslexia, Developmental Coordination Disorder [DGD], Tourette's syndrome, OGD. Thomas Armstrong provides a useful insightful interpretation to the concept of "Neurodiversity" suggesting that the psychological and neurological brain system of a "neurodivergent" brain should not be seen as problematic but instead as an "Alternate, acceptable form of human biology". However, this means that individuals who are identified or suspected of having one or multiple diagnoses are very likely to struggle within settings which are not designed with them specifically in mind.

When writing the WR4SEND document it was noted that this group of individuals had potentially been missed from the list of "primary areas of need". There is good reason for this - when working with neurodiverse children and young people [GYP] it is vital that we look extremely closely at the way they are presenting day to day and we should ensure that all areas are considered when assessing and monitoring neurodiverse GYP.

For example:

A child who is struggling to remain on task may be experiencing some or all of the difficulties below;

- Is sensory overload a factor? [Check for smells, flickering lights etc.], is another child too close to them? Are they comfortable? Are their clothes manageable? Is their seating and position in the room right?
- Or is the problem a communication based one, for example all diagnosed autistic GYP will have communication and interaction difficulties, these may not be obvious but they are there, autistic GYP do not meet the diagnostic criteria for autism without these areas being a difficulty.
- Is the GYP experiencing high levels of stress? People who experience the world differently to others are working hard to manage their differences and to meet the expectations placed on them, if these expectations become too great and or other issues are present for the GYP they can quickly become overwhelmed and suffer from emotional/mental health difficulties which can lead to meltdowns, shutdowns or them not being able to attend settings.

All of these areas of need and more when we look closely at individuals will eventually lead to difficulties in the area of cognition and learning. Neurodiverse GYP do not learn well when they are struggling with all of the above.

If we are to ensure that neurodiverse GYP in Walsall are going to be able to attend our settings, be happy, learn and make progress in line with their abilities and go forward into adulthood with opportunities to live and work within their communities, then it is absolutely imperative that we correctly identify their support needs across all of the areas of need and that we actively participate in ensuring that these support needs are met in our settings.

RKSwingler Feb 2021

## Cognition & Learning

### Universal – Band 0

Services who can support:	Whole school approaches:	Training:	Useful websites/resources:
<p>Walsall Educational Psychology Service</p> <p>Advisory Teaching services Specialist</p> <p>Teachers spld/dyslexia Walsall Speech and Language Therapy</p>	<p>Peer support/modelling</p> <p>Scaffolded learning</p> <p>Differentiation by output, support, pace, resource</p> <p>Use of alternative methods of recording as required</p> <p>Differentiated approach to homework and in school support for homework</p>	<p>Effective differentiation</p> <p>Teaching and Learning approaches to support Learners with Down's Syndrome</p> <p>Teaching and Learning approaches to support Learners with ADHD</p> <p>Precision Teaching</p>	<p><a href="http://johnandgwyn.co.uk/probe.html">johnandgwyn.co.uk/probe.html</a></p> <p><a href="https://www.downs-syndrome.org.uk/for-new-parents/education/education-support-packs/">https://www.downs-syndrome.org.uk/for-new-parents/education/education-support-packs/</a></p> <p><a href="http://www.bdadyslexia.org.uk">www.bdadyslexia.org.uk</a> <a href="https://educationendowmentfoundation.org.uk/">https://educationendowmentfoundation.org.uk/</a></p> <p><a href="https://educationendowmentfoundation.org.uk/tools/guidance-reports/literacy-ks-1/">https://educationendowmentfoundation.org.uk/tools/guidance-reports/literacy-ks-1/</a></p> <p><a href="https://educationendowmentfoundation.org.uk/tools/guidance-reports/literacy-ks-2/">https://educationendowmentfoundation.org.uk/tools/guidance-reports/literacy-ks-2/</a></p> <p><a href="https://educationendowmentfoundation.org.uk/tools/guidance-reports/improving-literacy-in-secondary-schools/">https://educationendowmentfoundation.org.uk/tools/guidance-reports/improving-literacy-in-secondary-schools/</a></p> <p><a href="https://nasen.org.uk/uploads/assets/e227fce8-87f7-4630-bc4606a87e2bec53/Supporting-pupils-with-SID.pdf">https://nasen.org.uk/uploads/assets/e227fce8-87f7-4630-bc4606a87e2bec53/Supporting-pupils-with-SID.pdf</a></p> <p><a href="https://webarchive.nationalarchives.gov.uk/20130323065803/https://www.education.gov.uk/publications/eOrderingDownload/00086-2009-maths_difficulties.pdf">https://webarchive.nationalarchives.gov.uk/20130323065803/https://www.education.gov.uk/publications/eOrderingDownload/00086-2009-maths_difficulties.pdf</a></p> <p><a href="https://educationendowmentfoundation.org.uk/public/files/Publications/Metacognition/EEF_Metacognition_and_self-regulated_learning.pdf">https://educationendowmentfoundation.org.uk/public/files/Publications/Metacognition/EEF_Metacognition_and_self-regulated_learning.pdf</a></p> <p><a href="https://www.helenarkell.org.uk/documents/files/What-works-for-children-and-young-people-with-literacy-difficulties-5th-edition.pdf">https://www.helenarkell.org.uk/documents/files/What-works-for-children-and-young-people-with-literacy-difficulties-5th-edition.pdf</a></p> <p><a href="https://educationendowmentfoundation.org.uk/public/files/Publications/Maths/EEF_Maths_Evidence_Review.pdf">https://educationendowmentfoundation.org.uk/public/files/Publications/Maths/EEF_Maths_Evidence_Review.pdf</a></p> <p><a href="http://www.thedyslexia-spldtrust.org.uk/media/downloads/inline/the-rose-report.1294933674.pdf">http://www.thedyslexia-spldtrust.org.uk/media/downloads/inline/the-rose-report.1294933674.pdf</a></p>
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	
		<p>Hattie, J. (2012). Visible learning for teachers: Maximizing impact on learning. Routledge.</p> <p>Stein, M., Kinder, D., Silbert, J., &amp; Carnine, D. W. (2005). Designing effective mathematics instruction: A direct instruction approach. Pearson.</p> <p>Carnine, D., Silbert, J., Kameenui, E. J., &amp; Tarver, S. G. (2009). Direct instruction reading 5<sup>th</sup> edition. Columbus, OH: Merrill.</p>	

## Cognition & Learning

### Ordinarily Available - Band 1

Description of need	<ul style="list-style-type: none"> <li>• Difficulty with the acquisition / use of language, literacy, numeracy skill and requiring more than differentiated teaching approaches and reasonable adjustments.</li> <li>• Expected that literacy and/or numeracy skills are at least 3 terms behind age related expectations.</li> <li>• Difficulty with the pace of curriculum delivery.</li> <li>• Some problems with concept development.</li> <li>• Evidence of some difficulties in aspects of literacy, numeracy or motor coordination.</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have been subject to enhanced assessments to identify needs. At this stage this is expected to be carried out by the class teacher with guidance from the SENCo if required.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies cognition and learning as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on Cognition and learning skills, although there should be an ongoing focus on all of the child's areas of needs</li> <li>• Provision should be directly related to the child's targets and primary area of need, as well as an ongoing focus on all of the child's areas of needs</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Pencil grips</li> <li>• Writing slopes</li> <li>• Laptop for recording</li> <li>• Visual cues</li> <li>• Visual timeline</li> <li>• Task lists</li> <li>• Overlearning</li> <li>• Word mats/topic mats</li> <li>• Pre-teaching key vocab</li> <li>• Personalised topic dictionaries</li> <li>• Practical resources for maths</li> <li>• Sentence starters</li> <li>• Task slicing</li> <li>• Peer support</li> <li>• Talk partners</li> <li>• Adult check ins</li> <li>• Kim's game, shopping list game (memory games)</li> <li>• Small group targeted support</li> </ul>
Adult support & ratios	<p>Inclusion within mainstream class group/s</p> <p>Small group targeted support for core subjects (1:8)</p>
Academic progress	Likely to be up 3 terms behind age related expectations. This may be across the curriculum or in certain subject areas.

## Cognition & Learning

### Ordinarily Available - Band 2

Description of need	<ul style="list-style-type: none"> <li>• Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills.</li> <li>• The pupil is operating at a level well below expected outcomes (this is likely to be 1 to 2 years behind age related expectations) and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation</li> <li>• Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum</li> <li>• Progress is at a slow rate but with evidence of response to intervention and that ongoing support is required to maintain gains and to access the curriculum.</li> <li>• Processing difficulties limit independence and may need adult support in some areas.</li> <li>• The pupil will have mild but persistent difficulties in aspects of literacy, numeracy or motor coordination despite regular attendance, appropriate intervention and quality first teaching.</li> <li>• May have difficulties with organisation and independence in comparison to peers</li> <li>• Difficulties impact on access to the curriculum and the pupil will require special arrangements and additional support in the classroom.</li> <li>• Self-esteem and motivation may be an issue.</li> <li>• Possibly other needs or circumstances that impact on learning and progress</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have been subject to enhanced assessments to identify needs. At this stage this is expected that this will involve more specialist school based assessments (such as Sandwell Maths, Salford Reading Assessment, Phonological Assessment Battery, British Picture Vocabulary Scales, YARC), carried out by the class teacher and/or the SENCo.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies cognition and learning as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on Cognition and learning skills, although there should be an ongoing focus on all of the child's areas of needs</li> <li>• Provision should be directly related to the child's targets and primary area of need, as well as an ongoing focus on all of the child's areas of needs. Provision should be evidenced based.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Toe by Toe</li> <li>• Precision Teaching</li> <li>• Colourful semantics</li> <li>• Words First</li> <li>• Kinetic letters</li> <li>• Memory Fix</li> <li>• Alphabet arc</li> <li>• Multi-sensory approaches</li> <li>• Write Dance</li> <li>• Nessy</li> <li>• Sticky Kids</li> <li>• Get Moving</li> <li>• Numicon</li> <li>• Individual timeline/task lists</li> <li>• Tailored group interventions</li> </ul>
Adult support & ratios	<p>Inclusion within mainstream class group/s.</p> <p>Small group (up to 1:8) targeted support for core subjects.</p> <p>Some targeted individualised support to deliver planned interventions (this may be in a very small group) (e.g. 3x 30 min 1:1)</p>
Academic progress	<p>Likely to be 1 to 2 years behind age related expectations. This may be across the curriculum or within certain subject areas.</p>

## Cognition & Learning

### Ordinarily Available - Band 3

Description of need	<ul style="list-style-type: none"> <li>• Persistent difficulties in the acquisition/use of language/literacy/numeracy skills and appear resistant to previous interventions</li> <li>• The pupil is operating at a level significantly below expected outcomes (this is likely to be 2 to 3 years behind age related expectations) and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification.</li> <li>• Moderate difficulties with independent working and needs the ongoing support of an adult and a modified curriculum.</li> <li>• Assessment by an external support service indicates significant and enduring difficulties with several aspects of cognition e.g. memory, concept development, information processing, understanding sequencing and reasoning that impact on learning and/or limit access to the curriculum and/or there may be significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties which require a personalised learning plan, access to advice from a specialist and is likely to require support for reading/recording to access the curriculum at the appropriate level of understanding.</li> <li>• The pupil will have moderate and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality teaching.</li> <li>• Difficulties in some aspect of cognitive processing will be present, i.e. slow phonological processing, poor working memory, and difficulties with auditory and visual processing.</li> <li>• The difficulty will affect access to curriculum and specialist support/advice and arrangements will be required. This is likely to include assistive technology and/or augmented or alternative communication supports.</li> <li>• Difficulties with learning may now impact on self-esteem, motivation and emotional wellbeing despite positive support, involvement of pupil in target setting and personalised learning.</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition and learning as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance')</li> <li>• Specialist and highly targeted assessments may be carried out to inform interventions and adjustments to curriculum and learning.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on Cognition and learning skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• Enhanced and personalised transition planning will be required (see 'My transition plan' guidance)</li> <li>• SENCo is usually directly involved at this stage to support further assessments to identify any other underlying needs.</li> <li>• Advice will be sought from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teacher Services. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>



Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Target boxes</li> <li>• Distraction reduced work area</li> <li>• Sensory diet</li> <li>• Precision Teaching</li> <li>• Scribe</li> <li>• Touch type training</li> <li>• Attention Autism</li> <li>• Black Sheep – attention and listening</li> <li>• Wellcomm</li> <li>• Talk Boost</li> <li>• Multi-sensory dyslexia friendly strategies</li> <li>• Individual approaches and strategies recommended by external support services</li> </ul>
Adult support & ratios	<p>Inclusion within mainstream class group/s.</p> <p>High level of small group support (1:8) targeted across core and foundation subjects.</p> <p>Daily 1:1 support to deliver planned targeted interventions (e.g. 30 mins daily 1:1)</p>
Academic progress	<p>Likely to be 2 to 3 years behind age related expectations. This may be across the curriculum or within certain subject areas.</p>

## Cognition & Learning

### High Needs Funding - Band 4

Description of need	<ul style="list-style-type: none"> <li>The pupil will have significant and persistent difficulties with literacy, numeracy or motor coordination despite regular attendance and high quality specialist intervention and teaching. This may be described as 'moderate learning difficulties'</li> <li>Key language, literacy and/or numeracy skills are well below functional levels for their year group (this will be 3 or more years behind age related expectations) – the pupil cannot access text or record independently.</li> <li>The pupil has significant levels of difficulty in cognitive processing requiring significant alteration to the pace and delivery of the curriculum. These are likely to be long term/lifelong</li> <li>The needs are persistent and significantly affect access to the curriculum and academic progress. High levels of support are required which include assistive technology/curriculum modifications</li> <li>Social skills and behaviour may be affected and issues of self-esteem and motivation are likely to be present</li> <li>The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, delayed independence skills, and difficulties with reasoning, understanding or expressing thoughts.</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition &amp; Learning as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance')</li> <li>Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>Targets should be focussed predominantly on Cognition &amp; Learning.</li> <li>Provision should be directly related to targets and area of need.</li> <li>SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</li> <li>Highly differentiated curriculum and adaptations.</li> <li>Detailed and robust transition planning will be required (see 'My transition plan' guidance)</li> <li>Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teachers is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<p>Touch Type Training            Objects of Reference            Makaton            Communication Books            Communication In Print            Work Stations</p>
Adult support & ratios	<p>Inclusion within a mainstream setting.</p> <p>Individualised targeted support (may be very small group or 1:1) across the curriculum (e.g. may be 1:1 support for core subjects and 1:6 small group support across other areas of the curriculum).</p>
Academic progress	<p>Likely to be 3 or more years behind age related expectations across the curriculum. This may be described as 'moderate' learning difficulties.</p>

## Cognition & Learning

### High Needs Funding - Band 5

Description of need	<ul style="list-style-type: none"> <li>Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum is required. Their needs are likely to be at a level described as 'moderate learning difficulties'.</li> <li>The child is likely to have some significant speech and language needs which are in line with their cognitive ability</li> <li>The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting</li> <li>Progress gains are not maintained without ongoing direct support and intervention</li> <li>The child will demonstrate a lack of independence in relation to learning and often other areas such as self care and awareness of risks.</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition &amp; Learning as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually.</li> <li>Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>Targets should be focussed predominantly on Cognition and Learning.</li> <li>Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>Highly differentiated curriculum focussed on developing basic functional literacy and numeracy skills and independent living skills</li> <li>SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</li> <li>Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teachers will be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> <li>If the child makes limited progress despite appropriately targeted curriculum and support, specialist placement may be considered.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>Structured interventions and programs of support advised by specialist support services</li> <li>Structured social skills support</li> <li>Modelling</li> <li>Basic life skills curriculum</li> <li>Travel training</li> <li>Highly practical approach to curriculum delivery</li> <li>Also see recommended provision and interventions for Band 5 SLCN (<a href="#">link</a>)</li> </ul>
Adult support & ratios	<p>Inclusion within a mainstream setting.</p> <p>Individualised targeted support across the curriculum (including planned 1:1 support and structured small group support). Support provided by adults appropriately trained to support children with significant learning difficulties (e.g. trained and confident in using Makaton)</p>
Academic progress	Likely to be at least 4 years behind age related expectations across the curriculum. This may be described as 'moderate learning difficulties'.

