

Response to Request for Information

Reference FOI 001551
Date 3 October 2017

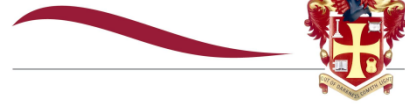
Special Educational Needs Funding

Request:

I would like to request the following information:

- A copy of the Council's current operational guidance for SEND High Needs Funding allocation (a URL to current policy document would be fine);
- Information that describes "banding" or "element" arrangements that the Council uses to guide its allocation of High Needs Block funding;
- Information showing the maximum High Needs or Top-Up funding allocation (in pounds) that each specific band or element attracts in the current academic year (2017-18);
- Information showing the maximum High Needs or Top-Up funding allocation (in pounds) that each specific band or element attracted for each of the last two academic years (2015-16 and 2016-17).
 - o If funding allocations for each band/element in 2017-18 are identical to those in 2015-16 and/or 2016-17, please say so.
 - o If it is more efficient for you to provide these allocations based on financial years rather than academic years, please use financial years instead.
 - o If the Council has changed its banding arrangements during the 2015-16, 2016-17 and 2017-18 periods, please provide information showing the previous banding arrangements as well as the current ones.

[In response to your above questions, please see information provided from page 2.](#)



SEN Support and Education, Health and Care Plans

Guidance on the Levels of Difficulty and Provision expected for Settings/Schools/ Colleges and Post 16 Providers with reference to the SEND Code of Practice (July 2014) and the School Funding Reform (April 2013).

This continues to be a working document, as new approaches are embedded locally.

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Chapter 1

Introduction

The new Special Educational Needs and Disability Code of Practice 2014 plays a vital role in underpinning a major reform programme and provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations, and applies to England. It relates to children and young people with special educational needs (SEN) and disabled children and young people. A 'young person' in this context is a person over compulsory school age and under 25.

Other major reforms implemented include the School Funding Reform 2013. This reform states that there should be a 'Local Offer', which includes information about teaching and learning, including provision generally available to all children and young people, and the threshold for high needs children and young people requiring additional support and provision.

With these reforms in mind work has been on-going since 2013 to develop local policy, procedures and guidance. Key elements of the above statutory frameworks are reflected in the procedures operated in Wolverhampton and detailed in this guidance (SEN Support and Education, Health and Care Plans). This document continues to be a working document as systems are embedded locally. In particular, this guidance sets out:

- Guidance on the graduated approach for SEN,
- An explanation of what settings, schools and colleges/post 16 providers are expected to deliver at SEN Support,
- An explanation of what settings, schools and colleges/post 16 providers are expected to deliver for their high needs children and young people through their core funding (elements 1 and 2), including those with Education, Health and Care Plans,
- The universal banded funding approach (SEN Matrix) the authority has agreed, and an explanation of additional top up funding (element 3) provided by the authority,
- Guidance on the statutory assessment process and procedures
- EHCP Review Process and Review Template

SEND Code of Practice

The main changes from the SEN Code of practice (2001) reflect the changes introduced by the Children and Families Act 2014. These are:

- The SEND Code of Practice (2014) covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN.
- There is a clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels.
- There is a stronger focus on high aspirations and on improving outcomes for children and young people.
- It includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health and social care.
- It includes guidance on publishing a Local Offer of support for children and young people with SEN or disabilities.
- There is new guidance for education and training settings on taking a graduated approach to identifying and supporting pupils and students with SEN (to replace School Action and School Action Plus)
- For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) replace statements and Learning Difficulty Assessments (LDAs).
- There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.
- Information is provided on relevant duties under the Equality Act 2010 and the relevant provisions of the Mental Capacity Act 2005.

High quality provision to meet the needs of children and young people with SEND

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. Schools and colleges must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.

Assessment and Progress

Early years providers, schools and colleges should know precisely where children and young people with SEN are in their learning and development. They should:

- ensure decisions are informed by the insights of parents and those of children and young people themselves,
- have high ambitions and set stretching targets for them,
- track their progress towards these goals,
- keep under review the additional or different provision that is made for them
- promote positive outcomes in the areas of personal and social development, and
- ensure that the approaches used are based on the best possible evidence and are having the required impact on progress.

Early Years: The Early Years Foundation Stage (EYFS) is the statutory framework for children aged 0 to 5 years. All early years providers must follow the safeguarding and welfare requirements of the EYFS and the learning and development requirements, unless an exemption from these has been granted.

Schools: The National Curriculum Inclusion Statement states that teachers should set high expectations for every pupil, whatever their prior attainment. Teachers should use appropriate assessment to set targets which are deliberately ambitious. Potential areas of difficulty should be identified and addressed at the outset. Lessons should be planned to address potential areas of difficulty and to remove barriers to pupil achievement. From September 2014 the new national curriculum will be taught in all maintained primary and secondary schools. There are a range of resources available on the DfE website to support schools to implement the new national curriculum. Assessment levels have now been removed and will not be replaced. Schools have the freedom to develop their own means of assessing pupils' progress towards end of key stage expectations. Many schools already have good assessment systems in place and may continue using these systems.

Schools and Colleges: All students aged 16-19 (and, where they will have an EHC plan, up to the age of 25) should follow a coherent study programme which provides stretch and progression and enables them to achieve the best possible outcomes in adult life. Schools and colleges are expected to design study programmes which enable students to progress to a higher level of study than their prior attainment, take rigorous, substantial qualifications, study English and maths, participate in meaningful work experience and non-qualification activity. They should not be repeating learning they have already completed successfully. For students who are not taking qualifications, their study programme should focus on high quality work experience, and on non-qualification activity which prepares them well for employment, independent living, being healthy adults and participating in society.

The Graduated Approach

All settings should adopt a graduated approach with four stages of action Assess, Plan, Do, Review.

SEN Support in the Early Years: It is particularly important in the early years that there is no delay in making any necessary special educational provision. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life. Where a setting identifies a child as having SEN they must work in partnership with parents to establish the support the child needs. Where a setting makes special educational provision for a child with SEN they should inform the parents and a maintained nursery school must inform the parents.

- 1) **Assess:** In identifying a child as needing SEN support, the early years practitioner, working with the setting SENCO and the child's parents, will have carried out an analysis of the child's needs. This initial assessment should be reviewed regularly to ensure that support is matched to need. Where there is little or no improvement in the child's progress, more specialist assessment may be called for from specialist teachers or from health, social services or other agencies beyond the setting. Where professionals are not already working with the setting, the SENCO should contact them, with the parents' agreement.
- 2) **Plan:** Where it is decided to provide SEN Support, and having formally notified the parents, the practitioner and the SENCO should agree, in consultation with the parent, the outcomes they are seeking, the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. Plans should take into account the views of the child. The support and intervention provided should be selected to meet the outcomes identified for the child, based on reliable evidence of effectiveness, and provided by practitioners with relevant skills and knowledge. Any related staff development needs should be identified and addressed. Parents should be involved in planning support and, where appropriate, in reinforcing the provision or contributing to progress at home.
- 3) **Do:** The early year's practitioner, usually the child's key person, remains responsible for working with the child on a daily basis. With support from the SENCO, they should oversee the implementation of the interventions or programmes agreed as part of SEN support. The SENCO should support the practitioner in assessing the child's response to the action taken, in problem solving and advising on the effective implementation of support.

- 4) **Review:** The effectiveness of the support and its impact on the child's progress should be reviewed in line with the agreed date. The impact and quality of the support should be evaluated by the practitioner and the SENCO working with the child's parents and taking into account the child's views. They should agree any changes to the outcomes and support for the child in light of the child's progress and development. Parents should have clear information about the impact of the support provided and be involved in planning next steps.

This cycle of action should be revisited in increasing detail and with increasing frequency, to identify the best way of securing good progress. At each stage parents should be engaged with the setting, contributing their insights to assessment and planning. Intended outcomes should be shared with parents and reviewed with them, along with action taken by the setting, at agreed times. The graduated approach should be led and co-ordinated by the setting SENCO working with and supporting individual practitioners in the setting and informed by EYFS materials, the Early Years Outcomes guidance and Early Support resources.

SEN Support in Schools: Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. Earlier decisions and actions should be revisited, refined and revised with a growing understanding of the pupil's needs and of what supports the pupil in making good progress and securing good outcomes and draw on more detailed approaches, more frequent review and more specialist expertise in successive cycles.

- 1) **Assess:** In identifying a child as needing SEN support the class or subject teacher, working with the SENCO, should carry out a clear analysis of the pupil's needs. This should draw on the teacher's assessment and experience of the pupil, their previous progress and attainment, as well as information from the school's core approach to pupil progress, attainment, and behaviour. It should also draw on other subject teachers' assessments where relevant, the individual's development in comparison to their peers and national data, the views and experience of parents, the pupil's own views and, if relevant, advice from external support services. Schools should take seriously any concerns raised by a parent. These should be recorded and compared to the setting's own assessment and information on how the pupil is developing. This assessment should be reviewed regularly. This will help ensure that support and intervention are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions put in place and their effect is developed. In some cases, outside professionals from health or social services may already be involved with the child. These professionals should liaise with the school to help inform the assessments. Where professionals are not already working with school staff the SENCO should contact them if the parents agree.

- 2) **Plan:** Where it is decided to provide a pupil with SEN support, the parents must be formally notified, although parents should have already been involved in forming the assessment of needs as outlined above. The teacher and the SENCO should agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as the expected impact on progress, development or behaviour, along with a clear date for review. All teachers and support staff who work with the pupil should be made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required. This should also be recorded on the school's information system. The support and intervention provided should be selected to meet the outcomes identified for the pupil, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge. Parents should be fully aware of the planned support and interventions and, where appropriate, plans should seek parental involvement to reinforce or contribute to progress at home.

- 3) **Do:** The class or subject teacher should remain responsible for working with the child on a daily basis. Where the interventions involve group or one-to-one teaching away from the main class or subject teacher, they should still retain responsibility for the pupil. They should work closely with any teaching assistants or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching. The SENCO should support the class or subject teacher in the further assessment of the child's particular strengths and weaknesses, in problem solving and advising on the effective implementation of support.

- 4) **Review:** The effectiveness of the support and interventions and their impact on the pupil's progress should be reviewed in line with the agreed date. The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents. This should feed back into the analysis of the pupil's needs. The class or subject teacher, working with the SENCO, should revise the support in light of the pupil's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil. Parents should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps.

SEN Support in College/Post 16 Providers

Where a student has a learning difficulty or disability that calls for special educational provision, the college must use its best endeavours to put appropriate support in place. Young people should be supported to participate in discussions about their aspirations, their needs, and the support that they think will help them best. Support should be aimed at promoting student independence and enabling the young person to make good progress towards employment and/or higher education, independent living, good health and

participating in the community. Support should be evidence based. This means that colleges should be aware of effective practice in the sector and elsewhere, and personalise it for the individual. They should keep the needs of students with SEN or disabilities under regular review. Colleges should take a cyclical approach to assessing need, planning and providing support, and reviewing and evaluating that support so that it can be adjusted where necessary. They should involve the student and, particularly for those aged 16 to 18, their parents, closely at all stages of the cycle, planning around the individual, and they should ensure that staff have the skills to do this effectively.