## Cognition & Learning

### High Needs Funding - Band 6

Description of need	<ul style="list-style-type: none"> <li>• Moderate difficulties with learning and other significant needs, or severe learning difficulties have been identified</li> <li>• Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, with the curriculum and out of school activities</li> <li>• Complex and severe language and communication difficulties.</li> <li>• Access to specialist support for personal needs</li> <li>• Complex needs identified requiring a holistic approach to support</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition and Learning as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on Cognition &amp; Learning.</li> <li>• Provision should be directly related to targets and area of need. Curriculum planning and delivery will be completed by specially trained and skilled staff</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and Specialist Teaching services is likely to be integrated throughout provision. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Communication in Print books</li> <li>• Multi-sensory stories</li> <li>• Makaton</li> <li>• Multi-sensory approach to curriculum delivery</li> <li>• Basic skills curriculum</li> <li>• Travel Training</li> </ul>
Adult support & ratios	<p>Inclusion within either mainstream or specialist setting.</p> <p>Individualised highly specialist targeted support throughout the day.</p> <p>This may be highly targeted 1:1 and small group support in mainstream</p> <p>or access to highly targeted small group (3:9) support in a specialist setting. Small group support throughout the day including meal and transition times.</p>
Academic progress	<p>Likely to be more than 4 years below age related expectations. This may be described as complex moderate or severe learning difficulties which affect all areas of development including communication skills and social skills.</p>

## Cognition & Learning

### High Needs Funding - Band 7

Description of need	<ul style="list-style-type: none"> <li>Severe learning needs with needs likely across other areas (SLCN, SEMH etc). NB For children with severe learning difficulties and physical needs (children with needs described as PMLD) please refer to Physical needs, Band 7 (link)</li> <li>Severe difficulties with learning that significantly restrict access to the curriculum and require specialist provision.</li> <li>Severe and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, that impact on all aspects of daily life.</li> <li>Complex and profound language and communication difficulties.</li> <li>Complex Needs identified</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition and Learning as a primary need. This should be reviewed at least termly. At this stage children would also be expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>Children and their parents/carers should be involved in agreeing very small step SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>Targets will focus on all areas for development.</li> <li>Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. There will be a specialist approach to measuring progress</li> <li>Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and Specialist Teaching services is likely to be integrated throughout provision. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>On Body Sign</li> <li>Multi-Sensory Cues</li> <li>Sensory room/dark/light room</li> <li>Low and high tech communication aids</li> <li>Total communication environment</li> <li>Changing bed</li> <li>Hoists</li> </ul>
Adult support & ratios	<p>Inclusion within a mainstream or specialist setting.</p> <p>1:1 specialist support throughout day within a mainstream setting, overseen by a qualified teacher with appropriate training and experience.</p> <p>Small group support (at least 4:8) in specialist setting with additional targeted 1:1 support at key times. High ratio (1:2) support at unstructured times (transition, breaks, mealtimes)</p>
Academic progress	<p>Profound and complex learning difficulties. Likely to be more than 5 years behind age related expectations.</p> <p>For children with significant physical needs in addition to the above (PMLD) please see Band 7 Physical Needs (link). For children with significant multi-sensory needs in addition to the above please see Band 7 MSI Needs (link). For children with significant multi-element needs requiring highly specialised approaches see MPLD Band 8 (link)</p>

## Multidimensional Profound Learning Needs – MDPLN (Beyond Cognition and Learning, SCLN & SEMH Band 7)

### High Needs Funding – Band 8

Description of need	<ul style="list-style-type: none"> <li>• Multidimensional Profound Learning Needs with needs that combine to exceed Band 7 descriptors across Cognition &amp; Learning, SEMH and SCLN areas of primary need, despite purposeful provision informed by relevant specialist services.</li> <li>• Profound difficulties with learning that significantly restrict access to the curriculum and require specialist provision</li> <li>• Profound and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, that impact on all aspects of daily life</li> <li>• Profoundly limited functional social communication skills which lead to daily, persistently high levels of distress and anxiety</li> <li>• Profoundly limited language skills; possibly nonverbal or extremely limited purposeful and very limited or no understanding of language</li> <li>• Unable to manage self in group without dedicated highly 'tuned in' and responsive support</li> <li>• Requiring a range of therapeutic interventions requiring staff with specialist experience and training, or referral to specialist support services</li> <li>• Highly unpredictable behaviour, often impulsive often with no identifiable or highly fluctuating triggers, which is difficult to plan for and manage. Behaviour is risk to self and others, is not responsive to appropriate boundaries and is persistent across contexts</li> <li>• Will present with severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with MDPLN/SCLN/SEMH difficulties</li> <li>• Refusal to engage/extreme disengagement</li> <li>• Social, emotional, mental health needs likely to be related to a social communication need</li> <li>• May also have other developmental barriers; elements of Hearing Impairment, Visual Impairment and/or Physical Needs, as a secondary area of need</li> <li>• High likelihood of total reliance on adult supervision in meeting intimate/personal care needs and supervision required throughout the school day due to lack of awareness of personal safety</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• At this stage the child has an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made urgently with a request for exceptional high needs funding and/or an assessment place at a special school</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition and Learning/SCLN or SEMH as primary need and highlights contributing needs that place the child in the MDPLN category. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing very small step SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets will focus on all areas for development. Targets may be focussed as equally on SCLN/social interaction skills as the aspects of cognition and learning identified in ongoing assessments and EHC Plan</li> <li>• Provision at this stage would be highly specialist, with intensive support provided</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly escalated from the description 'different from and additional to'.</li> <li>• There will be a specialist approach to measuring progress</li> <li>• Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Walsall Occupational Therapy Service and Specialist Teaching services is likely to be integrated throughout provision and a 'Team Around the Child' type approach will be required.</li> <li>• Enhanced and highly individualised transition planning is required</li> </ul>

Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Requiring access to learning in an environment that is supportive and tailored to meet MDPLN needs, structured in a way which reduces triggers and allows flexibility.</li> <li>• Need for lengthy, highly structured and rigorously implemented positive behaviour management programmes designed to develop acceptable patterns of behaviour and reduce incidents of undesirable behaviour.</li> <li>• Specialist teaching focusing on both learning and social-emotional outcomes throughout the school day.</li> <li>• Need for a developmental, sensory, functional curriculum which recognises the very high level of dependency of the pupil.</li> <li>• Requires intensive communication therapy input and alternative/augmentative communication systems.</li> <li>• Need for an intensive multi agency approach</li> <li>• Pupils likely to need specialist equipment (e.g. software, hardware) in order to achieve curriculum access within the special school environment.</li> <li>• Needs highly structured and rigorously applied behaviour management focused on significant challenging behaviours e.g. persistent self-harm.</li> <li>• Will require a high level of specialist training in mobility and other related independence skills, and to enhance the acquisition of independent learning skills.</li> </ul>
Adult support & ratios	<ul style="list-style-type: none"> <li>• Highly specialist individualised support and supervision throughout the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support.</li> <li>• Requiring specialist support and approaches throughout the school day in order to reduce risk and support engagement in learning.</li> <li>• 1:1 support throughout the school day to promote inclusion and ensure safety</li> <li>• Regular periods of 2:1 adult support required for manual handling, de-escalation, physical intervention and positive support.</li> <li>• Frequent periods of additional adult support beyond 2:1 at times of crisis (i.e. 3:1 or 4:1) to maintain safety of pupil, peers, staff and environment</li> <li>• Supported by staff who are experienced and highly skilled in supporting children with MDPLN needs.</li> <li>• Requiring a very high level of additional targeted support within a specialist small group learning context and requiring planned therapeutic support provided by specially trained staff.</li> <li>• Pupils need constant intensive adult support to access learning activities within the classroom.</li> <li>• Will require additional 1:1 support for access to and participation in the curriculum and wider school life.</li> <li>• High likelihood of total reliance on adult supervision (inclusive of the tiers above) in meeting intimate/personal care needs</li> </ul>
Academic progress	<ul style="list-style-type: none"> <li>• Multiple and complex learning difficulties.</li> <li>• Academic and social progress tracked at the appropriate level. Likely to see inconsistent patterns of progress and may see periods of regression in progress and skills.</li> <li>• There may be some areas of more developed skills (e.g. number) but these will not be functional and generalised.</li> <li>• Will follow a highly personalised and modified curriculum in terms of content and delivery but may require exemption from specific attainment targets.</li> </ul>



## Social, emotional, mental health needs

Before identifying a child as having SEMH special educational needs, the following should be considered.

It should be noted that children and young people may present with changes to their usual responses and behaviour in relation to known triggers (such as a bereavement, a change of care placement, bullying). This should usually be regarded as a 'normal' response to a trigger/stressor. Children and young people should receive responsive support during a period of change/stress and reasonable adjustments and additional support should be provided to promote inclusion and support their wellbeing. Where there are long-lasting difficulties schools should consider whether the child might have SEN.

Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. Schools should seek support from the Early Help service ([link](#)).

## Social, emotional, mental health

### Universal – Band 0

Services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Educational Psychology Service Walsall School Nursing Walsall Speech and Language Therapy Walsall Youth Justice Service WPH Positive Steps CAMHS iCAMHS Walsall SLEs Inclusion & Wellbeing Team BRICS Nurture Hubs (in development) BRICS Attachment & Trauma aware hubs (in development) BRICS Restorative Practice lead schools	Inclusive 'behaviour policy' KOOH Emotion coaching Restorative practice approaches Nurturing approaches Transition Toolkit Circle Time	School Nursing for parents: Emotional Health – for parents Behaviour workshops Understanding your child's behaviour Triple P primary & secondary Adult resilience Sleep Scotland SRE training Mental Health Toolkit FRIENDS EPS: Emotion Coaching Managing stress and anxiety Restorative Practice Nurturing approaches Attachment and trauma aware approaches Loss and bereavement Positive communication and de-escalation strategies Circle Time	www.nurtureuk.org/ www.beaconhouse.org.uk/ https://www.mind.org.uk/ https://www.annafreud.org/what-we-do/schools-in-mind/ www.gov.uk/government/publications/the-service-pupil-premium/service-pupil-premium-examples-of-best-practice www.bullying.co.uk/advice-for-schools/ https://www.nicco.org.uk/ www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/ http://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf www.kooth.com/ https://www.mentallyhealthyschools.org.uk/whole-school-approach/ https://www.time-to-change.org.uk/get-involved/local-hubs/toolkit-resources www.healthforkids.co.uk www.healthforteens.co.uk Change Your Mind (peer education support) QMGS changeyourmind@qmgs.walsall.sch.uk
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	

## Social, emotional, mental health

### Ordinarily Available - Band 1

Description of need	<ul style="list-style-type: none"> <li>• Children will have been identified as presenting with some low level features of behaviour, emotional, social difficulties</li> <li>• They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration</li> <li>• They may present with consistent difficulty in following developmentally appropriate whole school/class expectations/routines</li> <li>• They may experience some difficulties with social /interaction skills</li> <li>• They may show some low level difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc)</li> <li>• They may present with frequent but predictable episodes of poor self-management despite universal offer within an inclusive classroom environment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have been subject to enhanced assessments to identify needs. At this stage this is expected to be carried out by the class teacher with guidance from the SENCo if required.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SEMH skills, although there should be an ongoing focus on all of the child's areas of needs</li> <li>• Provision should be directly related to the child's targets and primary area of need, as well as an ongoing focus on all of the child's areas of needs</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Reasonable adjustments</li> <li>• Unconditional positive regard</li> <li>• Conditional and unconditional positive feedback</li> <li>• Identify and respond to preferred learning styles</li> <li>• Planned small group intervention – anxiety, emotional regulation, pragmatics, self esteem</li> <li>• Emotion coaching</li> <li>• Regular planned rest breaks</li> <li>• Personalised approach to rewards/motivation</li> <li>• Person centred approaches – my communication plan (link)</li> <li>• Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>• NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with the usual adult:child ratios.</p> <p>Some access to small group intervention and reasonable adjustments as required.</p>
Academic progress	<p>May or may not be below age related expectations but SEMH needs are becoming a barrier to access to learning.</p>

## Social, emotional, mental health

### Ordinarily Available - Band 2

Description of need	<ul style="list-style-type: none"> <li>• Difficulties persist/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Band 1 interventions being in place.</li> <li>• SEMH continues to interfere with childrens' social/learning development across a range of settings</li> <li>• Children may have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour begin to emerge that impact on learning</li> <li>• Children may show patterns of stress/anxiety related to specific times of the day</li> <li>• Children may have a preference for own agenda and be reluctant to follow instructions</li> <li>• They may present with persistent difficulty in following developmentally appropriate whole school/class expectations/routines throughout the day and across contexts</li> <li>• They may experience some difficulties with social /interaction skills and find it difficult to maintain positive interactions with peers (beyond what is expected developmentally)</li> <li>• They may show some persistent difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc) throughout the day</li> <li>• They may present with frequent and unpredictable episodes of poor self-management despite Band 1 support within an inclusive classroom environment</li> <li>• Presenting behaviour may be putting the child at risk of exclusion</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have been subject to enhanced assessments to identify needs. At this stage this is expected that this will involve more specialist school based assessments (such as frequency recording, ABC charts etc), carried out by the class teacher and/or the SENCo.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. (NB. Children should not have a separate IBP and IEP, these should be combined and support development in areas of need)</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SEMH skills, although there should be an ongoing focus on all of the child's areas of needs</li> <li>• Provision should be directly related to the child's targets and primary area of need, as well as an ongoing focus on all of the child's areas of needs. Provision should be evidenced based.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• ELSA</li> <li>• FRIENDS</li> <li>• Resiliency wheel as a planning tool (<a href="#">link</a>)</li> <li>• Emotion coaching</li> <li>• Planned debriefs following behaviour incidents</li> <li>• Key adult identified</li> <li>• Emotion check ins</li> <li>• Emotion thermometers</li> <li>• May be appropriate to refer to School Nursing and Early Help for further assessment/support</li> <li>• Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>• NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with the usual adult:child ratios.</p> <p>Engagement in regular, planned, small group intervention throughout the week, and reasonable adjustments as required.</p>
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a barrier to access to learning.</p>

## Social, emotional, mental health

### Ordinarily Available - Band 3

Description of need	<ul style="list-style-type: none"> <li>Difficulties persist/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Band 1 and 2 interventions being in place.</li> <li>SEMH needs interfere more frequently with pupils' social/learning development across a range of settings</li> <li>Children have consistent difficulty following developmentally appropriate routines/expectations and rely on direct adult support to engage in learning in the whole class environment</li> <li>Children may have experienced fixed term exclusions (sequential exclusions within a term)</li> <li>Presenting with sustained difficulties in social interactions/relationships with both adults and peers (well beyond what is expected developmentally) resulting in regular periods of social isolation or conflict</li> <li>unpredictable patterns of behaviour that impact on learning</li> <li>children may present with patterns of stress/anxiety related to specific times of the day which have become more common</li> <li>Children may have a preference for own agenda and are reluctant to follow instructions</li> <li>They show persistent difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc) throughout the day</li> <li>They may present with frequent and unpredictable episodes of poor self-management despite Band 2 support within an inclusive classroom environment. This is having a significant impact on their access to learning within a classroom environment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance')</li> <li>Specialist and highly targeted assessments may be carried out to inform interventions and adjustments to curriculum and learning.</li> <li>Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>Targets should be focussed predominantly on SEMH skills.</li> <li>Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>Enhanced and personalised transition planning will be required (see 'My transition plan' guidance)</li> <li>SENCo is usually directly involved at this stage to support further assessments to identify any other underlying needs.</li> <li>Advice will be sought from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teacher Services, Early Help and CAMHS. Support and guidance may also be provided by Walsall special schools and ARPs.</li> <li>There should be evidence of a robust approach to assessment through intervention and assessment over time. More specialist and targeted assessments may be required to identify underlying needs. Tools such as 'locus of control', Boxall profile, Resiliency Scales, Myself As a Learner</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>Emotion Coaching</li> <li>ELSA</li> <li>FRIENDS</li> <li>Peer mentoring/buddy</li> <li>Pragmatics</li> <li>TEACH</li> <li>De-escalation approaches</li> <li>Transactional Analysis</li> <li>'Positive entrapment model' as a planning tool</li> <li>'arousal curve' as a planning tool</li> <li>Social stories</li> <li>CBT based approaches (e.g. challenging negative automatic thoughts)</li> <li>Nurture group/nurture based interventions</li> <li>Planned lunch/break activities</li> <li>Planned activities to support transitions</li> <li>Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating.</p> <p>Engagement in regular, planned, highly targeted 1:1 or small group intervention (for up to 50% timetable) and consistent implementation of reasonable adjustments as required.</p>
Academic progress	May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and progress is not at the expected rate.

## Social, emotional, mental health

### High Needs Funding - Band 4

Description of need	<ul style="list-style-type: none"> <li>• Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex and which require a multi-agency response.</li> <li>• May be responding positively to planned, highly targeted support/interventions but requires this support to be ongoing</li> <li>• Pupil is more likely to have experienced fixed term exclusion from school</li> <li>• Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day</li> <li>• Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance</li> <li>• Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers</li> <li>• Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning</li> <li>• They show persistent difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc) throughout the day. This presents as either extremely withdrawn and isolated behaviour or behaviour which poses a risk to self and others</li> <li>• They may present with frequent and unpredictable episodes of poor self-management despite Band 2 support within an inclusive classroom environment. This is having a significant impact on their access to learning within a classroom environment</li> </ul>		
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance')</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SEMH.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• Use of specialist assessment tools should be ongoing (such as Boxall profile, resiliency Scales)</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Highly differentiated curriculum and adaptations.</li> <li>• Detailed and robust transition planning will be required (see 'My transition plan' guidance)</li> <li>• Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teachers, Early Help, CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>		
Recommended Provision & Interventions	<table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• Identified key adult</li> <li>• Emotion Coaching</li> <li>• ELSA</li> <li>• FRIENDS</li> <li>• Pragmatics</li> <li>• TEACH</li> <li>• De-escalation approaches</li> <li>• Transactional Analysis approach</li> <li>• 'Positive entrapment model' as a planning tool</li> <li>• 'arousal curve' as a planning tool</li> <li>• Co-regulation strategies</li> </ul> </td> <td style="vertical-align: top; width: 50%;"> <ul style="list-style-type: none"> <li>• Social stories</li> <li>• Nurture group/nurture based interventions</li> <li>• Planned lunch/break activities</li> <li>• Planned activities to support transitions</li> <li>• Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy</li> <li>• Counselling support</li> <li>• Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS</li> <li>• Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>• NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Identified key adult</li> <li>• Emotion Coaching</li> <li>• ELSA</li> <li>• FRIENDS</li> <li>• Pragmatics</li> <li>• TEACH</li> <li>• De-escalation approaches</li> <li>• Transactional Analysis approach</li> <li>• 'Positive entrapment model' as a planning tool</li> <li>• 'arousal curve' as a planning tool</li> <li>• Co-regulation strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Social stories</li> <li>• Nurture group/nurture based interventions</li> <li>• Planned lunch/break activities</li> <li>• Planned activities to support transitions</li> <li>• Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy</li> <li>• Counselling support</li> <li>• Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS</li> <li>• Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>• NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
<ul style="list-style-type: none"> <li>• Identified key adult</li> <li>• Emotion Coaching</li> <li>• ELSA</li> <li>• FRIENDS</li> <li>• Pragmatics</li> <li>• TEACH</li> <li>• De-escalation approaches</li> <li>• Transactional Analysis approach</li> <li>• 'Positive entrapment model' as a planning tool</li> <li>• 'arousal curve' as a planning tool</li> <li>• Co-regulation strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Social stories</li> <li>• Nurture group/nurture based interventions</li> <li>• Planned lunch/break activities</li> <li>• Planned activities to support transitions</li> <li>• Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy</li> <li>• Counselling support</li> <li>• Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS</li> <li>• Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>• NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>		
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating.</p> <p>Engagement in small group support across the timetable, including regular, highly targeted 1:1 support for planned intervention and to support engagement in learning (up to 50% timetable). Consistent implementation of reasonable adjustments as required. Supported by staff who have relevant experience and skills in supporting children with SEMH needs.</p>		
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and progress is not at the expected rate.</p>		

## Social, emotional, mental health

### High Needs Funding - Band 5

Description of need	<ul style="list-style-type: none"> <li>● Child will present with Severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with SEMH difficulties</li> <li>● Moderate/ severe mental health difficulties, acute anxiety, attachment needs resulting in either extremely withdrawn behaviour or behaviour which poses a risk to self and others</li> <li>● May show patterns of regular school absence</li> <li>● Disengaged from learning, significant under performance</li> <li>● Reliant on direct adult support to remain on task</li> <li>● Engaging in high risk taking activities both at school and within the community</li> <li>● Difficulties expressing empathy, emotionally detached, could have tendency to hurt others or self</li> <li>● Issues around identity and belonging</li> <li>● Needing to be in control, not able to negotiate or follow direction of others</li> <li>● Difficulties sustaining positive relationships</li> <li>● Over-friendly or withdrawn with strangers, may be at risk of exploitation</li> <li>● May present with sexualised language or behaviours</li> <li>● Slow to develop age appropriate self-care skills due to levels of maturity or degree of Learning Difficulties</li> <li>● Physical, sensory and medical needs that require medication and regular review</li> <li>● Complex Needs Identified</li> </ul>		
Assessment & Planning	<ul style="list-style-type: none"> <li>● Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers</li> <li>● Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>● Targets should be focussed predominantly on SEMH skills.</li> <li>● Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>● SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</li> <li>● Use of specialist assessment tools should be ongoing (such as Boxall profile, resiliency Scales)</li> <li>● Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, CAMHS will be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>		
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>● Identified key adult</li> <li>● Emotion Coaching</li> <li>● ELSA</li> <li>● FRIENDS</li> <li>● Pragmatics</li> <li>● TEACH</li> <li>● De-escalation approaches</li> <li>● Transactional Analysis approach</li> </ul>	<ul style="list-style-type: none"> <li>● 'Positive entrapment model' as a planning tool</li> <li>● 'arousal curve' as a planning tool</li> <li>● Co-regulation strategies</li> <li>● Social stories</li> <li>● Nurture group/nurture based interventions</li> <li>● Planned lunch/break activities</li> <li>● Planned activities to support transitions</li> <li>● Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy</li> </ul>	<ul style="list-style-type: none"> <li>● Counselling support</li> <li>● Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS</li> <li>● Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>● NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating.</p> <p>Engagement in small group support across the timetable, including regular, highly targeted 1:1 support for planned intervention and to support engagement in learning (more than 50% timetable). Consistent implementation of reasonable adjustments as required. Supported by staff who have relevant experience and skills in supporting children with SEMH needs.</p>		
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and there is evidence of significant underperformance compared to individual potential.</p>		



## Social, emotional, mental health

### High Needs Funding - Band 6

Description of need	<ul style="list-style-type: none"> <li>Child will present with Severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with SEMH difficulties</li> <li>Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOT)</li> <li>Unable to manage self in group without dedicated highly 'tuned in' and responsive support</li> <li>May be Involved in substance misuse either as a user or exploited into distribution/selling</li> <li>May have poor attendance, requiring a high level of adult intervention to bring into school</li> <li>Refusal to engage, extreme disengagement</li> <li>Engage in high risk behaviours (risk to self, others and property) requiring high level of supervision and support to reduce risk</li> <li>Require targeted teaching in order to access learning</li> <li>Health and safety risk to self and others due to increased levels of agitation and presenting risks</li> <li>May present with sexualised language and behaviour, identified at risk of CSE</li> <li>Social, emotional, mental health needs may be related to a social communication need</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>Children should have a personalised education plan (see recommended 'My Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>Targets should be focussed predominantly on SEMH.</li> <li>Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>Identified key adult</li> <li>Emotion Coaching</li> <li>ELSA</li> <li>FRIENDS</li> <li>Pragmatics</li> <li>TEACH</li> <li>De-escalation approaches</li> <li>Transactional Analysis approach</li> <li>'Positive entrapment model' as a planning tool</li> <li>'arousal curve' as a planning tool</li> <li>Co-regulation strategies</li> <li>Social stories</li> <li>Nurture group/nurture based interventions</li> <li>Planned lunch/break activities</li> <li>Planned activities to support transitions</li> <li>Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy</li> <li>Counselling support</li> <li>Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS</li> <li>Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
Adult support & ratios	<p>Requiring specialist support and approaches throughout the school day in order to reduce risk and support engagement in learning. This may be small group support across the timetable (including social and transition times) with a very high level of targeted 1:1 support in a mainstream setting, or very high ration small group support (e.g. 4:6) within a specialist environment.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet SEMH needs, structured in a way which reduces triggers and allows flexibility. Supported by staff who are experienced and highly skilled in supporting children with SEMH needs.</p>
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and there is evidence of significant underperformance in relation to individual potential.</p>

## Social, emotional, mental health

### High Needs Funding - Band 7

Description of need	<ul style="list-style-type: none"> <li>• Child will present with severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with SEMH difficulties</li> <li>• Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOT)</li> <li>• Unable to manage self in group without dedicated highly 'tuned in' and responsive support</li> <li>• May be Involved in substance misuse either as a user or exploited into distribution/selling</li> <li>• May have poor attendance, requiring a high level of adult intervention to bring into school</li> <li>• Refusal to engage, extreme disengagement</li> <li>• Engage in high risk behaviours (risk to self, others and property) requiring high level of supervision and support to reduce risk</li> <li>• Highly unpredictable behaviour which is difficult to plan for and manage</li> <li>• Require targeted teaching in order to access learning</li> <li>• Health and safety risk to self and others due to increased levels of agitation and presenting risks</li> <li>• May present with sexualised language and behaviour, identified at risk of CSE</li> <li>• Social, emotional, mental health needs may be related to a social communication need</li> </ul>		
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SEMH.</li> <li>• Enhanced and highly individualise transition planning is required, with a focus on developing secure relationships in new environments</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>		
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Identified key adult</li> <li>• Emotion Coaching</li> <li>• ELSA</li> <li>• FRIENDS</li> <li>• Pragmatics</li> <li>• TEACH</li> <li>• De-escalation approaches</li> <li>• Transactional Analysis approach</li> <li>• 'Positive entrapment model' as a planning tool</li> </ul>	<ul style="list-style-type: none"> <li>• 'arousal curve' as a planning tool</li> <li>• Co-regulation strategies</li> <li>• Social stories</li> <li>• Nurture group/nurture based interventions</li> <li>• Planned lunch/break activities</li> <li>• Planned activities to support transitions</li> <li>• Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy</li> <li>• Counselling support</li> </ul>	<ul style="list-style-type: none"> <li>• Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS</li> <li>• Direct therapeutic support provided by specialist staff</li> <li>• Children should experience no more than 2 managed moves within a phase (primary/secondary)</li> <li>• NB managed moves, isolation and exclusion are not considered to be targeted interventions</li> </ul>
Adult support & ratios	<p>Requiring specialist support and approaches throughout the school day in order to reduce risk and support engagement in learning.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet SEMH needs, structured in a way which reduces triggers and allows flexibility. Supported by staff who are experienced and highly skilled in supporting children with SEMH needs. Requiring a very high level of additional targeted support within a specialist small group learning context and requiring planned therapeutic support provided by specially trained staff. This is likely to be 1:1 support throughout the day, including all learning and unstructured times, within a mainstream environment.</p>		
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and there is evidence of significant underperformance compared to individual potential.</p>		