- 1) **Assess:** Where a student is identified as having SEN and needing SEN support, colleges should bring together all the relevant information from the school, from the student, from those working with the student and from any screening test or assessment the college has carried out. This information should be discussed with the student. The student should be offered support at this meeting and might be accompanied by a parent, advocate or other supporter. This discussion may identify the need for a more specialist assessment from within the college or beyond.
- 2) **Plan:** Where the college decides a student needs SEN support, the college should discuss with the student their ambitions, the nature of the support to be put in place, the expected impact on progress and a date for reviewing the support. Plans should be developed with the student. The support and intervention provided should be selected to meet the student's aspirations, and should be based on reliable evidence of effectiveness and provided by practitioners with the relevant skills and knowledge. Special educational support might include, for example:
 - assistive technology
 - personal care (or access to it)
 - specialist tuition
 - note-takers and interpreters
 - one-to-one and small group learning support
 - habilitation/independent living training
 - accessible information such as symbol based materials
 - access to therapies (for example, speech and language therapy)
- 3) **Do:** Colleges should ensure that the agreed support is put in place, and that appropriately qualified staff provide the support needed. The college should, in discussion with the student, assess the impact and success of the intervention.

- 4) Review: The effectiveness of the support and its impact on the student’s progress should be reviewed regularly, which may lead to changes in the type and level of their support. This review should take into account the student’s progress and any changes to the student’s own ambitions and aspirations, which may lead to changes in their support. The college and the student together should plan any changes in support. Colleges should revisit this cycle of action, refining and revising their decisions about support as they gain a richer understanding of the student, and what is most effective in helping them secure good outcomes. Support for all students with SEN should be kept under review, whether or not a student has an EHC plan.

The School Funding Reform

The School Funding Reform has been in operation since April 2013 and aimed to provide equity in the way in which children and young people (0 to 25) with SEN are funded across the range of provision.

An overview of the of High Needs provision under a place plus approach:

	Pre-16 SEN and AP		Post-16 SEN and LDD
	Mainstream settings	Specialist settings	All settings
Element 1: Core education funding	Mainstream per-pupil funding (AWPU)	Base funding of £10,000 for SEN and £8,000 for AP placements, which is roughly equivalent to the level up to which a mainstream provider would have contributed to the additional support provision of a high needs pupil. Base funding is provided on the basis of planned places.	Mainstream per-student funding (as calculated by the national 16-19 funding system)
Element 2: Additional support funding	Contribution of £6,000 to additional support required by a pupil with high needs, from the notional SEN budget		Contribution of £6,000 to additional support required by a student with high needs
Element 3: Top-up funding	"Top-up" funding from the commissioner to meet the needs of each pupil or student placed in the institution		

High Needs are defined as those whose educational provision costs more in total (including the basic provision given to all children and young people – elements) than £10,000 per year.

Funding Arrangement for Early Years

For children of statutory school age, funding for SEND is devolved through a funding formula, with schools expected to provide SEN support to all children and young people up to approximately £10,000 (element 1 and 2). Band 1 on the SEN Matrix.

However, for early year's children who receive the 2 year Grant Funding or 3 year Grant Funding (element 1), this additional funding is not devolved. Therefore, a system is in place to identify children with complex needs who require 'Double Funding' in order for their special educational to be met. This funding must be used to support a child in accessing 15 hours with additional support to provide targeted early intervention. This funding will be based on the hourly rate of the Early Years Formula and number of hours a child attends each term. This is equivalent to element 2 funding in schools, Band 1 on the SEN Matrix.

Arrangements for High Needs (top up funding - element 3) is as for schools.

Funding Arrangements for Mainstream Schools

Under a place-plus approach, mainstream schools and Academies receive formula funding which includes a notional SEN budget. From this, it is expected that schools will provide a standard offer of teaching and learning for all children and young people including those with high needs (element 1: core education funding) and will also contribute the first £6,000 per year of the additional educational support costs (element 2) of high needs children and young people.

Within City, the delegated SEN Budget is calculated as:

- 100% of the low attainment measure,
- 47% of the deprivation measure (Income Deprivation Affecting Children Index)
- 4% of the Basic Entitlement (Age Weighted Pupil Unit)

High needs children/young people and students are defined as those requiring education provisions costing more than elements 1 & 2 combined (nationally assumed to be £10,000 per year). Funding above this level will be agreed with the commissioning authority (authority in which the children and young people resides) and paid in the form of a top-up from its high needs block (element 3).

Top up funding is allocated via a banded funding matrix (SEN Matrix) and flows between commissioner (home authority) and provider. These direct funding relationships between commissioners and providers replace inter-authority recoupment, except for children and young people who are deemed to be looked after.

Key point:

Children/young people and students in mainstream schools within city with Statements of SEN for 15 hours of support and under, will have their needs met through the schools own resources (elements 1& 2).

Children/young people and students with statements of SEN for over 15 hours of support (7.5 hours for nursery age children) will receive top up funding (element 3) via a banded funding formula.

Funding Arrangements for Specialist Settings

Specialist settings (special schools and resource bases) receive base funding of £10,000 for an agreed number of planned places, which is roughly equivalent to the level up to which a mainstream provider contributes to the additional support provision of a high needs children and young people. Top up funding is provided from the commissioner to meet the needs of each child and young person placed in the school/base.

Top up funding is allocated via a banded funding matrix and flows between commissioner (home authority) and provider. These direct funding relationships between commissioners and providers replace inter-authority recoupment, except for children and young people who are deemed to be looked after.

Funding Arrangements for Alternative Providers

Base funding of £8,000 is provided on the basis of planned places. Top up funding is provided from the commissioner to meet the needs of each high needs child and young person placed in alternative provision.

Funding Arrangements for Post 16 Mainstream and Specialist Settings

Post 16 high needs provision is funded in an equivalent way across all provider types. Funding is provided by the maintaining authority for maintained schools or the Education Funding Agency (EFA) for all non-maintained settings.

All providers receive an allocation of mainstream per student funding calculated by the national 16 – 19 funding formula (£4,000). This recognises the different programmes of learning that young people access. All providers receive an allocation of £6,000 for each high needs student placed with them. The allocation is calculated using the student numbers from the last full academic year (lagged learners). Top up funding is provided direct to the provider by the commissioning authority.

West Midlands Funding Protocol

Principles to support regional and cross border funding arrangements for top up funding for children and young people with high needs is agreed across the West Midlands.

Principles Underpinning the SEND Code of Practice

The Children and Families Act 2014 makes clear that local authorities and their partners, in carrying out their functions under the Act in relation to disabled children and young people and those with special educational needs (SEN), must have regard to:

- the views, wishes and feelings of the child or young person, and the child's parents
- the importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions
- the need to support the child or young person, and the child's parents, in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood.

With high aspirations, and the right support, the majority of children and young people with SEN or disabilities will have their needs met within local mainstream early year's settings, schools or colleges and go on to achieve successful long-term outcomes in adult life.

Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan. An EHC needs assessment will not always lead to an EHC plan. The information gathered during an EHC needs assessment may indicate ways in which the school, college or other provider can meet the child or young person's needs without an EHC plan

The SEND Code of Practice is clear that the EHC needs assessment should not normally be the first step in the process, rather it should follow on from planning already undertaken with parents and young people in conjunction with an early year's provider, school, post-16 institution or other provider.

Area of Need

Special educational provision should be matched to the child's identified SEN. Children's SEN are generally thought of in the following four broad areas of need and support:

- communication and interaction
- cognition and learning
- social, emotional and mental health
- sensory and/or physical needs

The universal banded funding approach (SEN Matrix) used in city is based on the above categories and set out below;

	A	B	C	D	E
	Communication & Interaction	Cognition & Learning	Social, Emotional and Mental health	Sensory	Physical
Band 1 Core Funding Elements 1 & 2	Language Impairment / Speech Disorder Autistic Spectrum Disorder/ Asperger's	Specific Learning Difficulties General/ Complex Learning Difficulties	Conduct Disorder Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder Controlled	Hearing Impaired Aided Visual Impaired Partial	Physical Disability Ambulant Physical Disability Non-Ambulant
Band 2 High Needs Element 3	Language Impairment / Speech Disorder Autistic Spectrum Disorder/ Asperger's	Complex /Severe Learning Difficulties	Conduct Disorder Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder Controlled	Hearing Impaired Aided Visual Impaired Partial	Physical Disability Ambulant Physical Disability Non-Ambulant
Band 3 High Needs Element 3	Language Impairment / Speech Disorder ASD with challenging behaviour	Complex /Severe Learning Difficulty (P4-L1)	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder Controlled Severely Challenging Behaviour	Hearing Impaired Aided Visual Impaired Partial Multi-Sensory Impairment	Physical Disability Non-Ambulant
Band 4 High Needs Element 3	ASD with severely challenging behaviour AAC Technology	Profound Multiple Learning Difficulties (P1-P4)	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder Uncontrolled Severely Challenging Behaviour	AAC Technology Multi-Sensory Impairment	Physical Disability Non-Ambulant Feeding and /or Personal Care

Chapter 2

Communication and Interaction

Area of Need: Language Impairment/Speech Disorder

Some children and young people will have longer term difficulties with articulation and/or language development. These may be exhibited through:

- Difficulties with listening and attention skills
- Difficulties in articulation and phonology
- Difficulties in understanding the meaning of language
- Difficulties with expressive language, putting words into meaningful sentences and/or forming structured sentences appropriate to child's/young person's age and development
- Difficulty with vocabulary acquisition.

SEN Support: Band 1 Levels and Descriptors of Need

Children and young people's speech and/or language is disordered or significantly delayed e.g.

- persistent immaturities into Key Stage 2,
- some problems with sound development but generally intelligible and able to make needs known through speech,
- some difficulties experienced in conveying more abstract and complex thoughts,
- able to follow most simple conversations/instructions in context,
- some difficulties in comprehending more abstract or complex conversations/instructions, out of line with developmental stage,
- some difficulties with asking and answering questions,
- some difficulties with understanding basic concepts..

Children and young people may display the following characteristics:

- mostly confident with occasional difficulty integrating or in fulfilling social activity,
- mild, occasional upset, frustration, anger, distress, embarrassment, concern, withdrawal relating to speech and language needs,
- can show reluctance to comment in class/group situations,
- capable of clear speech when prompted but clarity deteriorates in spontaneous speech,
- intelligible to familiar listeners in context,
- variable intelligibility to non-familiar listeners,
- problems with establishing curriculum concepts, e.g. in mathematics and science,
- difficulty with understanding written language,
- children and young people may rely on visual prompts or following peers rather than verbal instructions,
- only process part of several past instructions, e.g. the last sentence.

May require regular input from speech and language therapist with advice for specific programs to be carried out by the setting/school/provider.

Specialist support and advice will guide individualised planning and additional resources will be required within the learning environment to access the curriculum.

At SEN Support: Assess – Plan – Do – Review

Assess:

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, school's, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school or provider to help inform the assessments. Assessment should be reviewed regularly.
- Settings and schools must make use of Wolverhampton's Speech and Language Screening Tool and Resource Pack to identify areas and severity of need. Settings and schools should request a referral to a speech and language therapist if indicated by the Screening Tool. Provider should refer to their in house specialist in this area.
- A speech and language therapist should undertake a specialist assessment and provide a report which recommends targets.

Plan:

- Child, young person and their parents/carers, understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- The setting, school or provider may need to incorporate the speech and language therapist's advice into targeted provision.
- If support at the targeted level is indicated by the screening tool then settings and schools should plan and deliver interventions from the Resource Pack according to the identified needs.
- Planning for differentiated resources may be required i.e. scaffolding of tasks, visual structure, task planners, now and next board, visual timetable

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCo will oversee the child/young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.
- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.
- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- The speech and language therapist will liaise with the child/young person and their parents/carers and provide advice and resources so that they can continue to support the targets at home.
- Use of a multisensory approach to teaching may be required.
- Additional support needed to develop emotional vocabulary using visual and real life situations.
- A regular programme of 1:1 support may be required to implement the programme provided by the speech and language therapist.

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, and the speech and language therapist termly and using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress

Review continued...

- The setting, school or provider will need to liaise closely with other professionals involved, including the speech and language therapist (where involved) and the child/young person and their parents/carers.
- Access to staff training and resources from the speech and language therapy service.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

Guidance on When to Request an Education Health and Care Needs Assessment for Communication and Interaction

All of:

- Despite support and intervention through the graduated approach the child`s/young person`s (CYP) progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training.
- The CYP has complex, long-term speech and language difficulties that cause substantial barriers to learning and social relationships.
- The CYP has severe or moderate language impairment which may include comprehension, expression, phonology.
- Social isolation, frustration and peer isolation is evident.
- May not understand social situations and therefore may respond inappropriately
- Highly atypical behaviours such as being obsessive, challenging and withdrawn may be evident.
- Has a diagnosis of ASD.
- Has language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties.

EHCP: Band 2 Levels and Descriptors of Need

A child or young person will have needs in the following areas:

- complex, long-term speech & language difficulties barriers to learning and social relationships,
- severe language impairment in one predominant area involving language use, comprehension, expression or phonology,
- free spontaneous speech which is often unintelligible,
- good use of consonants and vowels at a single word level but poor transfer of sounds into sentences,
- some ability to follow simple, verbal instructions in a clear context,
- difficulty in expressing ideas through language e.g. word finding, sequencing,
- difficulties with self confidence in communicating with others,
- difficulty understanding social situations and may respond inappropriately,
- emotional immaturity as a consequence.

EHCP: Band 3 Levels and Descriptors of Need

A child or young person will have needs in some or all of the following areas:

- severely reduced speech sound systems,
- sometimes unintelligible even to familiar adults in context,
- severe language impairment, involving more than one component of language e.g. use, comprehension or expression,
- severe difficulty in expressing ideas through language e.g. word finding, sequencing,
- considerable visual support is required to follow simple instructions,
- self-esteem may be low,
- will have difficulty establishing social integration and friendships with peers,
- likely to be reluctant to communicate in class without considerable support,
- likely to misunderstand social situations and respond inappropriately,
- may show signs of distress and confusion,
- lacking the language skills required to express emotions and reason about them,
- impacts significantly on learning in most/all subjects,

and require:

- regular input from speech and language therapist with advice for specific programmes to be carried out by the school,
- significant additional time from adults in order to facilitate effective communication.

EHCP: Band 4 Levels and Descriptors of Need

Not applicable – Band 4 relates only to ASD levels and descriptors of need.

At EHCP Assess – Plan – Do - Review (in addition to that at SEN Support)

Assess:

- Criterion referenced assessments and profiling tools are in place.
- Assessment must be reviewed regularly against outcomes.

Plan:

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on schools and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- Time and place for targeted provision is established and adhered to.

Do:

- Speech and language therapist work in conjunction with staff to provide targets for the child/ young person's individual action plan
- Speech therapist will provide therapy on a regular basis and have close involvement with the delivery by other staff of speech therapy recommendations.
- Use of Total Communication approach to enable access to all areas of the curriculum.
- Individual speech and language programme in place.
- Skills learnt during targeted provision are practiced back in class.
- Support staff involved in joint planning of targeted support.

Review:

- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.
- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan. The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

Communication and Interaction

Area of Need: Autistic Spectrum Disorder

ASD is characterised by difficulties with social communication and interaction as well as restricted or repetitive patterns of interest or behaviour. They may show themselves in the following ways:

- difficulties in attuning to social situations and responding to normal environmental cues;
- evidence of emerging personal agendas which are increasingly not amenable to adult direction;
- a tendency to withdraw from social situations and an increasing passivity and absence of initiative;
- repressed, reduced or inappropriate social interactions extending to highly egocentric behaviour with an absence of awareness of the needs or emotions of others;
- impaired use of language, either expressive or receptive; this may include odd intonation, literal interpretations and idiosyncratic phrases and may extend to more bizarre expressive forms and limited expression, reducing the potential for two-way communication;
- limitation in expressive or creative peer activity extending to obsessive interests or repetitive activities;
- interests that are unusual in focus or intensity;
- differences in the processing of sensory information that can lead to heightened states of arousal or agitation;
- reliance upon structure or routines and/or distress at small/ non-functional changes in the environment.

Autistic Spectrum Disorders can include the following diagnosis:

Autism, Autism Spectrum Disorder (ASD), Asperger's Syndrome(AS), Pervasive Developmental Disorder/Atypical Autism, Semantic Pragmatic Disorder, Pathological Demand Avoidance.

Children and young people with Autistic Spectrum Disorders can often also experience difficulties with fine and gross motor skills, concentration and planning of activities. Autistic Spectrum Disorders can affect individuals at all levels of learning and cognitive development. A significant proportion of children and young people with ASD experience significant learning difficulties. Individuals with ASD frequently have significant areas of strength or talents.

Challenging behaviour is not a core feature of an Autistic Spectrum Disorders, however, children and young people with ASD can experience heightened states of anxiety, agitation, distress or physiological arousal in response to challenging situations, e.g. due to difficulties understanding communication, sensory over/ under-stimulation, unexpected changes in routines. Where children and young people experience such situations and when they may lack strategies and resources to cope, this may lead to behaviour that is "challenging". The degree of challenging behaviour that a child/young person shows is not a measure of the

severity of their Autistic Spectrum Disorders. Rather, it is an indication of the mismatch between the child's/young person's coping skills and the demands of the environment or situation.

We may expect children and young people with Autistic Spectrum Disorders at all levels to display some challenging behaviour if appropriate provision is not made to meet their needs.

SEN Support: Band 1 Levels and Descriptors of Need

The child/young person experiences persistent difficulties with social interaction, social communication and/or understanding emotions such as:

- difficulties initiating/ maintaining conversations,
- impaired speech/communication,
- level of expressive language skill/performance prevents effective age-appropriate communication,
- using/understanding non-verbal communication,
- developing/maintaining relationships,
- reciprocal peer interactions.

The child/young person also experiences difficulties with respect to restricted or repetitive patterns of behaviour or interests, such as:

- stereotyped/repetitive speech or actions,
- excessive adherence to routine or rituals,
- resistance to change,
- unusually narrow or fixed interests,
- hyper- or hyposensitivity.

These difficulties impact on the child or young person's access to, or engagement in a wide range of learning activities.

There may be a requirement for enhanced pastoral and break/lunchtime support to ameliorate social interaction difficulties. Children and young people may need considerable preparation for changes in routine.

Children and young people may have or be under assessment for an ASC.

At SEN Support: Assess - Plan – Do - Review

Assess:

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, school's, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.
- Settings and schools must make use of Wolverhampton's Speech and Language Screening Tool and Resource Pack to identify areas and severity of need. Settings and schools should request a referral to a speech and language therapist if indicated by the Screening Tool. Provider should refer to their in house specialist in this area.
- A speech and language therapist will undertake a specialist assessment and provide a report which recommends targets.
- Referral to under 5 or over 5 ASD Panel

Plan:

- Child, young person and their parents/carers understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- The setting, school or provider may need to incorporate the speech and language therapist's advice into targeted provision.
- Planning for differentiated resources may be required - scaffolding of tasks, visual structure, task planners, now and next board, visual timetable.
- Additional time for consolidation of skills being taught and flexibility to compensate for poor generalisation of skills.
- The child's/young person's individual learning profile will identify strategies to enable curriculum access that focuses upon language and communication, task structure, social aspects of learning, special interests/obsessions, sensory preferences, self-care skills, differentiated means of responding to curriculum tasks, preferred learning styles, possible triggers for anxieties.

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCo will oversee the child/ young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.
- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.
- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- The speech and language therapist will liaise with parents/carers and provide advice and resources so that they can continue to support the targets at home.
- Use of a multisensory approach to teaching may be required.
- Additional support needed to develop emotional vocabulary using visual and real life situations.
- A regular programme of 1:1 support may be required to implement the programme provided by the speech and language therapist.
- Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or sensory sensitivity, with monitoring of behavioural responses.
- Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies.
- Use of specific IT programmes and specialist equipment to enhance communication and recording and presentation of work.
- Structured teaching strategies should be embedded into programmes of work.
- Work presented in a manner to the child/young person's level of language and communication development.
- Consistent, structured and predictable classroom routines with preparation in advance for changes and transitions.
- Attention to the child's areas of special interest or skills in order to enhance learning.

Do: continued...

Visual supports are embedded to aid language understanding across all aspects of the environment (e.g. pictures, symbols, objects of reference, signing, gestures) to help access the curriculum.

- Circle of friends
- Using tools and techniques to develop social understanding and plan for new/ unusual events (e.g. social stories, role play, photographs)
- Strategies to support access to activities in the larger group consistently applied throughout the setting for the whole of the session time.
- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles.

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, and the speech and language therapist termly and using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress
- The setting, school or provider will need to liaise closely with other professionals involved, including the speech and language therapist (where involved) and the child/young person and their parents/carers.
- Access to staff training and resources from the speech and language therapy service.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

Guidance on When to Request an Education Health and Care Needs Assessment for Communication and Interaction

All of:

- Despite support and intervention through the graduated approach the child`s/young person`s (CYP) progress is still very limited and indicates that long term specialist input and /or additional resources are required to continue access to the full curriculum and to allow participation in Further Education or Training.
- The CYP has complex, long-term speech and language difficulties that cause substantial barriers to learning and social relationships.
- The CYP has severe or moderate language impairment which may include comprehension, expression, and phonology.
- Social isolation, frustration and peer isolation is evident
- May not understand social situations and therefore may respond inappropriately
- Highly atypical behaviours such as being obsessive, challenging and withdrawn may be evident
- Has a diagnosis of ASD
- Has language and communication difficulties which may be the result of permanent sensory or physical impairment or associated with moderate, severe or profound and complex learning difficulties

EHCP: Band 2 Levels and Descriptors of Need

The child and young person experiences significant and persistent difficulties in the areas below:

- **Social Interaction** – For example - Lack of awareness or interest in shared activities with peers and difficulties in developing and maintaining relationships and initiating peer interactions.
- **Social Communication** - For example - initiating and maintaining conversations, using/understanding non-verbal communication or understanding emotions,
- **Restricted or repetitive patterns of behaviour or interests** - For example stereotyped/repetitive speech or actions, excessive adherence to routine or rituals, unusually narrow or fixed interests, difficulties taking part in or extending imaginative play,
- **sensory integration difficulties** - For example- hyper or hypo sensitivity to a range of stimuli.

Adult help will be required to access a full range of learning. There will need to be planned and monitored opportunities for social interaction with peers and help in learning to adapt to new situations and to change.

The child or young person is likely to experience anxiety or heightened arousal in certain situations, which they find difficult to cope with and which could lead to behaviour that is challenging.

The children and young people will have difficulties in all areas associated with their Autistic Spectrum Disorder. The impact of these difficulties will necessitate additional specialist support in one or more areas.