## Speech, Language, Communication & Social Interaction

### Universal – Band 0

Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
<p>Walsall Speech &amp; Language Therapy</p> <p>Walsall Educational Psychology</p> <p>Walsall Occupational Therapy</p> <p>Walsall Inclusion Support Team - Hearing Impaired Team</p> <p>Early Help</p>	<p>Makaton</p> <p>Sensory spaces (sensory room, quiet areas, regulation zones)</p> <p>Sensory Audit</p> <p>Finger gym</p> <p>Visual timelines</p> <p>Positive prompts</p> <p>Transition planning</p> <p>Structured play/club options at break and lunch times</p>	<p>Identification of speech and language difficulties (including Wellcomm) – SaLT</p> <p>Makaton tasters – SaLT</p> <p>Communication Friendly Classrooms – SaLT/ARPs</p> <p>Communication strategies in the classroom – SaLT/ARPs</p> <p>Visual Timelines – SaLT/ARPs</p> <p>Positive Prompts – SaLT/ARPs</p> <p>Autism Education Trust Training – AET Hub</p>	<p>NASEN <a href="http://www.nasen.org.uk">www.nasen.org.uk</a></p> <p>ICAN <a href="http://www.ican.org.uk">www.ican.org.uk</a></p> <p>NAPLIC <a href="http://www.naplic.org.uk">www.naplic.org.uk</a></p> <p>Afasic <a href="http://www.afasic.org.uk">www.afasic.org.uk</a></p> <p>National Autistic Society <a href="http://www.autism.org.uk">www.autism.org.uk</a></p> <p>Autism West Midlands <a href="http://www.autismwestmidlands.org.uk">www.autismwestmidlands.org.uk</a></p> <p>National Literacy Trust <a href="http://www.literacytrust.org.uk">www.literacytrust.org.uk</a></p> <p>The Communication Trust <a href="http://www.thecommunicationtrust.org.uk">www.thecommunicationtrust.org.uk</a></p> <p>SMIRA <a href="http://www.selectivemutism.org.uk">www.selectivemutism.org.uk</a></p> <p>Emotion Coaching <a href="http://www.bathspa.ac.uk/education/research/emotioncoaching/">www.bathspa.ac.uk/education/research/emotioncoaching/</a></p> <p>Nurture UK <a href="http://www.nurtureuk.org">www.nurtureuk.org</a></p>
<p>Book recommendations for children/young people</p> <ul style="list-style-type: none"> <li>• What's happening to Ellie? A book about puberty for girls and young women with Autism and related conditions by Kate E Reynolds.</li> <li>• What's happening to Tom? A book about puberty for boys and young men with Autism and related conditions by Kate E Reynolds.</li> <li>• My family is different – a workbook for children with a brother or sister on the autism spectrum by Carolyn Brock.</li> <li>• My friend Sam – a story about introducing a child with Autism to nursery school by Liz Hannah.</li> </ul>		<p>Book recommendations for adults (parents/carers/professionals)</p> <ul style="list-style-type: none"> <li>• Promoting Friendships in the Playground: A Peer Befriending Programme for Primary Schools by Brigette Bishop (Lucy Duck Books)</li> <li>• Quality Circle Time in the Primary Classroom by Jenny Mosley.</li> <li>• Quality Circle Time in the Secondary school by Jenny Mosley &amp; Marilyn Tew.</li> <li>• Circle Time for young children by Jenny Mosley.</li> <li>• More Quality Circle Time by Jenny Mosley.</li> <li>• 101 Activities to help children get on together by Jenny Mosley &amp; Helen Sonnet.</li> <li>• Jenny Mosley's Small Books of the 5 Skills by Jenny Mosley.</li> <li>• The Homunculi approach to social and emotional wellbeing by A. Grieg &amp; T. MacKay. (Cognitive behavioural approach for young people on the autistic spectrum)</li> <li>• Autism: talking about a diagnosis, a guide for parents and carers of children with an autism spectrum disorder by Rachel Pike.</li> <li>• Autism: Supporting your teenager by Caroline Hattersley.</li> <li>• The Selective Mutism Resource Manual: 2nd Edition. By Alison Wintgens &amp; Maggie Johnson.</li> </ul>	

## Speech, Language, Communication & Social Interaction

### Ordinarily Available - Band 1

Description of need	<p>SLCN is an emerging but is not yet a clearly identified primary area of need; the pupil has some difficulty with speech, language, communication or social interaction.</p> <p>Will present with some/all of the difficulties below and these will mildly affect curriculum access and social development.</p> <ul style="list-style-type: none"> <li>• Direct literacy learning may be included in cognition and learning.</li> <li>• Speech is understood by familiar adults but has some immaturities, which may impact on social interaction and may impact on the acquisition of literacy.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning, including in large group situations.</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.</li> <li>• Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)</li> <li>• Reduced vocabulary range, both expressive and receptive.</li> <li>• These children may rely on simple phrases with everyday vocabulary</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships.</li> <li>• Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.</li> <li>• Children may present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases.</li> <li>• Children may have difficulties with social interaction with peers</li> <li>• Children may be reluctant to communicate in specific social situations within the educational setting</li> <li>• Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may have a mild impact on learning and access to some social contexts</li> </ul> <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>	
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have been subject to enhanced assessments to identify needs. At this stage this is expected to be carried out by the class teacher with guidance from the SENCo if required.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies cognition and learning as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on Cognition and learning skills, although there should be an ongoing focus on all of the child's areas of needs</li> <li>• Provision should be directly related to the child's targets and primary area of need, as well as an ongoing focus on all of the child's areas of needs</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>	
Recommended Provision & Interventions	<p>Sensory diet</p> <p>Personalised Visual timeline</p> <p>Choice boards</p> <p>Now and next boards</p> <p>Makaton</p> <p>Sensory environmental audit</p> <p>Social stories</p> <p>Social communication/pragmatics group</p>	<p>Friendship Terrace</p> <p>Black Sheep materials</p> <p>NELI – Nuffield Early Language Intervention</p> <p>Wellcomm</p> <p>Early Talkboost (Early Years)</p> <p>Talkboost (KS1 &amp; 2)</p> <p>A 5 Can Make Me Lose Control</p> <p>Emotion Coaching</p>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Children should be receiving a small amount of additional targeted small group or individual support (likely to be in core subjects and during non-structured times)</p>	
Academic progress	<p>Children are likely to be achieving just below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>	

## Speech, Language, Communication & Social Interaction

### Ordinarily Available - Band 2

Description of need	<p>SLCN is identified as the primary area of need; the pupil has some difficulty with speech, language, communication or social interaction.</p> <p>Will present with some/all of the difficulties below and these will mildly-moderately affect curriculum access and social development.</p> <ul style="list-style-type: none"> <li>• Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying.</li> <li>• The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy.</li> <li>• Difficulties with listening and attention that affect task engagement and independent learning, including in large group situations.</li> <li>• Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.</li> <li>• Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)</li> <li>• Reduced vocabulary, both expressive and receptive.</li> <li>• These children may rely on simple phrases with everyday vocabulary</li> <li>• Rely heavily on Non Verbal Communication (adult's gestures, copying peers, visual timelines etc) to complete tasks and support communication.</li> <li>• Social interaction could be limited and there may be some difficulty in making and maintaining friendships.</li> <li>• Children may present with difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.</li> <li>• Children may present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases.</li> <li>• Children may be reluctant to communicate in a range of social situations within the educational setting</li> <li>• Children with needs on the Autism Spectrum may also present with some sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may interfere with learning and access to some social contexts</li> </ul> <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>	
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SLCN/social interaction skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>	
Recommended Provision & Interventions	<p>Personalised Visual timeline</p> <p>Choice boards</p> <p>Now and next boards</p> <p>Makaton</p> <p>Sensory environmental audit</p> <p>Social stories</p> <p>Social communication/pragmatics group</p>	<p>Friendship Terrace</p> <p>Black Sheep materials</p> <p>NELI – Nuffield Early Language Intervention</p> <p>Wellcomm</p> <p>Early Talkboost (Early Years)</p> <p>Talkboost (KS1 &amp; 2)</p> <p>A 5 Can Make Me Lose Control</p> <p>Emotion Coaching</p>
Adult support & ratios	<ul style="list-style-type: none"> <li>• Children should access the majority of learning within a mainstream whole class context.</li> <li>• Children should be receiving daily targeted small group and/or individual support (likely to be during core subjects and at social/unstructured times)</li> </ul>	
Academic progress	<p>Children are likely to be more than 1 year behind age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>	

## Speech, Language, Communication & Social Interaction

### Ordinarily Available - Band 3

#### Description of need

SLCN is identified as the primary area of need; the pupil has moderate difficulties with speech, language, communication or social interaction.

Children will present with some/all of the difficulties below and these will moderately affect curriculum access and social development.

- Persistent delay against age related speech, language and communication
- Persistent difficulties that do not follow a normal developmental patterns (disordered)

#### Speech

- Speech may not be understood by others.
- Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.
- Speech sound difficulties impact on literacy development.
- Speech sound difficulty may lead to limited opportunities to interact with peer; be socially vulnerable as a result, may become isolated or frustrated.

#### Language:

##### Expressive

- The child may have difficulty speaking in age appropriate sentences and the vocabulary is reduced. This will also be evident in written work
- Talking may not be fluent.
- May have difficulties in recounting events in a written or spoken narrative.

##### Receptive

- Difficulties in accessing the curriculum; following instructions, answering questions, processing verbal information, following everyday conversations. Needs regular and planned additional support and resources.
- Difficulties with listening and attention that affect task engagement and independent learning. Not be able to focus attention for sustained periods. Appear passive or distracted.
- Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action.

#### Communication & Social Interaction:

- Rely heavily on Non Verbal Communication (adult's gestures, copying peers, visual timelines etc) to complete tasks and support communication.
- Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability.
- Difficulties with using and understanding non-verbal communication such as facial expressions, tone of voice and gestures.
- Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.
- Anxiety related to lack of understanding of time and inference.
- Finds new environments, situations and changes in routines anxiety provoking/difficult to manage.
- Children may be reluctant to communicate in a range of situations within the educational setting which has been persistent and may concur with a diagnosis of Selective Mutism.
- Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may present an increasingly significant barrier to learning and access to some social contexts

Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.



Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance')</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SLCN/social interaction skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• SENCo is usually directly involved at this stage to support further assessments to identify any other underlying needs.</li> <li>• Advice will be sought from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, CAMHS, Walsall Occupational Therapy. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<p>Personalised Visual timeline  Choice boards  Now and next boards  Makaton  Sensory environmental audit  Sensory processing assessment  Social stories  Social communication/pragmatics group  Friendship Terrace  Black Sheep materials  NELI – Nuffield Early Language Intervention  Wellcomm  Early Talkboost (Early Years)  Talkboost (KS1 &amp; 2)  A 5 Can Make Me Lose Control  Emotion Coaching  SCERTS for assessment and intervention  Circle of Friends  The Homunculi approach to social and emotional wellbeing (Cognitive behavioural approach for young people on the autistic spectrum)  Nurture Group Intervention</p>
Adult support & ratios	<p>Children will require a high level of adjustment and support to access learning within a mainstream whole class context.</p> <p>Children should be receiving a high level of daily targeted small group and/or individual support (this should be across all core subjects and social times).</p>
Academic progress	<p>Children are likely to be achieving up to 2 years below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>



## Speech, Language, Communication & Social Interaction

### High Needs Funding - Band 4

Description of need

SLCN is identified as the primary area of need; the pupil has significant difficulties with speech, language, communication or social interaction.

Will present with some/all of the difficulties as described at Band 3 and these will severely affect curriculum access and social development. The child will have an identified speech, language and/or communication delay/disorder

- Persistent delay against age related speech, language and communication despite highly targeted interventions advised by relevant specialists
- Persistent difficulties that do not follow a normal developmental patterns (disordered) despite highly targeted interventions advised by relevant specialists

#### Speech

- Unintelligible speech
- Significant difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.
- Speech sound difficulties significantly impact on literacy development.
- Speech sound difficulties lead to limited opportunities to interact with peers; be socially vulnerable as a result, may become isolated or frustrated.

#### Language:

##### Expressive

- Significant difficulties/delay with expressive language skills, likely to be at least 2 years below age related expectations. This will be having a significant impact on curriculum access (particularly literacy skills), social interactions and behaviour
- Talking may not be fluent.
- May have difficulties in recounting events in a spoken narrative.
- Will have limited vocabulary and/or word retrieval difficulties

##### Receptive

- Significant difficulties in accessing the curriculum; following instructions, answering questions, processing verbal information, following everyday conversations. Needs regular and planned additional support and resources.
- Significant difficulties with listening and attention that affect task engagement and independent learning. Not be able to focus attention for sustained periods. Appear passive or distracted.
- Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action.
- Require non-verbal approaches (e.g. individualised visual timeline, symbols and signs) and/or increased adult support to facilitate understanding of language.

##### Communication & Social Interaction:

- Reliant on Non Verbal Communication (e.g. Makaton, copying peers, visual timelines) as a primary means of communication
- Significant difficulties with speech and/or language mean that social situations present challenges resulting in frustration, emotional outbursts, anxiety, social isolation and social vulnerability. This may manifest as challenging behaviour.
- Significant difficulties with using and understanding non-verbal communication such as facial expressions, tone of voice and gestures.
- Very limited understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.
- Anxiety related to lack of understanding of time and inference. Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences.
- Children may be reluctant to communicate in a range of situations within the educational setting which has been persistent and may concur with a diagnosis of Selective Mutism.
- Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may present a significant barrier to learning and access to a range of social contexts

The pervasive nature of the presenting needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. This may include behaviours and responses that may be repetitive and reflect a lack of flexibility of thinking and require a high level of routine and structure. Will require significant adjustments to the learning environment.

	<p>Pupils will have an uneven learning profile that can be context dependent but their attainment levels suggest they can access a differentiated mainstream curriculum. Will require significantly more support than is normally provided in a mainstream setting.</p> <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance')</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SLCN/social interaction skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Walsall Occupational Therapy, CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<p>Personalised Visual timeline</p> <p>Choice boards</p> <p>Now and next boards</p> <p>Makaton</p> <p>Sensory environmental audit</p> <p>Social stories</p> <p>Social communication/pragmatics group</p> <p>Friendship Terrace</p> <p>Black Sheep materials</p> <p>NELI – Nuffield Early Language Intervention</p> <p>Wellcomm</p> <p>Early Talkboost (Early Years)</p> <p>Talkboost (KS1 &amp; 2)</p> <p>A 5 Can Make Me Lose Control</p> <p>Emotion Coaching</p> <p>SCERTS for assessment and intervention</p> <p>Circle of Friends</p> <p>Communication Book</p> <p>Aided language displays</p> <p>PECS</p> <p>High and low tech communication aids</p> <p>PODD</p> <p>Objects of Reference</p>
Adult support & ratios	<p>Children require a very high level of adjustments and support to access the majority of learning within a mainstream whole class context.</p> <p>Children should be receiving a high level of daily targeted small group and/or individual support (this is likely to be across the majority of curriculum areas and during some social/unstructured times) (for example, 1:1 support for core subjects and small group support across the rest of the curriculum and during social times).</p>
Academic progress	<p>Children are likely to be achieving up to 3 years below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>

## Speech, Language, Communication & Social Interaction

### High Needs Funding - Band 5

Description of need

SLCN is identified as the primary area of need; the pupil has severe and complex difficulties with speech, language, communication or social interaction.