EHCP: Band 3 Levels and Descriptors of Need

Children and young people will experience severe and persistent difficulties associated with an Autistic Spectrum Disorder. These difficulties are likely to include: difficulties with social interaction (e.g. developing/maintaining relationships, initiating peer interactions),

- difficulties with social communication (e.g. initiating/maintaining conversations, using/understanding non-verbal communication) or understanding emotions,
- difficulties in the area of imaginative skills and may rely more heavily on re-enacting learned scenarios,
- sensory processing difficulties,
- difficulty in seeing the point of learning activities or social activities, requiring personalised rewards, reinforcement or activities that build upon personal interests to help them to engage,
- distress over small changes in the environment, reliance on routine and the expected,
- limited appreciation of classroom conventions, needing very predictable routines and consistent expectations,
- attachment to unusual objects,
- preoccupation with stereotyped or restricted patterns of interest,
- repetitive motor mannerisms,
- significant anxiety or heightened arousal in certain situations, which the child or young person finds difficult to cope with.

The child and young person experiences severe difficulties in all areas associated with their Autistic Spectrum Disorder such that they require a high level of specialist and individualised support.

EHCP: Band 4 Levels and Descriptors of Need

Children and young people will experience severe, persistent and complex difficulties associated with an Autistic Spectrum Disorder. These difficulties will include:

- severe difficulties with social interaction, this includes developing and maintaining relationships)
- severe difficulties with social communication (e.g. initiating/maintaining conversations, using/understanding non-verbal communication) or understanding emotions,
- severe difficulties in the area of imaginative skills and may rely more heavily on re-enacting learned scenarios, which may result in highly ritualised and repetitive behaviours,

And may include:

- Non/very limited expressive language, or spoken language that is repetitive and does not follow the social rules,
- severe sensory processing difficulties, (hypo/hyper sensitivity),
- severe learning difficulty,
- Repetitive verbal and physical behaviours,
- severe anxiety experienced on a regular basis and across different situations, in response to unpredictable situations, deviations from routines, sensory processing, and/or difficulties with related to their Autism Spectrum Disorder,,
- Severe difficulties engaging in tasks/activities other than those linked to the child and young person's particular interests.

The child/ young person's difficulties will be may be made complex by the presence of additional factors, such as difficulties associated with psychological wellbeing and emotional development, extreme rigidity in behaviour, extreme difficulties with sensory modulation, and additional physical/ medical conditions. These are likely to make it significantly more difficult to manage the child/ young person's behaviour and safety than for most children/ young people with ASD.

The child/young person would meet criteria for a diagnosis of ASD. The child and young person experiences severe and complex difficulties in all areas associated with their together with Autistic Spectrum Disorder additional factors which impact upon his or her ability to access a range of learning experiences such that they require a high level of specialist and individualised programmes of support to meet his or her needs.

At EHCP Assess – Plan – Do - Review (In addition to SEN Support)

Assess:

- Assessment must be reviewed regularly against outcomes.

Plan:

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- The child and young person will need individual adult support to access learning tasks or at other times (e.g. transitions, unstructured times). This should be planned and predictable.
- Individual adult support for activities aimed at developing social skills, or understanding emotions of self and others and managing own responses.
- Designated keyworker plans for unstructured times of the day/break times which may include access to extracurricular activities.
- Provision of a designated space for times of heightened anxiety or arousal
- A planned strategy for child to indicate increasing levels of anxiety and arousal and request support which may include a help card or a 'pass' to exit the classroom.
- An individual communication profile/ passport, which identifies the child/ young person's communication needs and how they might use their behaviour to communicate.
- A personalised behaviour plan with specific strategies to minimise triggers for anxiety/ heightened arousal, and clear strategies for responding consistently to incidents where behaviour can be a challenge.
- Activities to address sensory differences such as sensory snacks or sensory de-sensitisation programmes
- A curriculum which includes specific activities aimed at teaching skills in relation to social interaction; communication and management of anxiety/ emotions

Do:

- Speech and language therapist work in conjunction with staff to provide targets for the child/ young person's individual action plan
- Where relevant, use of Total Communication approach to enable access to all areas of the curriculum.
- Individual speech and language programme in place.
- Small group and individual targeted support required within lessons.
- Skills learnt during targeted provision are practiced back in class.
- Support staff involved in joint planning of targeted support.
- Monitoring of behavioural responses.
- Visual supports are embedded to aid language understanding across all aspects of the environment (e.g. pictures, symbols, objects of reference, signing, gestures) to help access the curriculum.
- Autism awareness for individual child/young person appropriate to level of development, for peers appropriate to level of development and the wider school community.
- TAC PAC/Cool Kids Programme
- Use of Workstations and TEACCH approach
- Behavioural Analysis is offered as part of enhanced outreach provision. This provision includes a 1:1 programme of behavioural analysis overseen by a suitably qualified person for a specific number of hours per week.

Review:

- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.
- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan.
- The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

Cognition and Learning

Area of Need:

General and complex Learning difficulties

Children and young people with general learning difficulties experience significant problems across the majority of the curriculum. Their general level of development and academic attainment is significantly below that of their peers. In many cases difficulties will include speech and/or language developmental delay and poor self-care skills. Many children and young people may also have poor social skills and/or may show signs of emotional and behavioural difficulties.

Severe or Profound Learning Difficulties (SLD & PMLD)

Children and young people with very severe or profound and multiple learning difficulties are almost always identified before they reach statutory school age. Young people with SLD will be most likely to work at P level to level 1, of the National Curriculum up to school leaving age. A young person with PMLD will be most likely to work at early P levels, P1i to P4, until school leaving age. In most cases the LA will be able to draw upon a considerable body of existing knowledge arising from assessments carried out and provision made by Health Agencies and Children's Services.

Specific Learning Difficulty

Young People on the Dyslexia, Dyspraxia or Dyscalculia continuums.

SEN Support: Band 1 Levels and Descriptors of Need

General Learning Difficulty

Children and young people will have difficulty in acquiring basic skills of literacy and numeracy, leading to low attainment levels, with child/young person working;

- 2 years below expected level in most areas for example below level 1 at the end of Key Stage 1, and below Level 3 at the end of Key Stage 2.
- In secondary stage, expected to be at least two levels below expectations in literacy/ numeracy by the end of the relevant Key Stage.

Attainment for children and young people at the lowest end of this band will be working well below the expected levels for most /children and young people for example:

- P5 to P7 at the end of Key Stage 1
- Level 1 at the end of Key Stage 2
- Level 2 at the end of Key Stage 3

SpLD: All children and young people with a diagnosis of Dyslexia, Dyspraxia and other specific learning difficulties. A child/ young person with SpLD who has very significant

difficulties, with marked discrepancy between oral and literacy skills. May also have difficulties with maths. Some child/young person may grasp mechanical skills but lack comprehension, e.g. literacy, maths.

At SEN Support: Assess - Plan – Do - Review

Assess:

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, school's, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.
- Identify and address barriers to learning and preferred learning styles

Plan:

- Child, young person and their parents/carers, understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- Planning for differentiated resources may be required
- Additional time for consolidation of skills being taught and flexibility to compensate for poor generalisation of skills.
- The child's/young person's individual learning profile will identify strategies to enable curriculum access.

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCo will oversee the child/ young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.

- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.
- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- Access to specialist equipment and resources should be provided as necessary.
- Allow time for consolidation and practice for enhanced learning of skills and tasks.
- Deliver focused skill development or reinforcement of targets.
- Assistance with developing self-help skills, e.g. dressing, toileting, feeding
- Child/ young people must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, and the speech and language therapist termly and using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress
- The setting, school or provider will need to liaise closely with other professionals involved.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

Guidance on When to Request an Education Health and Care Needs Assessment for Cognition and Learning

All of:

- Following the graduated approach and provision of SEN Support the CYP still requires specialist and/or additional resources to access the full curriculum or to enable participation in Further Education or training.
- Attainment levels are significantly below age-related expectations in core subjects at the end of transition stages.
- Significantly greater difficulties in most developmental and curricular areas.
- Social and self-help skills considerably limited
- Significant difficulty with : rate of progress, retaining skills and information, generalising skills, staying on task/attention, confidence, organisation
- Complex Learning Difficulties (CLD) - CYP with complex learning difficulties have conditions that co-exist. May present with a range of issues and combination of layered needs e.g. mental health, relationships, behavioural, physical, medical, sensory, communication and cognitive. Their attainments may be inconsistent, presenting an atypical or uneven profile.
- Severe Learning Difficulties (SLD) - CYP with severe learning difficulties have significant intellectual or cognitive impairments. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills.
- Children and young people with very severe or profound and multiple learning difficulties are almost always identified before they reach statutory school age and referral is normally made through the Special Needs Early Years' Service following the services assessment.

EHCP: Band 2 Levels and Descriptors of Need

General and Complex Learning Difficulty

Children and young people' attainment levels are significantly below age related expectations, for example so that the end of Key Stage results may be:

- Key Stage 1: P1 to P6
- Key Stage 2: P7 to Level 1C
- Key Stage 3: National Curriculum Level 1/ Level 2

Significantly greater difficulties in most developmental and curricular areas. In addition, significant difficulty with:-

- Rate of progress
- Retaining skills and information
- Generalising skills
- Staying on task/ attention
- Confidence
- Organisation

Complex Learning Difficulties (CLD)

Children and young people with complex learning difficulties have conditions that co-exist. These conditions overlap and interlock creating a complex profile and may present with a range of issues and combination of layered needs e.g. mental health, relationships, behavioural, physical, medical, sensory, motor, self-care and independence, communication and cognitive. Their attainments may be inconsistent, presenting an atypical or uneven profile. In the school setting, learners may be working at any educational level, including the National Curriculum and P scales.

Severe Learning Difficulties (SLD)

Children and young people with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the setting curriculum without support. They may also have associated difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills. Children and young people with SLD will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some children and young people may use sign and symbols but most will be able to hold simple conversations and gain some literacy skills. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below Level 1 of the National Curriculum).

EHCP: Band 3 Levels and Descriptors of Need

Complex SLD (P4-L1)

Children and young people will have difficulties in most areas of the Early Foundation Stage Profile, National Curriculum and /or current levels of attainment are unlikely to lead to usable levels of skills to enable participation in Further Education/training /employment.

They would also have difficulties with some or all of the following

- Self-organisation, following routines, managing equipment
- Immature behaviour and social skills
- Fine or gross motor control
- Self-confidence and independence
- Attention, concentration
- Expressive and receptive language

EHCP: Band 4 Levels and Descriptors of Need

PMLD

The children and young people would have significant cognitive difficulties and developmental delay in a number of areas. May have additional needs including basic self-help.

The children and young people may be working at pre-National Curriculum levels in some or all areas.

Children and young people have severe difficulty in accessing most areas of the curriculum independently.

In addition the children and young people will have significant difficulties most of the following:

- Self-organisation
- Social competence
- Attention/concentration
- Expressive and/or receptive language
- Self-care

Children and young people with profound and multiple learning difficulties have severe and complex learning needs; in addition, they have other significant difficulties such as physical disabilities or sensory impairment. Children and young people require a high level of adult support, both for their learning needs and also for personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some children and young people communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain in the early P scale range (P1-P4) throughout their school careers (that is below Level 1 of the National Curriculum).

At EHCP: Assess – Plan – Do – Review (In addition to SEN Support)

Assess:

- Assessment must be reviewed regularly against outcomes.

Plan:

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- Time and place for targeted provision is established and adhered to.

Do:

- Skills learnt during targeted provision are practiced back in class.
- Support staff involved in joint planning of targeted support.
- Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies.
- Use of specific IT programmes and specialist equipment to enhance recording and presentation of work.
- Structured teaching strategies should be embedded into programmes of work.
- Work presented in a manner to the child/young person's level of development.
- Visual supports are embedded to aid language understanding across all aspects of the environment (e.g. pictures, symbols, objects of reference, signing, gestures) to help access the curriculum.
- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles
- Total assistance with self-help skills.
- Use of total communication approach.
- A multi-sensory approach to the curriculum will be required.

Review:

- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.

- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan.
- The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

Social, Emotional and Mental Health

Area of Need: Social, Emotional and Mental Health

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Young people who experience Behavioural, Emotional and Social Difficulties (BESD) may also have additional difficulties as described in other sections (e.g. Cognition and Learning). The emphasis of this guidance is on whether the young person meets expectations of progress in school.

The child presents persistent behavioural / emotional difficulties that have not been ameliorated by differentiated learning opportunities or by the whole-school behaviour management techniques:

- underdeveloped skills in listening and attending to the teaching and learning process
- failure to make progress anticipated across areas of the curriculum accompanied by signs of mood swings, frustration, non-co-operation, withdrawal or isolation, disillusionment, or non-attendance.
- difficulty with social relationships including peer/ group relationships which affect classroom dynamics and require teacher intervention
- difficulty acquiring and applying basic social skills
- emotional immaturity; low self esteem
- lack of confidence in their ability to cope with new demands and change to their routines
- lack of personal management skills e.g. anger, anxiety, openly tearful
- emotional intelligence/ development underdeveloped in relation to chronological age

Some examples of the behaviours and social and emotional difficulties that might be exhibited by a young person with BESD:

- often destroys own work
- reacts negatively to lack of success
- is unable to make /sustain friendships
- appears depressed / low mood/openly tearful
- appears withdrawn or socially isolated
- lacks confidence to attempt tasks
- reluctant to engage in classroom activities
- communicates aggressively preventing the class functioning
- is silent or speaks selectively
- shows obsessive behaviours and/or irrational anxieties

- displays extreme mood swings
- frequently engages in disruptive behaviour in class
- unable to operate in a collaborative setting with peers
- is subject to or perpetrator of bullying or signs of stress affecting school performance
- exhibits attention seeking behaviours that restrict the good order of the learning that takes place
- persistent disruptive behaviour occurs in a variety of contexts and impedes the learning of the young person and/or other young people despite interventions detailed in IEP.
- difficulty sustaining peer relationships.
- gravitates to unhealthy relationships with peers and may encourage other to engage in inappropriate or risky behaviour
- Seeks to develop unhealthy relationships with adults, avoiding peer interaction and craving attention from adults
- fluctuations in mood and unpredictable attitude to learning tasks – periods of uncooperative behaviour and withdrawal.
- progress is often below expectations in many areas – often associated with frustration and disaffection
- unable to self-manage in unrestricted settings e.g. lunchtime
- self-harming
- related poor attendance

SEN Support: Band 1 Levels and Descriptors of Need

Progress through the curriculum is affected by their social and/or behavioural difficulties due to the following :

- Lack of a range of social skills, e.g. taking turns, working co-operatively, accepting the ideas others.
- Poor view of self and low self-confidence, difficulty in working independently.
- Unsettled behaviour in class, limited concentration and organisation in relation to age expectations.
- May avoid or become upset when faced with new and unfamiliar tasks or people.
- May frequently challenge practitioners/teachers' requests but will back down.
- Frequent attention seeking behaviour, often inappropriate or mildly challenging.
- Seeks to gain and maintain frequent close physical contact with adults (generally primary age child/children and young people).
- Overreacts when disapproval is shown, attention is withdrawn or when thwarted.
- Appears to lack motivation and requires frequent encouragement to stay on task.
- Flits between activities and materials with little attention (younger child/children and young people).
- No regular group of friends.
- Progress through National Curriculum is *significantly* affected by their emotional, social and/or behavioural difficulties due to:
- Unsettled and disruptive behaviour in class which interrupts the progress of the

lesson

- Loss of temper or tantrums.
- Difficulty in maintaining relationships with members of staff, e.g. more than once daily refuses to complete work, challenge practitioners/teachers' requests, but sometimes backs down.
- Difficulty in maintaining relationships with child/children and young people, e.g. minor scuffles in playground or classroom.
- Victim of bullying or intimidation or bullies or intimidates others.
- Social isolation; usually appearing to be on the edge of activities.
- High demand of adult attention.
- Being easily rebuffed and sensitive to disapproval.
- Sullen, resentful and unhappy attitude and mood. High self-criticism; puts self-down.

At SEN Support: Assess - Plan – Do - Review

Assess:

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, school's, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals from health should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.
- Identify and address barriers to learning and preferred learning styles

Plan:

- Child, young person and their parents/carers understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- Planning for differentiated resources may be required
- Additional time for consolidation of skills being taught and flexibility to compensate for poor generalisation of skills.
- The child's/young person's individual learning profile will identify strategies to enable curriculum access.

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCo will oversee the child/ young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services, in particular health services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.
- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.

- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- Access to specialist equipment and resources must be provided as necessary.
- Allow time for consolidation and practice for enhanced learning of skills and tasks.
- Deliver focused skill development or reinforcement of targets.
- Assistance with developing self-help skills, e.g. dressing, toileting, feeding
- Child/ young people must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, and the speech and language therapist termly and using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress
- The setting, school or provider will need to liaise closely with other professionals involved.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

Guidance on When to Request an Education Health and Care Needs Assessment for Social, Emotional and Mental Health

All of:

- Little measurable achievement despite a carefully planned series of interventions
- The CYP is likely to have an identified medical or mental health condition that impacts upon behaviour
- There is evidence of extreme, complex emotional and behavioural difficulties of a long-term duration and frequency in a variety of educational facilities resulting in extreme difficulties for the CYP and severely affecting other CYP and/or adults
- Has difficulty in maintaining relationships with staff and peers, e.g. avoids engaging in work, may challenge teachers in a verbally aggressive manner and is frequently involved in aggressive confrontation with peers.
- Demonstrates extremely low self-esteem and emotional neediness through social withdrawal

EHCP: Band 2 Levels and Descriptors of Need

This band covers a range of behavioral, emotional and social difficulties identified through formal assessment and may include mental health problems and/or specific conditions such as diagnosed Attention Deficit Disorder (ADD), or Depression, conditions requiring significant, regular additional adult support to access the majority of learning activities and to sustain concentration. The child/ young person may exhibit:

- Unsettled and disruptive behaviour in class e.g. fights with other children and young people with little provocation or deliberately shouts above teacher to gain attention.
- Frequently loses temper or has tantrums (in younger children and young people).
- Has difficulty in maintaining relationships with members of staff, e.g. avoids engaging in work, and may challenge Practitioners/Teachers in a verbally aggressive manner.
- Frequent aggressive confrontation with peers.
- Remembers confrontations, 'bears a grudge' and seeks revenge.
- Seeks affection, approval and reassurance repeatedly but appears to remain insecure.
- Highly competitive in search for attention.
- Destroys own work or hard won social achievements.
- Demonstrates extremely low self-esteem and emotional neediness through social withdrawal.
- Demonstrates anxiety; clings and is tearful.
- Attendance may need to be monitored.

EHCP: Band 3 Levels and Descriptors of Need

The child/ young person may exhibit:

- Behaviour, emotional, social difficulty requiring planned positive/ restrictive intervention / uncontrolled ADHD/ Anxiety Disorders i.e. medication required / taken but not effectively controlling behaviour in school.
- Frequent and significantly challenging and disruptive behaviour which includes refusal to accept Practitioners/Teachers' appropriate sanctions.
- Behavioural outbursts generally on a daily basis.
- Significant difficulty in following basic classroom routines and is exceptionally restless and inattentive for much of the school day over a sustained period of time.
- Initiates aggressive confrontations with peers at least daily. Has few constructive relationships with peers and seems isolated.
- Unpredictable emotional outbursts including temper tantrums when thwarted criticised or touched.
- Withdrawn; relating to others at a minimal level tending to resist attempts to engage child.
- Adverse response to appropriate praise
- Shows evidence of very frequent need for reassurance but remains anxious after this has been provided.
- Shows a high level of disaffection or anxiety which impacts on attendance.

Planned programmes have significant resource implications for the school.

EHCP: Band 4 Levels and Descriptors of Need

This band relates to severe emotional, social, behavioural difficulty including, trauma related difficulties, attachment disorders, severe depression and/or anxiety disorder Attention Deficit, Hyperactivity Disorder (uncontrolled), with significant challenging behaviour.

The child/ young person requires constant supervision to ensure their own safety and that of peers and/or adults with positive, restrictive intervention strategies employed on a regular basis. This band includes children and young people with diagnosed Attention Deficit Hyperactivity Disorder not effectively medically controlled and requiring regular, one-to-one adult support to access the majority of learning activities and to sustain concentration Positive, restrictive intervention strategies employed on a regular basis.

Progress through the curriculum is very seriously affected by emotional, social and behavioural difficulties.

Very provocative, aggressive and confrontational behaviour which can include verbal and physical aggression towards peers and staff.

Loses temper frequently during the day or in younger children has frequent tantrums.

Outbursts can be prolonged and be difficult for staff to manage.

Has poor relationships with most staff, is disruptive in most lessons and unwilling to comply with Practitioners/Teachers' requests.

Seeks to develop unhealthy relationships/attachments with adults, avoiding peer interaction and craving attention from adults beyond acceptable constraints

Refuses to acknowledge responsibility for inappropriate behaviour despite objective evidence.

Has very few positive relationships with children and young people, have frequent disputes and fights and is known to bully.

Lacks confidence and independence and is dependent on other children. Very rarely volunteers a positive response in class.

Very withdrawn; social contact with other children and young people is very limited; appears isolated and has no friendship group in school.

Readily shows signs of anxiety if demands are made or routines change.

Evidence of being bullied.

At EHCP: Assess – Plan – Do - Review (in addition to SEN Support)

Assess:

- Assessment must be reviewed regularly against outcomes.

Plan:

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- Time and place for targeted provision is established and adhered to.

Do:

- Support staff involved in joint planning of targeted support.
- Use of specific IT programmes and specialist equipment to enhance recording and presentation of work.
- Structured teaching/ behavioural strategies should be embedded into programmes of work.
- Work presented in a manner to the child/young person's level of development.
- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles

Review:

- Impact and quality of the targeted support and intervention should be evaluated.
- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.
- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan. The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

Physical/Medical

Area of Need: Physical/Medical

Children and young people with motor disabilities and severe medical problems are most frequently identified at the pre-school stage. Exceptions to this would be child/young person experiencing severe trauma, possibly as the result of an accident or illness, leading to long term disability.

Physical disabilities or impairment may arise from:

- physical, neurological or metabolic causes such as cerebral palsy, achondroplasia, or spina bifida
- severe trauma, perhaps as a result of an accident, amputation or serious illness
- degenerative conditions, like muscular dystrophy (Duchenne)
- moderate or severe gross motor and/or fine motor dysfunction in conjunction with other learning difficulties e.g. dyspraxia and autistic spectrum disorders
- moderate or severe difficulties with fine and/or gross motor movements without any specific attributable causes

Physical disabilities arising from this wide spectrum of need may show themselves by difficulties with accessing the following:

- physical environment of the school
- educational facilities and equipment
- whole school and class activities, including assessments
- practical lessons, safely e.g. Technology
- all areas of the curriculum especially practical subjects such as Physical Education and Technology
- information and communication technology.

As well as difficulty in:

- achieving independent self-care skills
- communicating through speech and other forms of language.

Emotional stress, physical fatigue, complex learning and social needs and multi-sensory difficulties can also be experienced.