- Persistent and increasing delay against age related speech, language and communication requiring intensive, specialist approaches throughout the curriculum
- Persistent and complex difficulties that do not follow a normal developmental patterns (disordered) requiring intensive, specialist approaches throughout the curriculum

#### Speech

- Unintelligible speech
- Significant difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.
- Speech sound difficulties significantly impact on literacy development.
- Speech sound difficulties lead to limited opportunities to interact with peers; be socially vulnerable as a result, may become isolated or frustrated.

#### Language:

##### Expressive

- Significant difficulties/delay with expressive language skills, likely to be at least 2 years below age related expectations. This will be having a significant impact on curriculum access (particularly literacy skills), social interactions and behaviour
- Talking may not be fluent.
- May have difficulties in recounting events in a spoken narrative.
- Will have limited vocabulary and/or word retrieval difficulties

##### Receptive

- Significant difficulties in accessing the curriculum; following instructions, answering questions, processing verbal information, following everyday conversations. Needs regular and planned additional support and resources.
- Significant difficulties with listening and attention that affect task engagement and independent learning. Not be able to focus attention for sustained periods. Appear passive or distracted.
- Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action.
- Require non-verbal approaches (e.g. individualised visual timeline, symbols and signs) and/or increased adult support to facilitate understanding of language.

#### Communication & Social Interaction:

- Reliant on Non Verbal Communication (e.g. Makaton, copying peers, visual timelines) as a primary means of communication
- Significant difficulties with speech and/or language mean that social situations present challenges resulting in frustration, emotional outbursts, anxiety, social isolation and social vulnerability. This may manifest as challenging behaviour.
- Significant difficulties with using and understanding non-verbal communication such as facial expressions, tone of voice and gestures.
- Very limited understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.
- Anxiety related to lack of understanding of time and inference. Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences.
- Children may be reluctant to communicate in a range of situations within the educational setting which has been persistent and may concur with a diagnosis of Selective Mutism.
- Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may present a significant barrier to learning and access to a range of social contexts

Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on SLCN/social interaction skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Walsall Occupational Therapy, CAMHS will be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.</li> </ul>
Recommended Provision & Interventions	<p>Personalised Visual timeline  Choice boards  Now and next boards  Makaton  Sensory environmental audit  Wobble cushion  Weighted blanket  Social stories  Social communication/pragmatics group  Friendship Terrace  Black Sheep materials  NELI – Nuffield Early Language Intervention  Wellcomm  Early Talkboost (Early Years)  Talkboost (KS1 &amp; 2)  A 5 Can Make Me Lose Control  Emotion Coaching  SCERTS for assessment and intervention  Circle of Friends  Communication Book  Aided language displays  PECS  High and low tech communication aids  PODD  Objects of Reference  Specialist approaches recommended by appropriate support service</p>
Adult support & ratios	<ul style="list-style-type: none"> <li>• Children require a very high level of adjustments and specialist support to access the majority of learning within a mainstream whole class context.</li> <li>• Children should be receiving a high level of daily targeted small group and/or individual support (across the curriculum and during social/unstructured times) which is recommended and supported by specialist support services (such as Walsall Speech and Language Therapy, Walsall Educational Psychology, CAMHS)</li> </ul>
Academic progress	<p>Children may be achieving more than 3 years below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>

## Hearing Impairment

### Universal – Band 0

Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
<p>Walsall Inclusion Support – Hearing Impairment</p> <p>Walsall Speech and Language Therapy Service</p>	<ul style="list-style-type: none"> <li>• Deaf-friendly learning environments</li> <li>• Good listening conditions. E.g. Soft furnishing, suitable lighting, seating position and minimal background noise.</li> <li>• Deaf awareness. E.g. celebration of deaf awareness week.</li> <li>• Whole school visual strategies. E.g. Visual timelines, object of referencing and Makaton</li> </ul>	<p>NDCS offer a range of courses on deaf awareness. <b>Click here.</b></p>	<p>The Supporting and Achievement series found on the National Deaf Children's Society website are useful for advice on deaf-friendly strategies and support. These include:</p> <ul style="list-style-type: none"> <li>• Supporting the achievement of hearing impaired children in early years.</li> <li>• Supporting the achievement of deaf children in primary schools.</li> <li>• Deaf friendly teaching: For secondary schools.</li> <li>• Supporting the achievement of hearing impaired children in special schools.</li> <li>• Supporting the achievement of deaf children who use English as an additional language.</li> <li>• Next steps: Supporting successful transitions into post-16 education and employment for deaf young people in England.</li> <li>• Supporting the achievement of deaf young people in further education</li> <li>• Supporting the achievement of deaf young people on apprenticeships.</li> </ul>

Book recommendations for children/young people

Songs for a Whale

Author: Lynne Kelly  
Publisher: Piccadilly Press  
Interest age: 8-12  
Reading age: 8+

Harriet Versus the Galaxy

Author: Samantha Baines Illustrator: Jessica Flores  
Publisher: Knights Of  
Interest age: 6-11  
Reading age: 7+

Max and the Millions

Author: Ross Montgomery  
Publisher: Faber  
Interest age: 8-11  
Reading age: 8+

The Silent Striker

Author: Pete Kalu  
Publisher: Hope Road  
Interest age: 13+  
Reading age: 13+

Fairy Magic

Author: Cerrie Burnell Illustrator: Laura Ellen Anderson  
Publisher: Scholastic  
Interest age: 4-6  
Reading age: 6+  
Reading age: 6 +

Book recommendations for adults (parents/carers/professionals)

How Deaf Children Learn: What Parents and Teachers Need to Know (Perspectives on Deafness)

Author: Marc Marschark and Peter C. Hauser

Supporting the Achievement of hearing impaired children books found on National Deaf Children's Society website.

Freddie and the Fairy

Author: Julia Donaldson Illustrator: Karen George

Publisher: Macmillan Children's Books

Interest age: 3+

Reading age: 6+

What the Jackdaw Saw

Author: Julia Donaldson Illustrator: Nick Sharratt

Publisher: Pan Macmillan

Interest age: 5+

Reading age: 6+

River of Ink: Genesis

Author: Helen Dennis

Publisher: Hachette Children's Group

Interest age: 9-13

Reading age: 9+Proud to be Deaf

Authors : Ava Lilli and Nick Beese

Publisher : Wayland Interest age : 5 - 7

Dachy's Deaf

Author: Jack Hughes

Publisher: Wayland

Interest age: 3 - 8

Reading age: 6 +

More book recommendations can be found on the NDSC website. [Click here.](#)



## Hearing Impairment

### Ordinarily Available - Band 1

Description of need	<ul style="list-style-type: none"> <li>• Mild, temporary conductive loss, potentially aided in the short term</li> <li>• Unilateral, mild loss may be aided.</li> <li>• May have mild difficulty accessing spoken language and presents with a slight delay</li> <li>• May have mild difficulty with listening, attention, concentration and class participation.</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children may have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCOs should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Ongoing management of hearing aids if prescribed and any specialist equipment.</li> <li>• Ongoing, inclusive classroom management strategies, using materials and guidance from the National Deaf Children's Society. Communication strategies, creating good listening conditions and good acoustics, including:             <ul style="list-style-type: none"> <li>○ Favourable positioning</li> <li>○ Management of background noise</li> <li>○ Repetition of instructions</li> <li>○ Multi-sensory approaches to teaching and learning – practical and visual reinforcement</li> <li>○ Management of turn taking in classroom discussion, repeating key points</li> </ul> </li> <li>• Targeted support for language and literacy skills as needed and may include: pre and post teaching for new subjects/topics and key topic vocabulary</li> <li>• Support and advice by the QToD on request</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult: child ratios.</p> <p>Children may require a small amount of daily additional targeted small group or individual support (likely to be for language and literacy skills and possibly support in core subjects and sometimes during non-structured times).</p> <p>Staff supporting should receive advice on issues surrounding HI and the use of specialist equipment (if aided) during the one-off visit by a QTOD. Advice also provided on request.</p>
Academic progress	<p>Children are likely to be having difficulty in achieving their potential and may be achieving just below age related expectations.</p> <p>There are likely to be particular delays in literacy and language based subjects.</p>

## Hearing Impairment

### Ordinarily Available - Band 2

Description of need	<ul style="list-style-type: none"> <li>• Mild/moderate hearing loss, or Auditory Neuropathy Spectrum Disorder (ANSD) operating as a mild/moderate hearing loss likely to be aided</li> <li>• Unilateral aided loss</li> <li>• Mild difficulty accessing spoken language</li> <li>• Mild difficulty with listening, attention, concentration, speech, language and class participation.</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• Assessment of hearing impairment by QToD and/or Audiology</li> <li>• SENCOs should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• See Band 1</li> <li>• Possibly some small group teaching in an acoustically favourable environment</li> <li>• Support and advice by the QToD may be on request or at least annually.</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult: child ratios.</p> <p>Children may require additional targeted small group or individual support (up to 25% of timetable) likely to be focussed on language and literacy and support in core subjects.</p>
Academic progress	<p>Children are likely to be having difficulty in achieving their potential and may be achieving just below age related expectations.</p> <p>There are likely to be particular delays in literacy and language based subjects.</p>

## Hearing Impairment

### Ordinarily Available - Band 3

Description of need	<ul style="list-style-type: none"> <li>• Persistent conductive or permanent bilateral, moderate hearing loss and/or ANSD functioning as a moderate hearing loss.</li> <li>• Will have hearing aids and will possibly require a radio aid</li> <li>• Likely to have moderate difficulty accessing spoken language and likely to present with a language delay</li> <li>• Likely to have moderate difficulty with listening, attention, concentration and class participation</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• There should be ongoing assessment of hearing impairment carried out by a QToD.</li> <li>• SENCOs should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• See Bands 1-2</li> <li>• Targeted support provided by QTOD or Specialist HI LSP for language and communication skills</li> <li>• Specialist equipment costs up to £2,500 to be usually funded by notional SEN budget (this would not be an annual cost).</li> <li>• Support and advice by the QToD at least termly.</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult: child ratios.</p> <p>Children are likely to be receiving regular additional targeted small group or individualised support (up to 50% of timetable) likely to be for language and communication skills, pre and post teaching, support in core subjects and during non-structured times.</p> <p>Staff providing support should receive training on issues surrounding HI and the use of specialist equipment by QToD.</p>
Academic progress	<p>Children are likely to be having difficulties in achieving their potential and may be achieving below age related expectations.</p> <p>There are likely to be particular delays in literacy and language based subjects.</p>

## Hearing Impairment

### High Needs Funding - Band 4

Description of need	<ul style="list-style-type: none"> <li>• Bilateral moderate or severe permanent hearing loss. Will be aided or have a cochlear implant. ANSD functioning as a moderate to severe hearing loss.</li> <li>• Will require a radio aid</li> <li>• Likely to have significant difficulty accessing spoken language and the curriculum</li> <li>• Likely to have significant difficulty with listening, attention, concentration and classroom participation</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage some children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application may need to be considered in discussion with the young person and their parents/carers.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• Ongoing, specialist assessment of hearing impairment, assessment and guidance provided by QToD</li> <li>• SENCoS should be providing advice and guidance to the class/subject teacher/s.</li> <li>• For children with an EHCP the SENCo will be directly involved to oversee and monitor progress in liaison with relevant specialist support services including Specialist Inclusion Team – HI, Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service. Support and guidance may also be provided by Walsall special schools and ARPs.</li> <li>• Specialist advice from Deaf CAMHS may be needed.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• See Bands 1-3.</li> <li>• Specialist equipment costs up to £2,500 may be funded by notional SEN budget if not already used (this would not be an annual cost).</li> <li>• Support and advice by the QToD at least half-termly.</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult: child ratios.</p> <p>Children should be receiving a significant amount of additional targeted small group or individual support likely to be for language and literacy skills and additional targeted support in core subjects and during non-structured times, up to 75% of the school day.</p> <p>Staff providing support should receive ongoing training and mentoring provided by QToD on issues surrounding HI.</p>
Academic progress	<p>Children are likely to be having significant difficulties in achieving their potential and are likely to be achieving significantly below age related expectations.</p> <p>There are likely to be particular delays in language and literacy based subjects.</p>

## Hearing Impairment

### High Needs Funding - Band 5

Description of need	<ul style="list-style-type: none"> <li>• Bilateral, permanent moderate/severe/profound hearing loss with associated language and learning difficulties or ANSD functioning as a severe hearing loss</li> <li>• Wearing hearing aids or cochlear implants as well as a radio aid</li> <li>• Signed Supported English (SSE) or British Sign Language (BSL) may be needed for effective communication</li> <li>• Likely to have severe difficulty accessing spoken language, the curriculum and therefore learning in a classroom context</li> <li>• Likely to have severe difficulties with attention, concentration, listening and class participation</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage, children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• Regular, specialist assessment of hearing loss, provided by QToD</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Inclusion Support Team – HI)</li> <li>• Advice from specialist support services such as Walsall Inclusion Support Team – HI, Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service will be ongoing. Walsall special schools and ARPs may also provide support and guidance.</li> <li>• Specialist advice from Deaf CAMHS may be needed.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• See Bands 1-4</li> <li>• Additional approaches tailored to the individual needs of the child, as advised by QToD e.g. SALT</li> <li>• Support and advice by the QToD is likely to be weekly.</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult: child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs.</p> <p>Engagement in regular, planned, targeted 1:1 or small group intervention (for up to 90% of time in school) and consistent implementation of reasonable adjustments as required. Likely to be supported by staff who have relevant experience and skills in supporting children with HI needs.</p> <p>Ongoing support, training and mentoring provided by QToD on issues surrounding HI.</p>
Academic progress	<p>Children are more likely to be having significant difficulties in achieving their potential and are likely to be achieving significantly below age related expectations.</p> <p>There are likely to be particular delays in language and literacy based subjects.</p>

<b>Hearing Impairment</b>	
<b>High Needs Funding - Band 6</b>	
Description of need	<ul style="list-style-type: none"> <li>• Bilateral, permanent severe/profound hearing loss or ANSD functioning as severe/profound hearing loss with severe to profound language difficulties associated with hearing loss</li> <li>• Will be aided or have cochlear implants and use a radio aid</li> <li>• May have additional difficulties and learning needs not associated with hearing loss</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage, children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall's Specialist Inclusion Team – HI, Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service is likely to be ongoing. Walsall special schools and ARPs may also provide support and guidance.</li> <li>• Specialist advice from Deaf CAMHS may be needed.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• See Bands 1-5</li> <li>• Support and advice by the QToD at least weekly.</li> </ul>
Adult support & ratios	<p>Requiring specialist support and approaches throughout the school day in order to access learning at a level which matches their cognitive ability.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet HI needs.</p> <p>Supported by staff who are experienced and highly skilled in supporting children with HI needs and/or QTOD who would provide ongoing training and mentoring on issues surrounding HI.</p>
Academic progress	<p>Likely to have very significant difficulties achieving full potential and will be below age related expectations.</p> <p>HI needs are a significant barrier to access to learning without specialist support and approaches.</p>

## Hearing Impairment

### High Needs Funding - Band 7

Description of need	<ul style="list-style-type: none"> <li>• Bilateral, permanent, severe or profound hearing loss and severe or profound language difficulties associated with hearing loss or ANSD functioning as profoundly deaf.</li> <li>• Wears hearing aids or cochlear implants. Radio aid user</li> <li>• Severe difficulties accessing learning and the curriculum as a result of the hearing loss</li> <li>• Severe difficulty accessing spoken language and likely to require access to BSL/SSE/Augmentative communication</li> <li>• Requiring ongoing specialist support to access learning</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage, children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on HI/language skills.</li> <li>• Enhanced and highly individualised transition planning is required.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Specialist Inclusion Team – HI, Walsall Speech and Language Therapy Service and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs</li> <li>• Specialist advice from Deaf CAMHS may be needed.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• See Bands 1-6.</li> <li>• Support and advice by the QToD at least weekly.</li> </ul>
Adult support & ratios	<p>Requiring specialist support and approaches throughout the school day in order to support access to learning.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet HI needs.</p> <p>Supported by staff who are experienced and highly skilled in supporting children with HI needs and/or QTOD who would provide ongoing training and mentoring on issues surrounding HI.</p> <p>Requiring a very high level of additional targeted support within a specialist small group or individual learning context.</p>
Academic progress	<p>Will have very significant difficulties achieving full potential and will be significantly below age related expectations.</p> <p>HI needs will be a very significant barrier to access to learning without specialist support and approaches.</p>



**Visual Impairment**

**Universal – Band 0**

Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Inclusion Support – Visual Impairment			
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	

## Visual Impairment

### Ordinarily Available - Band 1

Description of need	<p>Mild Visual Impairment</p> <p>Distance vision within the range of 6/9 to 6/12. This means that the pupil needs to be approximately twice as close from the point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have been subject to enhanced assessments to identify needs. At this stage this is expected to be carried out by the class teacher with guidance from the SENCo if required.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies cognition and learning as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on Cognition and learning skills, although there should be an ongoing focus on all of the child's areas of needs</li> <li>• Provision should be directly related to the child's targets and primary area of need, as well as an ongoing focus on all of the child's areas of needs</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Implement advice from QTVI on teaching styles and modifications to learning materials</li> <li>• Attention to seating position, lighting in classroom; high contrast resources/modifications as advised by QTVI.</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation as advised by QTVI.</li> <li>• Learning materials must be selected or modified for their clarity.</li> <li>• ICT is used to increase access to the curriculum, where appropriate.</li> <li>• QTVI to advise about potential referral to rehabilitation team.</li> <li>• QTVI level of support: Advice on Request.</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some additional support (direct support to facilitate effective use of low vision aids, additional supervision at unstructured times and time to prepare resources) alongside reasonable adjustments and peer support.</p> <p>Low level, short term support from QTVI including:</p> <ul style="list-style-type: none"> <li>• visual skills program</li> <li>• monitoring of personal, social and emotional learning skills (PSHE)</li> <li>• transition between key phases</li> </ul>
Academic progress	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

## Visual Impairment

### Ordinarily Available - Band 2

Description of need	<p>Mild visual impairment.</p> <p>Distance vision within the range of 6/12 to 6/18. This means that the pupil needs to be approximately 3 metres away from the point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 14-18 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have an initial assessment from QTVI that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on VI and learning skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Implement advice from the QTVI on teaching styles and modifications to learning materials</li> <li>• Attention to seating position, lighting in classroom; high contrast resources/modifications as advised by QTVI</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation as advised by QTVI.</li> <li>• Learning materials must be selected or modified for their clarity.</li> <li>• Adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations</li> <li>• QTVI to provide information sheets at the start of each school year, updated throughout the year</li> <li>• Large print materials provided by school, including assessment materials as appropriate.</li> <li>• Use of ICT to increase access to the curriculum, where appropriate; availability of Ipad in school.</li> <li>• Specialist equipment to be advised by QTVI, which may include low vision aids, writing slope, darker pencil, bold lined paper, to be provided by school</li> <li>• QTVI to advise about potential referral to rehabilitation team.</li> <li>• QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs</li> </ul> <p>QTVI level of support: Bi-annual</p>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some additional support (direct support to facilitate effective use of low vision aids, additional supervision at unstructured times and time to prepare resources) alongside reasonable adjustments and peer support.</p> <p>Low level, short term support from QTVI including:</p> <ul style="list-style-type: none"> <li>• visual skills program</li> <li>• monitoring of personal, social and emotional learning skills (PSHE)</li> <li>• transition between key phases</li> </ul>
Academic progress	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

## Visual Impairment

### Ordinarily Available - Band 3

Description of need	<p>Moderate visual impairment.</p> <p>Distance vision within the range of 6/19 to 6/24. This means that the pupil needs to be approximately 4 times closer to the point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on VI skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Advice for the school on teaching styles and modifications to learning materials</li> <li>• Attention to seating position in classroom based on QTVI recommendations</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation.</li> <li>• School staff make basic adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations.</li> <li>• Resources made available from within school, following advice from QTVI report.</li> <li>• Learning materials must be selected or modified for their clarity.</li> <li>• Large print materials provided by school, including assessment materials as appropriate.</li> <li>• ICT is used to increase access to the curriculum, where appropriate: availability of Ipad within school.</li> <li>• QTVI to provide information sheets at the start of each school year, updated throughout the year</li> <li>• QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs</li> <li>• QTVI to advise about potential referral to rehabilitation team</li> <li>• QTVI level of support: Termly</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Additional adult support is used throughout the school day (up to 50% of school day) to increase pupil success and independence.</p> <ul style="list-style-type: none"> <li>• Low level, short term support from QTVI including:             <ul style="list-style-type: none"> <li>○ visual skills program</li> <li>○ monitoring of personal, social and emotional learning skills (pse)</li> <li>○ transition between key phases</li> <li>○ family support</li> <li>○ use of low vision devices (LVDs)</li> </ul> </li> </ul>
Academic progress	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

## Visual Impairment

### High Needs Funding - Band 4

Description of need	<p>Moderate visual impairment.</p> <p>Distance vision within the range of 6/24, with fluctuation of vision. This means that the pupil needs to be approximately 4 times closer to point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 24 point or equivalent sized details in pictures.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on VI skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCOs should be providing advice and guidance to the class/subject teacher/s.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation.</li> <li>• Significant adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations</li> <li>• Resources made available from within school, following advice and training from QTVI.</li> <li>• Personalised, large print materials provided by school, including assessment materials as appropriate.</li> <li>• ICT is used to increase access to the curriculum, where appropriate: availability of Ipad within school. Provision of laptop with software as appropriate to meet assessed needs</li> <li>• Attention to seating position in classroom based on QTVI recommendations</li> <li>• Adapted teaching styles and modifications to learning materials as advised by QTVI</li> <li>• QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs</li> <li>• QTVI to provide information sheets at the start of each school year, updated throughout the year</li> <li>• QTVI to advise about potential referral to rehabilitation team</li> <li>• QTVI level of support: Half-Termly</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Regular one to one pre/post teaching from school Teaching Assistant.</p> <p>Additional support from a Teaching Assistant in class, and around school, as indicated by assessment (likely to be direct support for all core subjects, additional supervision at unstructured times and time to prepare resources and liaise with QTVI).</p> <p>Moderate level of support from QTVI to develop the following skills:</p> <ul style="list-style-type: none"> <li>• visual perception</li> <li>• developing independence</li> <li>• teaching and monitoring of personal, social and emotional learning skills</li> <li>• transition between key phases and each year group</li> <li>• family support</li> <li>• environmental audit</li> </ul>
Academic progress	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

## Visual Impairment

### High Needs Funding - Band 5

Description of need	<p>Moderate visual impairment.</p> <p>Distance vision within the range of 6/24 -6/36, with fluctuation of vision. This means that the pupil needs to be approximately 6 times closer to point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 28 point or equivalent sized details in pictures.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• QTVI will provide written targets to be incorporated into school planning, targets should be focussed predominantly on VI skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Inclusion Support Team – VI)</li> <li>• Advice from specialist support services such as Walsall Inclusion Support Team – VI, Walsall Educational Psychology Service will be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Resources made available from within school, following advice and training from QTVI.</li> <li>• Personalised, large print materials provided by school, including assessment materials as appropriate.</li> <li>• Use of ICT to increase access to the curriculum, where appropriate: availability of Ipad within school. Provision of laptop with software as appropriate to meet assessed needs</li> <li>• Attention to seating position in classroom based on QTVI recommendations</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation.</li> <li>• Significant adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations</li> <li>• QTVI to provide information sheets at the start of each school year, updated throughout the year</li> <li>• QTVI to provide advice for the school on teaching styles and modifications to learning materials</li> <li>• QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs</li> <li>• QTVI to advise about potential referral to rehabilitation team</li> <li>• QTVI level of support: Monthly</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Regular one to one pre/post teaching from school teaching assistant</p> <p>Additional support from a Teaching Assistant in class, and around school, as indicated by assessment (likely to be direct support for all subjects, additional supervision at unstructured times and time to prepare resources and liaise with QTVI).</p> <p>Moderate level of support from QTVI to develop the following skills:</p> <ul style="list-style-type: none"> <li>• visual perception</li> <li>• developing independence</li> <li>• teaching and monitoring of personal, social and emotional learning skills</li> <li>• specialist equipment training and support</li> <li>• transition between key phases and each year group</li> <li>• family support</li> <li>• environmental audit</li> </ul>
Academic progress	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

## Visual Impairment

### High Needs Funding - Band 6

Description of need	<p>Severe visual impairment.</p> <p>Distance vision within the range of 6/36 -6/60, with fluctuation of vision. This means that the pupil needs to be approximately 10 times closer to point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 36 point or equivalent sized details in pictures.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have an initial assessment from QTVI that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• QTVI will provide written targets to be incorporated into school planning. Targets should be focussed predominantly on VI skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Inclusion Support Team – VI, Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Attention to seating position in classroom based on QTVI recommendations</li> <li>• Resources made available from within school, following advice and training from QTVI.</li> <li>• Personalised, large print materials provided by school, including assessment materials as appropriate. Tactile resources may be indicated; school to produce/provide materials under the guidance of QTVI/LSP-VI</li> <li>• CYP has access to social and emotional intervention provided by school with guidance from QTVI/LSP-VI</li> <li>• Use of ICT to increase access to the curriculum, where appropriate: availability of Ipad within school. Provision of laptop with software as appropriate to meet assessed needs</li> <li>• Teaching methods which facilitate access to the curriculum, social / emotional development and class participation.</li> <li>• Significant adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations</li> <li>• QTVI to provide information sheets at the start of each school year, updated throughout the year</li> <li>• Advice for the school on teaching styles and modifications to learning materials</li> <li>• QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs</li> <li>• QTVI to advise about potential referral to rehabilitation team</li> <li>• QTVI level of support: Weekly/Fortnightly</li> </ul>



Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Regular 1:1 pre/post teaching from school teaching assistant</p> <p>Additional support from a Teaching Assistant in class, and around school, as indicated by assessment (likely to be direct support across the curriculum, additional supervision at unstructured times and time to prepare resources and liaise with QTVI).</p> <p>Provision of 1:1, specialist LSP, VI weekly/fortnightly to support the work of the QTVI</p> <p>High level of support from QTVI to develop long term programmes of teaching and support of the following skills:</p> <ul style="list-style-type: none"> <li>• visual perception</li> <li>• developing independence and self advocacy</li> <li>• teaching and monitoring of personal, social and emotional learning skills</li> <li>• specialist equipment training and support</li> <li>• transition between key phases and each year group</li> <li>• environmental audit</li> <li>• family support</li> <li>• touch typing and keyboard skills</li> </ul>
Academic progress	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

## Visual Impairment

### High Needs Funding - Band 7

Description of need	<p>Educationally Blind.</p> <p>Distance vision within the range of 3/60 to no light perception, or has a diagnosis of CVI. They are educationally blind, unable to identify any distance information.</p> <p>Near vision: The pupil is educationally blind/ Braille user/ can access small quantities of print larger than point 36.</p> <p>May have cerebral visual impairment (CVI). Band 7 will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have an initial assessment from QTVI that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• QTVI will provide additional written targets to the school to support non-sighted methods of learning. Targets should be focussed predominantly on VI skills.</li> <li>• Enhanced and highly individualised transition planning is required.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Inclusion Support – VI and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Multi-sensory approach to curriculum planning and delivery.</li> <li>• Braille/ tactile resources and teaching methods.</li> <li>• Access to modified large print (if appropriate).</li> <li>• Adult 1:1 support to augment direct teaching.</li> <li>• Advice for the school on teaching styles and modifications to learning materials</li> <li>• Access to multi-sensory equipment (subject specific) as advised by QTVI.</li> <li>• Provision of specialist electronic equipment including Braille-note, specialist electronic magnification system (Prodigy Connect 12), embosser, ZY-fuser, specialist Braille and screen reading software (Duxbury, Jaws and SuperNova). Specialist electronic devices provided by LA, along with appropriate training and support for school staff by QTVI and technical support from manufacturers.</li> <li>• Resources made available from within school, following advice and training from QTVI.</li> <li>• Personalised, Braille and tactile resources provided by school, under the guidance of QTVI/LSP-VI, including assessment materials as appropriate.</li> <li>• Social and emotional interventions (guidance provided by QTVI/LSP-VI)</li> <li>• Use of ICT to increase access to the curriculum, where appropriate. Provision of laptop with braille keyboard and access software as appropriate to meet assessed needs</li> <li>• QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs</li> </ul>

<p>Adult support &amp; ratios</p>	<p>Small group teaching within a mainstream or specialist setting.</p> <p>1:1 daily Braille teaching, support provided by staff with specialist skills and training.</p> <p>1:1 TA support focussed on additional curriculum skills.</p> <p>1:1 support throughout the school day to promote inclusion and ensure safety. Keyworker to be trained in accessing the curriculum through non-sighted methods.</p> <p>Access to rehabilitation officers as required.</p> <p>High level of support from QTVI (1-5 times per week) to develop long term programmes of teaching and support of the following skills:</p> <ul style="list-style-type: none"> <li>○ non-sighted methods of communication including Braille and tactile</li> <li>○ developing independence and self advocacy</li> <li>○ teaching and monitoring of personal, social and emotional learning skills</li> <li>○ specialist equipment training and support- to include specialist Braille equipment and software.</li> <li>○ transition between key phases and each year group</li> <li>○ Family support</li> <li>○ environmental audit</li> <li>○ touch typing and keyboard skills (Braille keyboard)</li> </ul> <p>Additional support provided by LSP-VI weekly to support the work of the QTVI.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

**Multi-Sensory Impairment**

**Universal – Band 0**

Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Inclusion Support – Visual Impairment Walsall Inclusion Support – Hearing Impairment			
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	

## Multi-Sensory Impairment

### Ordinarily Available - Band 3

Description of need	<ul style="list-style-type: none"> <li>• Mild loss in both and making good use of at least one modality</li> <li>• May have hearing aids and/or LVAs</li> <li>• Non-progressive condition</li> <li>• May have a slower pace of working but has good compensatory strategies</li> <li>• May have some difficulty with listening, attention and concentration but language and communication largely matches potential given appropriate support</li> <li>• Low level of support needed to manage equipment and aids</li> <li>• May have additional learning needs</li> <li>• May have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have had an initial assessment from QTVI &amp; TOD that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. If progress is not accelerated with support at Band 3 then a request for an EHC needs assessment should be considered through discussion with the young person/their parent/carers (see 'Making a request for an EHC needs assessment' guidance)</li> <li>• Targets should be focussed predominantly on independence and learning skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCOs should be overseeing and co-ordinating provision with the support of relevant specialists</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Attention to seating, lighting, acoustics</li> <li>• Pre-and post teaching to support access to lessons</li> <li>• Opportunities for 1:1 and small group work</li> <li>• Targeted support for subject specific vocabulary</li> <li>• Support to use low vision aids and for preparation of adapted lesson materials</li> <li>• Follow advice provided by ToD &amp; QTVI regarding individualised approaches</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some individualised and targeted support within 1:1 or small group context, focussing on pre and post teaching and facilitating social inclusion (up to 50% of timetable, including time spent preparing materials).</p>
Academic progress	Likely to be below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.