SEN Support: Band 1 Levels and Descriptors of Need

Children and young people will achieve their mobility independently (whether or not they are wheelchair users or require mobility aids), although building adaptations such as ramps and disabled toilet facilities may need to be in place.

Children and young people will be independent in the majority of self-help skills.

Children and young people may:

- have medical conditions which reduce their levels of independence e.g. need for staff to monitor signs of severe asthma.
- have intermittent needs which require monitoring, e.g. arthritis and diabetes.
- tire more quickly than other children and young people.
- physical abnormalities which make them self-conscious, isolated, defensive or behave erratically.
- require medication to stabilise condition.
- have medical conditions which reduce their levels of independence e.g. need for staff to monitor signs of severe asthma.
- have intermittent needs which require monitoring, e.g. arthritis and diabetes.

At SEN Support Assess - Plan – Do - Review

Assess:

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, school's, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.

Plan:

- Child, young person and their parents/carers, understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- Planning for differentiated resources may be required

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCo will oversee the child/ young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.
- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.
- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an individual basis.
- Access to specialist equipment and resources should be provided as necessary.
- Deliver focused skill development or reinforcement of targets.
- Assistance with developing self-help skills, e.g. dressing, toileting, feeding
- Child/ young people must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress
- The setting, school or provider will need to liaise closely with other professionals involved.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

Guidance on When to Request an Education Health and Care Needs Assessment for Physical and Medical

A child of compulsory school age or a young person has a learning difficulty or disability if they have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

All of:

- The CYP is likely to have a conditions that are complex, severe and long-term, requiring specialist and /or additional support to access the curriculum
- The CYP will have significant additional learning, communication and/or behavioural difficulties
- The CYP may need support with equipment, in the management of self-help and the development of independence
- Rate of learning is limited and is likely to be affected by absences, fatigue, medication

EHCP: Band 2 Levels and Descriptors of Need

Children and young people may need support :

- to set up equipment/learning environment but works independently in a range of curriculum areas
- in the management of self-help e.g. toileting and other self-help skills in order to develop independence.
- with some aspects of mobility e.g. supervision.
- in developing confidence and independence.

Children and young people's medical condition may inhibit progress with the curriculum.

Children and young people may have intermittent medical needs which will impact on learning at these times

EHCP: Band 3 Levels and Descriptors of Need

Access to specialist changing facilities over and above a disabled toilet facility.

Needs help with mobility at some points in the day.

Problems with spoken language because of their physical difficulties.

Needs help in order to access some parts of the building, e.g. two storey buildings.

High levels of medical need at regular points requiring prompts response by the school.

Significant intermittent medical needs.

EHCP: Band 4 Levels and Descriptors of Need

Some aspects of muscular control may be limited.

Medical condition requires regular treatment/therapy.

May have problems with bladder/bowel control.

Self-help skills will be limited by physical condition.

May be exceptionally slow to complete physical activities and/or independence skills.

Will be slow to complete school work due to tiring or poor physical co-ordination

Communication skills may be impaired by physical condition.

At EHCP: Assess – Plan – Do – Review (in addition to SEN Support)

Assess:

- Outside professionals should liaise with the school to help inform the assessments.
- Assessment must be reviewed regularly against outcomes.

Plan:

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- Time and place for targeted provision is established and adhered to with targeted provision recorded on the school's information system.
- The school or setting will need to specialist advice from health into targeted provision.

Do:

- Therapy services work in conjunction with setting/school staff to provide targets for the child/ young persons' individual action plan.
- Support staff involved in joint planning of targeted support.
- Use of specific IT programmes and specialist equipment to enhance recording and presentation of work.
- Structured teaching strategies should be embedded into programmes of work.
- Work presented in a manner to the child/young person's level of development.
- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles. Where required total assistance with self-help skills and use of total communication approach may be necessary.

Review:

- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.
- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan.
- The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

Sensory

Area of Need: Hearing Impairment/ Visual Impairment

Hearing Impairment

The child/young person's hearing difficulties may significantly affect his/her understanding and processing of spoken language causing a significant delay in his/her receptive and expressive language;

The child/ young person 's ability to communicate may severely limit participation in classroom activities and social communication and interaction with peers; and may be a long term and complex difficulty which may require alternative communication modes; The child/young person's language and communication difficulties may lead to frustration or emotional and behavioural difficulties.

The child/ young person's difficulty may mean that he/she may be unable to follow classroom routine and maintain attention to task without a high level of structure and adult support.

The child/ young person has a diagnosed severe or profound (71dB+) pre-lingual, bilateral, sensori-neural or fixed conductive hearing loss.

The child/young person has a moderate hearing loss which may be progressive (41dB+).

The child/young person has a mild hearing loss (20dB+) which may be fixed or may fluctuate.

The child's/ young person's acquisition and development of language and communication has been significantly delayed by a pre-lingual and/or progressive hearing loss, so that receptive/expressive language may be two years or more behind chronological age.

The child/ young person has become deaf (moderate to severe 60+dB) and the resultant emotional and social difficulties may disrupt the child /young person's learning and access to the curriculum.

Hearing difficulties may show themselves in the following ways:

- Persistently ignoring and/or misunderstanding instructions.
- Difficulties in understanding or responding to verbal cues.
- Difficulties in communicating through spoken language/interactions with peers and adults.
- Difficulties with language-related topics and in understanding new/complex concepts.
- Frustrations and anxieties arising from a difficulty to communicate, leading to associated behavioural difficulties and peer relationships.
- Tendency to rely on peers, observing behaviour and activities to cue into expected responses.
- Tendency to withdraw from social situations and an increasing passivity and absence of initiative.
- Increasingly uses additional strategies to facilitate communication.
- Requires additional systems to support all aspects of communication, for example, BSL, additional audiological equipment.

Visual Impairment

Significant visual impairment may place some constraints on a student's ability to learn across all developmental spheres. These constraints might include:

- Diminished motivation.
- Reduced experiential opportunities.
- Restricted or lack of ability to learn through imitation.
- Some delays in concept formation.
- Poor or immature body image.
- Reduced sensory integration.
- Some fear and reduced self-confidence and self-esteem.

Significantly impaired visual functioning can cause difficulties in the process of learning and general overall development. However, with expert teaching and a properly and appropriately resourced teaching and learning environment, these difficulties can be addressed in a purposeful and meaningful way.

Teaching strategies must be based on having reference to a sound theoretical and practical understanding of visual impairment and its implications for learning, and crucially taking account of any additional learning needs or difficulties that a learner has.

- Where sight impairment is the primary need, the children and young /people will have significantly reduced visual acuity (6/18 or worse) in both eyes which cannot be corrected by glasses.
- It is important to understand that there is a wide spectrum of visual impairment ranging from minor and temporary to severe and permanent.
- They may have a defect in the field of vision e.g. tunnel vision or loss of central vision, a deteriorating eye condition or no useful sight at all.

Dependent on the severity of the vision loss there may be the following issues:

- Difficulty accessing material from the board and seeing detail in pictures or visual displays or seeing facial expressions or gestures.
- Difficulty in assessing what is happening in the distance for example on the playground or across the school hall or being unable to access materials presented at a distance.
- Difficulty reading small or poorly contrasting print or crowded or fussy layout of print.
- Difficulty reading normal print size in poor lighting or difficulty reading ordinary print so that magnification, enlargement or technological aids might be necessary.
- Difficulty writing legibly and reading own handwriting or even being unable to handwrite.
- Difficulty using small scale maps or complex diagrams.
- Difficulty participating in some P.E. and practical lessons, or safety issues with regard to PE and practical science, DT and cooking.
- The child or young person may require mobility and independence training and may need mobility aids to move around safely.
- The child or young person may need to use Braille, Moon or audio description to access text and will then require additional training in Braille or Moon and the use of assistive technologies.

SEN Support: Band 1 Levels and Descriptors of Need

Significant sensory/sensory integration difficulties (hearing impairment / visual impairment) which have some resource implications for the school.

Hearing Impaired

The child/ young person will:

- Have a diagnosed permanent or temporary hearing loss. (Mild, moderate loss or severe high frequency).
- Wear hearing aids required for amplification; information received via hearing aids, though improved, will remain incomplete and distorted.
- Have problems with some speech sounds, but will be generally intelligible and able to make needs known verbally.

The child/ young person may:

- Have delayed receptive and expressive language and immature functional use of language.
- Have problems with some speech sounds, but will be generally intelligible and able to make needs known verbally.
- Have some difficulties in expressing/understanding more abstract and complex ideas/information although they may be able to follow most conversations/instructions in context.
- Have difficulty coming to terms with being deaf.
- Have difficulty in physical management /organisation of amplification aids.
- Be overloud, boisterous and aggressive or quiet, timid and withdrawn.
- Be easily upset, frustrated, angry, distressed, embarrassed, anxious or withdrawn at times.
- Be reluctant to comment in class/group situations or may need to dominate or become the class 'clown'.

Child/young person may have difficulties in comprehension, asking and answering questions, understanding basic concepts, hearing/retaining some speech sounds.

The child/young person may appear confused, anxious and sometimes respond or behave inappropriately.

Visually Impaired

A moderate visual impairment will impede access to the curriculum and necessitate use of appropriate strategies for a child/young person.

The child/ young person will generally have a visual acuity range between 6/18 to 6/36. The child/ young person may have a condition which is only partially corrected by wearing glasses.

- The child/ young person may have tracking, scanning, depth, speed of work difficulties.
- The child/young person may also have difficulties with spatial awareness.

- The child/ young person will have significant difficulty in the use of standard text and pictorial materials.

Sensory Impairment may also lead to:

- An inability to follow the rules of social interaction in a group.
- Delayed receptive and expressive language and immature functional use of language.
- Some difficulties in expressing/understanding more abstract and complex ideas/information although they may be able to follow most conversations/instructions in context.
- Difficulty coming to terms with their sensory loss.
- Difficulty in physical management /organisation of equipment.
- Frustration, anger, distress, embarrassment, anxiety or being withdrawn at times.
- Reluctance to comment in class/group.
- Difficulties in comprehension, asking and answering questions, understanding basic concepts, hearing/retaining some speech sounds.
- Confusion, anxiety and sometimes responding or behaving inappropriately

At SEN Support: Assess - Plan – Do - Review

Assess:

- The setting staff, class/ subject teacher or tutor, working with the SENCO, should carry out a clear analysis of the child/young person needs.
- Setting staff/teacher's/tutors assessment and experience of the child/ young person, their previous progress and attainment, as well as information from the settings, school's, providers core approach to pupil progress, attainment, and behaviour.
- Settings, schools and providers must consult with child/young person and their parents/carers.
- Outside professionals should liaise with the setting, school, or provider to help inform the assessments. Assessment should be reviewed regularly.
- Identify and address barriers to learning and preferred learning styles
- Assessment by specialist teachers.

Plan:

- Child, young person and their parents/carers understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.
- Curriculum planning should take account of specialist advice.
- Targeted provision must be recorded on the settings, school's or providers information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/ young person at SEN Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve.
- Planning for differentiated resources may be required
- Additional time for consolidation of skills being taught and flexibility to compensate for poor generalisation of skills.
- The child's/young person's individual learning profile will identify strategies to enable curriculum access.

Do:

- Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider's SENCO will oversee the child/ young person's targeted support, including how this is being delivered.
- The setting, school or provider will have sought and be implementing advice from appropriate specialist services.
- Quick and concise communication tools are in place to convey outcomes of targeted provision.
- Additional differentiation and scaffolding of tasks will be necessary in order to deliver appropriate outcomes.
- The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.
- Delivery of the targeted support may be required as part of a small group or on an

individual basis.