## Multi-Sensory Impairment

### High Needs Funding - Band 4

Description of need	<ul style="list-style-type: none"> <li>• Moderate loss in one modality and mild/moderate in the other</li> <li>• Have hearing aids and/or LVAs</li> <li>• Non-progressive condition</li> <li>• Have additional language/learning needs associated with dual sensory impairment</li> <li>• Likely to have difficulties accessing incidental learning, including signed and verbal communication</li> <li>• Have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills</li> <li>• Have additional learning needs</li> <li>• Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have had an initial assessment from QTVI &amp; TOD that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. A child at this level would be expected to have an EHCP. This should be reviewed annually. If they do not already have an EHCP then one should be requested through discussion with the young person/their parent/carers (see 'Making a request for an EHC needs assessment' guidance)</li> <li>• Targets should be focussed predominantly on independence and learning skills.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCOs should be overseeing and co-ordinating provision with the support of relevant specialists</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Flexible class groupings with frequent opportunities for small group and 1:1 work in a quiet environment</li> <li>• Particular attention to seating, lighting, visual environment and acoustics</li> <li>• Adaptations to curriculum delivery to ensure access to the curriculum, social/emotional development and class participation</li> <li>• Additional time to experience new activities, complete work, preview and review lessons</li> <li>• Follow guidance provide by ToD and QTVI for individualised approaches</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Flexible groupings to provide time in small groups and for highly individualised targeted support across the school day, this may be in a 1:1 or very small group context.</p>
Academic progress	Likely to be below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.

## Multi-Sensory Impairment

### High Needs Funding - Band 5

Description of need	<ul style="list-style-type: none"> <li>• Profound/severe loss in one modality and moderate in the other or has a late diagnosed or recently acquired MSI</li> <li>• Uses hearing aids and/or LVAs</li> <li>• Non-progressive condition</li> <li>• Have delayed development in some areas of learning and difficulties generalising learning and transferring skill</li> <li>• Have difficulties coping with new experiences and have underdeveloped independence and self-help skills</li> <li>• Likely to have communication difficulties</li> <li>• Significant difficulties accessing incidental learning and the curriculum</li> <li>• Significant difficulties with attention, concentration, confidence and class participation</li> <li>• Likely to require some individual support to access learning and social interactions and to develop life-skills</li> <li>• Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication</li> <li>• Significantly slower pace of learning</li> <li>• May have additional learning needs</li> <li>• May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have had an initial assessment from QTVI &amp; TOD that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. At this stage children would be expected to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• QTVI &amp; TOD will provide written targets to be incorporated into school planning, targets should be focussed predominantly on independence and learning skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Inclusion Support Team – VI, HI)</li> <li>• Advice from specialist support services such as Walsall Inclusion Support Team – VI &amp; HI, Walsall Educational Psychology Service will be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Daily access to individual support, trained to meet the needs of pupils with MSI</li> <li>• Input from other educational and non-educational professionals as appropriate</li> <li>• Need for balanced approach to support and intervention to facilitate social inclusion</li> <li>• Significant modification to learning materials and curriculum delivery</li> <li>• Individual mobility and independence/life skills programmes</li> <li>• Additional time to experience new activities, complete work, preview and review lessons</li> <li>• Adapted equipment to meet specialised MSI needs</li> <li>• Access to a quiet room for small group and 1:1 sessions</li> <li>• Low vision aids, electronic magnification, laptop with software, large print materials</li> </ul>
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>A high level of highly individualised support throughout the school day (up to 90% of school day), including support to ensure safety and wellbeing at unstructured time.</p>
Academic progress	Likely to be working well below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.



## Multi-Sensory Impairment

### High Needs Funding - Band 6

Description of need	<ul style="list-style-type: none"> <li>• Profound/severe loss in one modality and moderate/severe in the other and/or progressive condition</li> <li>• Likely to use hearing aids and/or LVA's</li> <li>• Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches</li> <li>• Require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication</li> <li>• Have severe difficulties generalising learning and transferring skills</li> <li>• Difficulties coping with new experiences</li> <li>• May have underdeveloped independence and self-help skills</li> <li>• May have difficulties developing relationships and lack social awareness leading to social isolation</li> <li>• Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills</li> <li>• Display challenging and/or self-injurious behaviour</li> <li>• May have additional learning needs</li> <li>• May have limited clinical assessment information because of additional complex educational needs</li> <li>• May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have an initial assessment from QTVI &amp; TOD that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• QTVI &amp; TOD will provide written targets to be incorporated into school planning. Targets should be focussed predominantly on independence and learning skills.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Inclusion Support Team – VI &amp; HI, Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Individual curriculum to facilitate learning through tactile and experiential approaches and using alternative or augmentative communication systems</li> <li>• Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills</li> <li>• Adapted equipment to meet specialised MSI needs</li> <li>• Access to a quiet room for small group and 1:1 sessions</li> <li>• Tactile resources</li> <li>• Materials to support development of alternative communication systems</li> <li>• Sensory stimulation resources</li> </ul>
Adult support & ratios	<p>Supported within mainstream or specialist setting with an enhanced adult:child ratio.</p> <p>Access to highly specialist support and approaches throughout the school day, supported by staff who have training and experience in supporting children with MSI.</p> <p>Ongoing specialist advice provided by ToD, QTVI and MSI teacher.</p>
Academic progress	<p>Likely to be working significantly below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.</p>

## Multi-Sensory Impairment

### High Needs Funding - Band 7

Description of need	<ul style="list-style-type: none"> <li>• Profound and multiple complex needs, including HI &amp; VI (educationally blind and deaf).</li> <li>• Will have significant learning needs requiring a highly adapted and multi-sensory curriculum offer</li> <li>• Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches</li> <li>• Severely restricted access to incidental learning</li> <li>• Require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication</li> <li>• Require individual support with most aspects of basic care needs and to access learning and social opportunities</li> <li>• Lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes</li> <li>• Tactile defensive/selective and highly wary of new experiences</li> <li>• Have difficulties developing relationships and lack social awareness leading to social isolation</li> <li>• Display challenging and/or self-injurious behaviour</li> <li>• May have additional learning needs</li> <li>• May have limited clinical assessment information because of additional complex educational needs</li> <li>• May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children will have an initial assessment from QTVI &amp; TOD/MSI teacher that will indicate NatSIP criteria and level of need.</li> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• QTVI &amp; TOD will provide additional written targets to the school to support non-sighted, non-hearing methods of learning. Targets should be focussed predominantly on experiential learning skills.</li> <li>• Enhanced and highly individualised transition planning is required.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Inclusion Support – VI &amp; HI and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>
Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Multi-sensory approach to curriculum planning and delivery</li> <li>• Trained intervener providing 1:1 support throughout the day</li> <li>• Individual curriculum to facilitate learning through sensory and experiential approaches and using alternative or augmentative communication systems</li> <li>• Individual sensory stimulation programmes</li> <li>• Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills</li> </ul>
Adult support & ratios	<p>Specialist small group teaching (1:3) within a mainstream or specialist setting.</p> <p>Trained intervener providing additional 1:1 support throughout the day.</p>
Academic progress	<p>Functioning significantly below age related expectations and MSI needs are a significant barrier to access to learning. Requiring direct support to manage all needs.</p>

## Physical needs

It should be noted that children and young people throughout their ongoing development may present with changes to their usual physical state which could have an impact on their access to learning. This may be as a result of a trauma such as injury, elective or unexpected surgery, a new diagnosis or as a direct result of normal skeletal growth.

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. They may require additional ongoing support and equipment to access all of the opportunities available to their peers.

Children and young people should receive responsive support during a period of change and reasonable adjustments and additional support should be provided to promote inclusion and support their wellbeing. Where there are long-lasting difficulties schools should consider whether the child might have SEN.

Where there are concerns with changes, in needs schools and families are encouraged to make contact with a named therapist if support remains ongoing or asking for a new assessment/referral when a new concern is identified.

In accordance with Walsall's Inclusion strategy it is everyone's responsibility to ensure that all Walsall schools are inclusive and welcoming to children with a range of special educational needs and disabilities, including a physical disability. Schools should plan proactively and take steps to ensure their physical environment and their educational offer is accessible as possible to children with a range of physical needs.

## Physical Needs

### Universal – Band 0

Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Physiotherapy Walsall Occupational Therapy Walsall Physical Disability Outreach Service (Outreach@ Lindens) School Nursing Community Nursing	Moving & Grooving	PD Net Level 1 training (free online) Muscular Dystrophy UK training (free online) Assisting People to Move training – Walsall Physical Disability Outreach Service (Outreach @ Lindens)	Walsall Personal Care Policy Walsall Intimate Care Policy Walsall Manual Handling of People (Adult Social Care, Children's Residential Service and Schools) <a href="http://www.walsallsocialcareworkforce.co.uk/ckfinder/userfiles/files/manual_handling_of_people_document_v3%20REVIEWED%20NOV%2019.pdf">www.walsallsocialcareworkforce.co.uk/ckfinder/userfiles/files/manual_handling_of_people_document_v3%20REVIEWED%20NOV%2019.pdf</a> Walsall Assisted Manual Handling of People – Guides National Back Exchange <a href="https://www.nationalbackexchange.org">https://www.nationalbackexchange.org</a> NICE Guidance Contact for families with disabled children <a href="https://contact.org.uk/">https://contact.org.uk/</a> Muscular Dystrophy UK <a href="http://www.muscular dystrophyuk.org">www.muscular dystrophyuk.org</a> PD Net <a href="https://pdnet.org.uk">https://pdnet.org.uk</a> Kids Independently Developing Skills (KIDS) <a href="http://www.nhsggc.org.uk/kids">www.nhsggc.org.uk/kids</a> UK Bladder and Bowel <a href="https://www.bbuk.org.uk/">https://www.bbuk.org.uk/</a> ERIC: the children's Bowel and Bladder Charity <a href="https://www.eric.org.uk">https://www.eric.org.uk</a> Changing places <a href="http://www.changing-places.org">http://www.changing-places.org</a> Disabled Living <a href="https://www.disabledliving.co.uk">https://www.disabledliving.co.uk</a> Disabled Living Foundation <a href="http://www.dlf.org.uk">www.dlf.org.uk</a> Whizzkidz <a href="http://www.whizz-kidz.org.uk/">www.whizz-kidz.org.uk/</a> Scope <a href="http://www.scope.org.uk">www.scope.org.uk</a> Cerebral Palsy Sport <a href="http://www.cpsport.org/">www.cpsport.org/</a>

Book recommendations for children/young people	Book recommendations for adults (parents/carers/professionals)
<ul style="list-style-type: none"> <li>• Willis, J. and Ross, T.(1999). Susan Laughs. Random House Children's Books.</li> <li>• Elliot, R. (2010). Just Because. Lion Hudson.</li> <li>• Elliot, R. (2011). Sometimes. Lion Hudson.</li> <li>• Griffiths, N. (2006). Ringo the flamingo. Red Robin Books.</li> <li>• Andreae, G. (1999). Giraffes can't dance. Orchard Books.</li> </ul>	<ul style="list-style-type: none"> <li>• Hoskin, J. ed., (2017). A guide to Duchenne Muscular Dystrophy: Information and Advice for Teachers and Parents. Jessica Kingsley</li> <li>• Allard, A., Carlin, J., and Delamore J. (eds), (2014). Dignity &amp; Inclusion: Making it work for children with complex health care needs. Council for Disabled Children</li> <li>• Rayner, J. and Richardson, D. (2019) Managing Bladder and Bowel Issues in Nurseries, Schools and Colleges: Guidance for School Leaders, Proprietors, Governors, Staff and Practitioners. Bladder and Bowel UK viewed <a href="http://www.bbuk.org.uk/wp-content/uploads/2020/01/Managing-Continence-Problems-in-Schools-2019.pdf">www.bbuk.org.uk/wp-content/uploads/2020/01/Managing-Continence-Problems-in-Schools-2019.pdf</a>. May 2020</li> <li>• Hill, M. and Hill, K. (2007). Visual Perception Skills. LDA</li> <li>• Hill, M. and Hill, K. (2008). Visual Memory Skills. LDA</li> <li>• Hill, M. (2015). Differentiating for Inclusion: Target Ladders Visual Perception. LDA</li> <li>• Addy, L. (2006). Get Physical: An Inclusive Therapeutic PE Programme to Develop Motor Skills. LDA</li> <li>• Addy, L. (2016). How to Identify and Overcome Handwriting Difficulties. LDA</li> <li>• Addy, L. (2016). How to Support pupils with Sensory Processing Needs. LDA</li> </ul>

## Physical Needs

### Ordinarily Available - Band 1

Description of need	<p><b>Child experiences difficulties which have a mild impact on access to learning, for which direct specialist support/supervision is required occasionally during the week.</b></p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on physical skills and independence.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s</li> <li>• Individualised transition planning may be required.</li> </ul>

<p>Recommended Provision &amp; Interventions</p> <p><b>Nb List is common to Bands 1 &amp; 2</b></p>	<ul style="list-style-type: none"> <li>• Flexible groupings</li> <li>• Peer buddy support</li> <li>• Alternative methods of recording available</li> <li>• Adapted equipment (e.g. writing slope, pencil grips, adapted rulers adapted scissors/cutting equipment etc)</li> <li>• Additional time to complete activities</li> <li>• Regular planned rest breaks to prevent against fatigue</li> <li>• Access to resources that support independence</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Small group support to develop physical skills</li> <li>• Complete risk assessment if any manual handling is required</li> <li>• Moving &amp; Grooving</li> <li>• Foot supports</li> <li>• ERIC</li> <li>• Caring cutlery</li> <li>• Plate guards</li> <li>• Adapted PE equipment</li> <li>• PD Net strategies (<a href="https://pdnet.org.uk/">https://pdnet.org.uk/</a>)</li> <li>• Access to appropriately adapted toileting facilities</li> <li>• Physical Management plans and approaches recommended by Occupational Therapy and/or Physiotherapy</li> </ul>
<p>Adult support &amp; ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some low level and occasional small group or individualised additional support alongside reasonable adjustments and peer support.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a barrier to access to learning without appropriate support.</p>

## Physical Needs

### Ordinarily Available - Band 2

Description of need	<p><b>Child experiences difficulties which have a mild impact on access to learning, and for which direct specialist support/supervision is required occasionally during the day.</b></p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on physical skills and independence.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCos should be providing advice and guidance to the class/subject teacher/s.</li> <li>• Individualised transition planning may be required.</li> </ul>



<p>Recommended Provision &amp; Interventions</p> <p>Nb List is common to Bands 1 &amp; 2</p>	<ul style="list-style-type: none"> <li>• Flexible groupings</li> <li>• Peer buddy support</li> <li>• Alternative methods of recording available</li> <li>• Adapted equipment (e.g. writing slope, pencil grips, adapted rulers, adapted scissors/cutting equipment etc)</li> <li>• Additional time to complete activities</li> <li>• Regular planned rest breaks to prevent against fatigue</li> <li>• Access to resources that support independence</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Small group support to develop physical skills</li> <li>• Complete risk assessment if any manual handling is required</li> <li>• Moving &amp; Grooving</li> <li>• Foot supports</li> <li>• ERIC</li> <li>• Caring cutlery</li> <li>• Plate guards</li> <li>• Adapted PE equipment</li> <li>• PD Net strategies (<a href="https://pdnet.org.uk/">https://pdnet.org.uk/</a>)</li> <li>• Access to appropriately adapted toileting facilities</li> <li>• Physical Management plans and approaches recommended by Occupational Therapy and/or Physiotherapy</li> </ul>
<p>Adult support &amp; ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some daily low level and occasional small group or individualised additional support alongside reasonable adjustments and peer support.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

## Physical Needs

### Ordinarily Available - Band 3

Description of need	<p>Child experiences difficulties* which have a moderate impact on access to learning and for which direct specialist support/supervision is required frequently throughout the day.</p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly.</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. If adequate progress is not being made then a request for an EHC needs assessment should be considered (see 'Making an EHC request' guidance)</li> <li>• Targets should be focussed predominantly on physical skills and independence.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCoS should be providing advice and guidance to the class/subject teacher/s.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Physiotherapy, Occupational Therapy, Physical Disability Outreach Service (Outreach@Lindens), Walsall School Nursing Service).</li> <li>• Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and School Nursing is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> <li>• Individualised transition planning is required.</li> </ul>

Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Flexible groupings</li> <li>• Peer buddy support</li> <li>• Alternative methods of recording available</li> <li>• Adapted equipment (e.g. writing slope, pencil grips, adapted rulers, adapted scissors/cutting equipment etc)</li> <li>• Additional time to complete activities</li> <li>• Regular planned rest breaks to prevent against fatigue</li> <li>• Access to resources that support independence</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Small group support to develop physical skills</li> <li>• Complete risk assessment if any manual handling is required</li> <li>• Moving &amp; Grooving</li> <li>• Foot supports</li> <li>• ERIC</li> <li>• Caring cutlery</li> <li>• Plate guards</li> <li>• Adapted PE equipment</li> <li>• PD Net strategies (<a href="https://pdnet.org.uk/">https://pdnet.org.uk/</a>)</li> <li>• Access to appropriately adapted toileting facilities</li> <li>• Physical Management plans and approaches recommended by Occupational Therapy and/or Physiotherapy</li> <li>• Access to additional therapy equipment as identified for the young person</li> <li>• Safe therapy space which is accessible, supports a young person's privacy and meets any additional manual handling needs</li> </ul>
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some frequent small group or individualised additional support and supervision (up to 50% of the school day including lesson time and unstructured times) alongside reasonable adjustments and peer support.</p>
Academic progress	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

## Physical Needs

### High Needs Funding - Band 4

Description of need	<p>Child experiences difficulties* which have a moderate impact on access to learning, for which direct specialist support is required frequently throughout the day.</p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical Needs as a primary need. This should be reviewed at least termly. It is expected that at this stage a child would have an EHCP. If they don't already have one a request for an assessment should be considered through discussion with the young person/their parents/carers (see 'Making an EHC request' guidance)</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on physical skills and independence and will be advised by occupational Therapy and/or Physiotherapy.</li> <li>• Provision should be directly related to targets and area of need.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Physiotherapy, Occupational Therapy, Physical Disability Outreach Service (Outreach@Lindens), Walsall School Nursing Service).</li> <li>• Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and School Nursing is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> <li>• Enhanced, individualised transition planning is required.</li> </ul>

<p>Recommended Provision &amp; Interventions</p> <p>Nb List is common to Bands 4,5 &amp; 6</p>	<ul style="list-style-type: none"> <li>• Flexible groupings</li> <li>• Peer buddy support</li> <li>• Alternative methods of recording available</li> <li>• Adapted equipment (e.g. writing slope, pencil grips, adapted rulers, adapted scissors/cutting equipment etc)</li> <li>• Additional time to complete activities</li> <li>• Regular planned rest breaks to prevent against fatigue</li> <li>• Access to resources that support independence</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Small group support to develop physical skills</li> <li>• Complete risk assessment if any manual handling is required</li> <li>• Moving &amp; Grooving</li> <li>• Foot supports</li> <li>• ERIC</li> <li>• Caring cutlery</li> <li>• Plate guards</li> <li>• Adapted PE equipment</li> <li>• PD Net strategies (<a href="https://pdnet.org.uk/">https://pdnet.org.uk/</a>)</li> <li>• Access to appropriately adapted toileting facilities/Changing Places Standard hygiene room</li> <li>• Physical management plans and approaches recommended by Occupational Therapy and/or Physiotherapy</li> <li>• Safe therapy space which is accessible, supports a young person's privacy and meets any additional manual handling needs</li> <li>• Children requiring assistance to move (manual handling) will have a Safer Handling Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Access to appropriate Manual Handling Equipment as identified in their Safer Handling Plan</li> <li>• Children requiring assistance with personal/intimate care needs will have a Personal/Intimate Care Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Children requiring assistance with feeding will have a feeding plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> </ul>
<p>Adult support &amp; ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some frequent small group or individualised additional support and supervision (up to 75% of the school day including lesson time and unstructured times) alongside reasonable adjustments and peer support.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

## Physical Needs

### High Needs Funding - Band 5

Description of need	<p>Child experiences difficulties* which have a severe impact on access to learning, for which direct specialist support/supervision is required constantly for the majority of the day.</p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on physical skills and independence and will be advised by Occupational Therapy and/or Physiotherapy</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'.</li> <li>• SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Physiotherapy, Occupational Therapy, Physical Disability Outreach Service (Outreach@Lindens), Walsall School Nursing Service).</li> <li>• Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and School Nursing is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> <li>• Enhanced, individualised transition planning is required.</li> </ul>

<p>Recommended Provision &amp; Interventions</p> <p>Nb List is common to Bands 4,5 &amp; 6</p>	<ul style="list-style-type: none"> <li>• Flexible groupings</li> <li>• Peer buddy support</li> <li>• Alternative methods of recording available</li> <li>• Adapted equipment (e.g. writing slope, pencil grips, adapted rulers, adapted scissors/cutting equipment etc)</li> <li>• Additional time to complete activities</li> <li>• Regular planned rest breaks to prevent against fatigue</li> <li>• Access to resources that support independence</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Small group support to develop physical skills</li> <li>• Complete risk assessment if any manual handling is required</li> <li>• Moving &amp; Grooving</li> <li>• Foot supports</li> <li>• ERIC</li> <li>• Caring cutlery</li> <li>• Plate guards</li> <li>• Adapted PE equipment</li> <li>• PD Net strategies (<a href="https://pdnet.org.uk/">https://pdnet.org.uk/</a>)</li> <li>• Access to appropriately adapted toileting facilities/ Changing Places Standard hygiene room</li> <li>• Physical management plans and approaches recommended by Occupational Therapy and/or Physiotherapy</li> <li>• Safe therapy space which is accessible, supports a young person's privacy and meets any additional manual handling needs</li> <li>• Children requiring assistance to move (manual handling) will have a Safer Handling Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Access to appropriate Manual Handling Equipment as identified in their Safer Handling Plan</li> <li>• Children requiring assistance with personal/intimate care needs will have a Personal/Intimate Care Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Children requiring assistance with feeding will have a feeding plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> </ul>
<p>Adult support &amp; ratios</p>	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Small group or individualised additional support and supervision throughout the majority of the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

## Physical Needs

### High Needs Funding - Band 6

Description of need	<p>Child experiences difficulties* which have a severe impact on access to learning, for which direct highly specialist support/supervision is required constantly throughout the day.</p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on physical skills and independence as advised by Occupational Therapy and/or Physiotherapy</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services (including Physiotherapy, Occupational Therapy, Physical Disability Outreach Service (Outreach@Lindens), Walsall School Nursing Service).</li> <li>• Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and School Nursing Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> <li>• Enhanced, individualised transition planning is required.</li> </ul>



<p>Recommended Provision &amp; Interventions</p> <p>Nb List is common to Bands 4,5 &amp; 6</p>	<ul style="list-style-type: none"> <li>• Flexible groupings</li> <li>• Peer buddy support</li> <li>• Alternative methods of recording available</li> <li>• Adapted equipment (e.g. writing slope, pencil grips, adapted rulers, adapted scissors/cutting equipment etc)</li> <li>• Additional time to complete activities</li> <li>• Regular planned rest breaks to prevent against fatigue</li> <li>• Access to resources that support independence</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Small group support to develop physical skills</li> <li>• Complete risk assessment if any manual handling is required</li> <li>• Moving &amp; Grooving</li> <li>• Foot supports</li> <li>• ERIC</li> <li>• Caring cutlery</li> <li>• Plate guards</li> <li>• Adapted PE equipment</li> <li>• PD Net strategies (<a href="https://pdnet.org.uk/">https://pdnet.org.uk/</a>)</li> <li>• Access to appropriately adapted toileting facilities/ Changing Places Standard hygiene room</li> <li>• Physical management plans and approaches recommended by Occupational Therapy and/or Physiotherapy</li> <li>• Safe therapy space which is accessible, supports a young person's privacy and meets any additional manual handling needs</li> <li>• Children requiring assistance to move (manual handling) will have a Safer Handling Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Access to appropriate Manual Handling Equipment as identified in their Safer Handling Plan</li> <li>• Children requiring assistance with personal/intimate care needs will have a Personal/Intimate Care Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Children requiring assistance with feeding will have a feeding plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> </ul>
<p>Adult support &amp; ratios</p>	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Small group or individualised additional support and supervision throughout the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support. Some periods of 2:1 may be required for manual handling.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

## Physical Needs

### High Needs Funding - Band 7

Description of need	<p>Child experiences difficulties* which have a profound impact on access to learning, for which direct specialist support is required constantly. Child will have significant cognition and learning needs and communication needs in addition to the impact of physical needs. Child may also have significant needs across other areas of learning.</p> <p>The child is likely to have needs described as complex and multiple or PMLD.</p> <p>*Difficulties known to be commonly associated with physical impairment/s and physically disabling conditions:</p> <ul style="list-style-type: none"> <li>• Accessing the physical environment</li> <li>• Using equipment and facilities safely</li> <li>• Taking part in learning tasks and assessments</li> <li>• Doing practical tasks and activities (e.g. food technology)</li> <li>• Recording ideas and thoughts legibly or to time</li> <li>• Achieving independent work</li> <li>• Developing self care skills</li> <li>• Communicating with others</li> <li>• Managing fatigue and pain</li> <li>• Managing associated or additional healthcare needs</li> <li>• Interacting socially</li> <li>• Processing and regulating sensory information</li> <li>• Developing positive social emotional mental health (SEMH) and wellbeing</li> <li>• Achieving/maintaining the required pace of lessons</li> <li>• Completing the required experiences in the time available (due to time missed for health related absence and appointments)</li> </ul>
Assessment & Planning	<ul style="list-style-type: none"> <li>• Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical Needs/PMLD as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</li> <li>• Children will also have an intimate needs care plan which should be updated regularly and on an ongoing basis dependent upon changing needs</li> <li>• Children are likely to have a feeding plan – as advised by Physiotherapy and Speech and Language Therapy dysphagia team</li> <li>• Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.</li> <li>• Targets should be focussed predominantly on experiential learning skills as advised by relevant specialist support services.</li> <li>• Enhanced and highly individualised transition planning is required.</li> <li>• Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist.</li> <li>• SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services.</li> <li>• Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.</li> </ul>

Recommended Provision & Interventions	<ul style="list-style-type: none"> <li>• Multi-sensory approach to curriculum planning and delivery.</li> <li>• On Body Sign</li> <li>• Multi-Sensory Cues</li> <li>• Sensory room/dark/light room</li> <li>• Low and high tech communication aids</li> <li>• Total communication environment</li> <li>• Access to appropriate seating/workstation to maximise function and promote both comfort and independence</li> <li>• Access to appropriately adapted toileting facilities/ Changing Places Standard hygiene room</li> <li>• Safe therapy space which is accessible, support a young person's privacy and any additional manual handling needs</li> <li>• Children requiring assistance to move (manual handling) will have a Safer Handling Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Access to appropriate Manual Handling Equipment as identified in their Safer Handling Plan</li> <li>• Children requiring assistance with personal/intimate care needs will have a Personal/Intimate Care Plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> <li>• Children requiring assistance with feeding will have a feeding plan (Safe System of Work) which should be reviewed and updated regularly and on an on-going basis dependent upon evolving needs</li> </ul>
Adult support & ratios	<p>Small group teaching within a mainstream or specialist setting.</p> <p>Small group or individualised highly specialist additional support and supervision throughout the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support. Frequent periods of 2:1 may be required for manual handling.</p>
Academic progress	<p>Will be working significantly below age related expectations, at a very early stage of development.</p>

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