- Access to specialist equipment and resources should be provided as necessary.
- Allow time for consolidation and practice for enhanced learning of skills and tasks.
- Deliver focused skill development or reinforcement of targets.
- Assistance with developing self-help skills, e.g. dressing, toileting, feeding
- Child/ young people must be involved in school in an inclusive way, integrated with peers to develop relationships and to foster friendships

Review:

- Targeted provision and progress is monitored and reviewed by setting staff, class teachers/ tutors, SENCo, and the speech and language therapist termly and using the multi-professional Team Around the Child (TAC) model of working to monitor the impact of the plan.
- Evidence progress and attainment from observations, assessed work, against outcomes. This should be reviewed on an agreed date.
- The school should meet with the child/young person and their parents/carers at least three times each year.
- Children and young people and their parents/carers, must be involved planning for targeted support and any changes. The schools should talk to the child/young person and their parents/carers regularly to set clear outcomes and review progress towards them, discuss the activities and support that will help achieve them, and identify the responsibilities of the child/young person, their parents/carers and the school.
- The school must provide an annual report for parents/cares on the child/young person's progress
- The setting, school or provider will need to liaise closely with other professionals involved.
- SEN support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes for. Where, despite the setting, school or provider having taken relevant and purposeful action to identify, assess and meet the child/young persons' special educational needs, he/she has not made expected progress, the school or the child/young person's parents or young person should consider requesting an Education, Health and Care needs assessment. (To inform its decision the authority will expect to see evidence of the action taken as part of SEN support).

When any child or young person is referred for consideration for Statutory Assessment for an EHC Plan the following guidance will be applied. The evidence required to assist in this process should reflect the levels indicated. The guidance is issued as recommendations and each case will be considered individually.

Guidance on When to Request an Education Health and Care Needs Assessment for Sensory

The CYP has either a hearing loss or visual impairment:

- Bilateral sensori hearing loss is severe and/or profound
- Information perceived through hearing aids is more fragmented with significant features of speech barely audible or missing altogether.
- Expressive, receptive and functional use of language is significantly limited and speech intelligibility is variable
- A severe and/or profound visual impairment and registered visually impaired
- The CYP 's visual difficulty impairs mobility, emotional and social development
- In both cases the CYP is likely to require at least weekly input from a specialist teacher from the relevant support services in order to support access to the full curriculum.

EHCP: Band 2 Levels and Descriptors of Need

Hearing Impaired (Severe loss/ deteriorating)

- Information perceived through hearing aids will be more fragmented with significant features of speech barely audible or missing altogether.
- Expressive, receptive and functional use of language will be significantly affected.
- Speech intelligibility will be variable although communication will still often be through spoken language.

Severely Visually Impaired (6/36 to 6/60) –May be registered as sight impaired

- The child/ young person will have reading and recording difficulties using standard materials.
- The child/ young person's visual difficulty impairs mobility, emotional and social development, access to the curriculum and ability to take part in school activities without adaptations.

Sensory Impairment may also lead to:

- An inability to understand, assimilate and express new concepts, and thoughts and ideas will be significantly affected.
- Reduced social integration.
- Difficulties in following speech in a group.
- Poor self-confidence.
- Lack of awareness of social situations.
- Gaps in social development.
- Overall social immaturity arising from linguistic deprivation due to sensory loss.
- An inability to accept the sensory loss.

EHCP: Band 3 Levels and Descriptors of Need

Profoundly Deaf

- Even with the use of effective amplification the perception of speech is impaired.
- The child/ young person's acquisition and use of language in all its forms will be severely impeded.
- The child/ young person will be unable to follow conversations/instructions through speech alone.
- Speech intelligibility will be variable and frequent checks are required to ensure understanding of new concepts.
- The child/young person may require use of sign language to support their learning. This may be a combination of British Sign Language and Sign Supported English depending on the needs of the child/young person.

Visual Impairment - Severely sight impaired (range 6/60 to total blindness)

- The child/young person will have a significant visual loss.
- The child/young person may be registered severely visually impaired.
- The child/young person may need to use electronic aids to read and/or record.
- The child/young person may have rapidly deteriorating visual condition.

- Sight difficulties will place the child/young person at risk or injury with particular reference to practical subjects and PE.
- Adaptations will be required to the environment to ensure safe access.
- The child/young person may need media in non-standard format e.g. Braille or Moon.

EHCP: Band 4 Levels and Descriptors of Need

Multi-Sensory Impairment (MSI)

- The child/young person with a Multi-Sensory Impairment (MSI) will have a combination of significant visual and hearing difficulties.
- The child/young person may have additional disabilities (complex) needs which make it difficult to ascertain their intellectual abilities.
- The child/young person will have significant difficulty in accessing the curriculum and the environment.
- The child/young person will have difficulties in perception, communication and in the acquisition of information.
- Incidental learning is limited.
- The combination of their difficulties may result in high anxiety and multi-sensory deprivation.
- The child/young person will require specialist teaching/support in order to make good use of their residual hearing and vision, together with their other senses.
- The child/young person will need alternative means of communication.
- The child/young person will have significant long term difficulties requiring specialist/and or additional support to access the curriculum, which have significant resource implications for the school.
- The child/young person will usually have a range of other special educational needs
- Adaptations will be required to the environment to ensure safe access.

Augmentative and Alternative Communication (AAC)

- Augmented communication requires personal technology to access communication or learning.
- It requires significant additional staff time to enable the child/young person to use the equipment.
- The child/young person may also use low technological aids* but their prime communication is through high technological aids*.
- The child/young person within this band will have received a multi-agency assessment that recommends the use of high technological aids.

*Low technological aids include anything which is not powered: for example charts, communication boards, objects of references. High Technological aids refer to more complex systems such as specialist programmable aids such as light pointers.

At EHCP Assess – Plan – Do – Review (in addition to SEN Support)

Assess:

- Assessment must be reviewed regularly against outcomes.

Plan:

- Co-production of EHC Plan will address needs and agree outcomes for targeted provision.
- All staff working with the child/young person have read and understood EHC Plan.
- Parents, child and young person understand and agree on the intervention, support and expected outcomes, with transparency on school and high needs funded support.
- Strategies to and approaches to support class differentiation are in place and based on specialists advice.
- High quality training is provided for all staff involved in delivering and monitoring targeted provision.
- Time and place for targeted provision is established and adhered to.
- Targeted provision must be recorded on the school's information system.
- The school or setting may need to incorporate the speech and language therapist's advice into targeted provision.

Do:

- Small group and individual targeted support required within lessons.
- Skills learnt during targeted provision are practiced back in class. Support staff involved in joint planning of targeted support.
- Use of specific IT programmes and specialist equipment to enhance recording and presentation of work.
- Structured teaching strategies should be embedded into programmes of work.
- Work presented in a manner to the child/young person's level of development.
- Visual supports are embedded to aid language understanding across all aspects of the environment (e.g. pictures, symbols, objects of reference, signing, gestures) to help access the curriculum.
- Appropriate adjustments to the environment to meet the individual needs and preferred learning styles

Review:

- Analysis and evidence must reflect the effectiveness of targeted support and expected outcomes. Consideration must be given to whether there is need for any changes of targeted support or outcomes.
- The EHCP must be formally reviewed as a minimum every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. For children 0 – 5 years the EHC Plan may require review every 3 - 6 months to ensure that provision continues to be appropriate. For LAC children and young people the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan.
- The reviews must be undertaken in partnership with the child/ young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.

Chapter 3

Statutory Assessment (Single Assessment) Procedure

Legislation relating to the assessment of Education, Health and Care needs of children and young people with SEND, is contained within Part 3 of the Children and Families Act 2014 and associated regulations. The key elements of the statutory framework is reflected in the procedures operated in Wolverhampton.

Important facts:

- Statutory Assessments for an EHC Plan should usually take place within the mainstream setting.
- Children and young people (CYP) cannot be refused a placement in a mainstream setting because they are waiting for or partway through the assessment process.
- A CYP should not be educated in a special school whilst an assessment takes place unless:
 - Following appropriate intervention at SEN Support the CYP would be in imminent danger of permanent exclusion if they stayed in their current placement and appropriate support and intervention is not immediately possible. This can only be agreed as a result of a multi-disciplinary meeting that includes a member of the Special Needs Statutory Assessment and Review Team and with the approval of parents/carers. Exclusion must never be used as a means of fast tracking an assessment.
 - The CYP`s difficulties are so severe as to need the specialist provision available only at a particular educational placement.
 - All those involved, including parents and carers, agree that the placement is the most appropriate and it would be detrimental to the CYP to delay.

Single Assessment Moderating Panel (SAM Panel)

The LA operates a SAM Panel, which examines and moderates requests and referrals received for statutory assessment of education, health and care needs – this is known as a Single Assessment and ensures:

- consistent and transparent decision making with regards to statutory assessment of education, health and care needs, with practice that is in line with national expectations,
- assessments being carried out in a timely manner,
- a partnership activity between Education, Health and Care, with understanding by all involved and corporate decision making,
- clear guidance and procedures for statutory assessments and a shared understanding of the minority of children/ young people (birth and up to 25 years of age) who need their provision determined through an Education, Health and Care Plan.
- procedures and decision making that ensures better outcomes for children/young people (birth and up to 25 years of age),
- a procedure that informs Education, Health and Care provision so that it is better able to meet current needs and plan for future requirements.

“It is helpful for local authorities to set up moderating groups to support transparency in decision-making. Such groups can improve the consistency of decision making about whether to carry out an EHC needs assessment and whether to issue an EHC plan. Through sampling and retrospective comparison, moderating groups can also help local authority practice to become more robust and clearly understood by schools, early years settings, post-16 institutions, young people and parents”.

SEND Code of Practice 9.60

The SAM Panel is a multi-agency panel set up with representatives from across Education, Health and Care:-

- SEN Manager
- Special Needs Early Years Head of Service
- Special Educational Needs Statutory Assessment and Review Team Officers
- School Standards/ Senior Adviser
- Parent Partnership Service
- Educational Psychology Service
- The Royal Wolverhampton Hospitals NHS Trust
- Black Country Partnership Foundation Trust
- All Age Disability Service
- Setting Managers/Head Teacher's/ Principals
- Youth Offending Service
- Clinical Commissioning Group

It is chaired by the SEN Manager for the LA who makes the final decision if the Panel cannot agree. However, this will be rare as the guidance and evidence required are quite clear. The Panel meets once every 3 weeks but this is reviewed in the light of caseload and necessity. The frequency ensures that the LA is able to keep within the prescribed timescales.

Any requests not accompanied by the required evidence will be returned and not eligible for further considerations until the evidence is available. A database is kept of all requests and referrals received and decisions made. The Panel regularly analyse the nature of requests and referrals and the information used to inform LA provision.

Identification of SEN

The Code provides practical advice on how to carry out statutory duties to identify, assess and make provision for children and young people with SEND. The majority of children and young people with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges and will not need Education, Health and Care Plans.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she has:

- a significantly greater difficulty in learning than the majority of others of the same age, or
- a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

A child under compulsory school age has special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).

Post-16 institutions often use the term learning difficulties and disabilities (LDD). The term SEN is used in the Code across the 0-25 age range but includes LDD.

Special educational provision is educational or training provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the setting or require the involvement of specialist staff or support services. As part of using its 'best endeavours', an education setting should have arrangements in place to identify the need for and secure such provision, whether through expertise and resources available within the setting or by drawing on support from outside services.

Areas of Special Educational Needs:

Many children and young people have difficulties that fit clearly into one of the four areas of SEN as set out in Chapter one. Some may have needs that span two or more areas and for others the precise nature of their need may not be clear at the outset.

Behavioural difficulties do not necessarily mean that a child or young person has a SEN and should not automatically lead to a pupil being registered as having SEN. However consistent disruptive or withdrawn behaviours can be an indication of unmet SEN, and where there are concerns about behaviour, 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 Early Help may be appropriate.

The identification and assessment of the SEN of children or young people whose first language is not English, requires particular care. Schools, colleges, early years and other providers should look carefully at all aspects of a child or young person's performance in different areas of learning and development or subjects to establish whether lack of progress is due to limitations in their command of English or if it arises from a SEN or both.

Request for Assessment

The following people have a specific right to request an education, health and care needs assessment for a child or young person aged between 0 and 25:

- The child's parent (or an advocate on their behalf).
- The young person over the age of 16 (or an advocate on their behalf).
- A person acting on behalf of a school or post-16 institution (this should be with the knowledge and agreement of the parent or young person where possible).

In addition, anyone can bring a child or young person who has (or may have) SEN to the attention of the LA. This could include, for example foster carers, health and social care professionals, early year's practitioners, youth offending teams or probation services, those responsible for education in custody, school or college staff or a family friend. This should be done with the knowledge and agreement of parents or the young person where possible.

Children and young people under 19 in youth custodial establishments also have the right to request an assessment for an EHC plan. The child's parent, the young person themselves or the professionals working with them can ask the home LA to conduct an EHC needs assessment while they are still detained.

Considering whether an assessment is necessary

Following a request for assessment the LA must determine whether a statutory education, health and care assessment is necessary, make a decision, and communicate its decision to the child's parent or young person.

In considering whether an EHC needs assessment is necessary, the LA will consider whether there is evidence that despite the early year's provider, school or post-16 institution having taken relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person, the child or young person has not made expected progress.

To inform decision making the local authority will need to take into account a wide range of evidence:

- evidence of the child or young person's academic attainment (or developmental milestones in younger children) and rate of progress,
- information about the nature, extent and context of the child or young person's SEN,
- evidence of the action already being taken by the early years provider, school or post-16 institution to meet the child or young person's SEN,
- evidence that where progress has been made, it has only been as the result of much additional intervention and support over and above that which is usually provided,
- evidence of the child or young person's physical, emotional and social development and health needs, drawing on relevant evidence from clinicians and other health professionals and what has been done to meet these by other agencies, and
- where a young person is aged over 18, the LA will consider whether the young person requires additional time, in comparison to the majority of others of the same age who do not have special educational needs, to complete their education or training.

The Single Assessment Process

The following principles underpin the LA's assessment and planning processes:

- Children, young people and their parents are key partners in our process, and their views will be taken into account and they will be listened to and their opinions will be valued.
- A 'key working' approach will be adopted to support the child/young person and their family through the process.
- A 'tell us once' approach to working with the child/young person and their parents/carers. For example, appointments will be co-ordinated or combined where possible and appropriate.
- Parents, children and young people will be provided with impartial information, advice and support in relation to the statutory assessment process.

The SEND Code of Practice is clear that the EHC needs assessment should not normally be the first step in the process, rather it should follow on from planning already undertaken with parents and young people in conjunction with an early year's provider, school, post-16 institution or other provider. As part of the single assessment process operated within city the vast majority of information and advice will be collated by the keyworker/ SENCo as part of the pre-referral process. The LA will only seek advice where additional information is required, or where missing.

Information, advice and support on SEND related matters is available through the Parent Partnership Service for parents/carers and young people. An Independent Supporter to assist parents/carers and young people through the assessment and conversion process will be offered and provided through the Parent Partnership Service and Royal MENCAP

As part of the statutory assessment process advice is required from the following:

- **The child's parent or the young person views:** Where the child/young person is in an educational setting, this will be collated by the key worker who is usually the SENCo as part of the information the responsible body is required to complete as part of the referral for statutory assessment. This includes completing Part 1 of the EHCP, which must be done in discussion with the child/young person and their parents/carers, as part of the family conversation.

- **Educational advice:** Information from the manager, head teacher or principal of the early years setting, school or post-16 or other institution attended by the child or young person. Advice on what is required is set out on the Responsible Body Referral Form (see page?). If the child or young person is either vision or hearing impaired, or both, the educational advice and information must be given after consultation with a person who is qualified to teach pupils or students with these impairments for example the Sensory Inclusion Service.
- **Medical advice:** Information from health care professionals with a role in relation to the child's or young person's health. Advice/reports from health professionals for example speech and language therapy, occupational therapy, physiotherapy services working the child/young person will be collated by the Keyworker/SENCo prior to referral. The LA will also notify the Designated Medical Officer when an EHC needs assessment has been agreed, as further medical advice will be sought by the LA.
- **Psychological advice:** Information from an educational psychologist who should normally be employed or commissioned by the local authority must be sought as part of the assessment. The Keyworker/ SENCo must obtain educational psychologist advice as part of the pre-referral stage. For referral for statutory assessment advice will normally be from the educational psychologist attached to the school, or allocated through the Multi-Agency Support Team for early years settings. For some settings/schools this may be from the educational providers own psychologist. The educational psychologist must also consult any other psychologists known to be involved with the child or young person. Advice submitted as part of the referral process must be within 12 months of seeing the child/ young person. In certain circumstances the LA may be required to seek further advice from an educational psychologist who is employed or commissioned by the LA.
- **Social care advice:** Information from social care must be obtained and may include, if appropriate, children in need or child protection assessments, information from a looked after child's care plan, or adult social care assessments for young people over 18. In some cases, a child or young person may already have a statutory child in need or child protection plan, or an adult social care plan, and where applicable these should be collated by the keyworker/SENCo and accompany the referral. The LA must also notify social care when an EHC needs assessment has been agreed. If there is further information this should be provided, however, if there is no social care involvement then advice is not required but a written response is required to confirm this.

- **Other advice:**

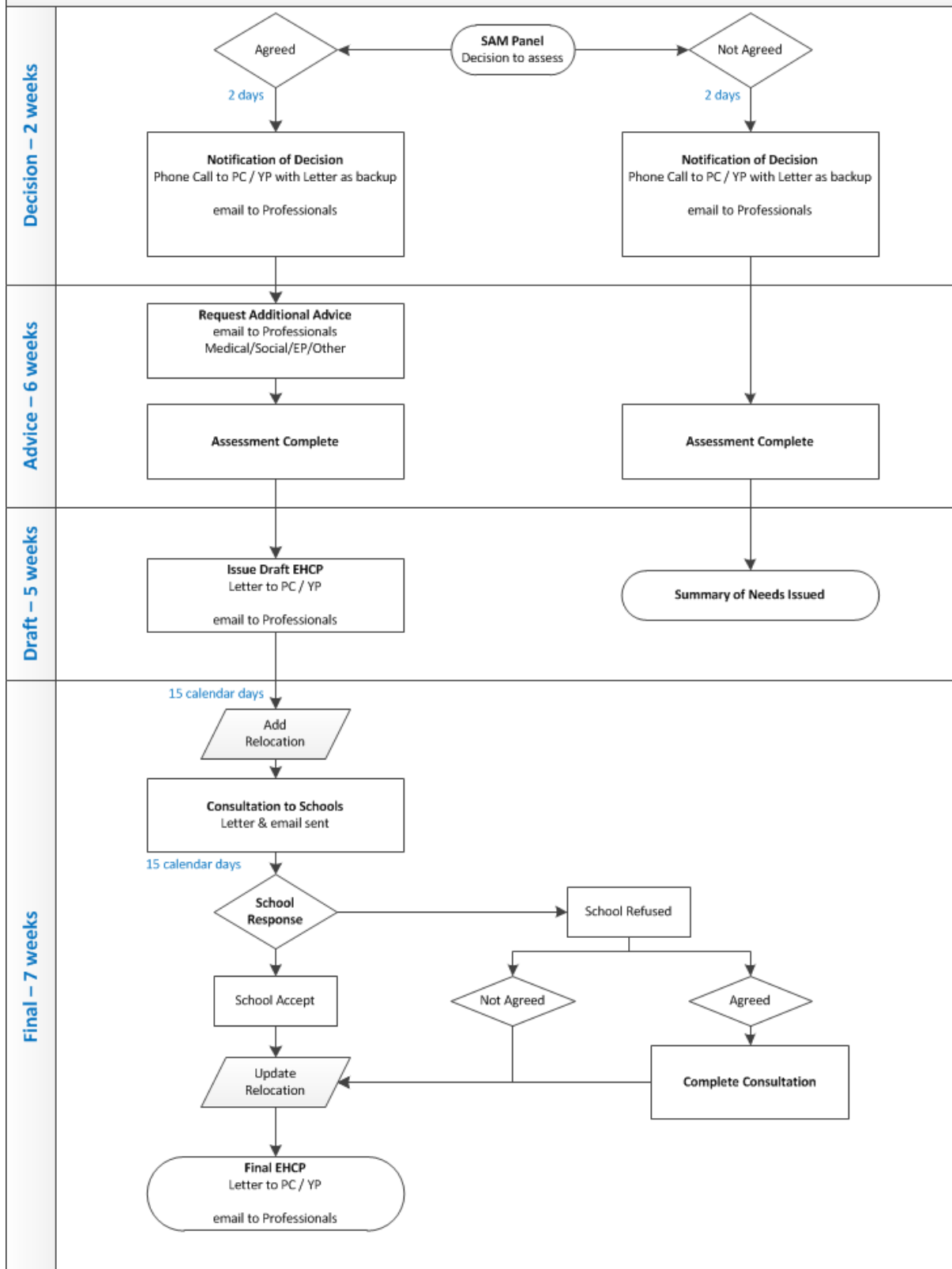
- From Year 9 onwards, advice and information related to provision to assist the child or young person in preparation for adulthood and independent living is also required. Advice and information from the Connexions Service should be included with the responsible body referral.
- The LA may also seek advice and information from any person requested by the child's parent or young person, where considered reasonable to do so. For example, consulting a GP or other health professional.
- The LA may also consider it appropriate to seek advice from the Children's Education Advisory Service, in the case of children of members of the Armed Forces, and in the case of a looked after child, from the Virtual School Head, the LA may also consider it necessary to seek advice from others such as the youth offending team.

Those people from whom the LA seeks additional advice are required by legislation to submit advice within 6 weeks (exception to this statutory timescale may apply in certain circumstances). **Professionals should limit their advice to areas in which they have expertise.** Advice should be clear, accessible and specific and provide advice about outcomes relevant for the child or young person's age and phase of education, and strategies for their achievement. The LA provides guidance about the structure and format of advice and information to be provided.

EXPLANATION OF THE STATUTORY ASSESSMENT (SINGLE ASSESSMENT) PROCESS

<p>Step 1 : Pre Referral Stage</p>	<ul style="list-style-type: none"> • Child or young person is identified as requiring additional support (SEN Support). Relevant services begin to work with child/young person and the family in a co-ordinated way. • Team Around the Child, Early Help, or other multi-agency meeting established. • Individual person assigned to act as single point of contact - this person is known as the key worker and would normally be the SENCo. • Key worker/SENCo completes Part 1 of the Education, Health and Care Plan as part of the structured conversation with the child/young person and their parents/carers. Key worker/SENCo also gathers multi-agency advice and evidence, in preparation for referral for EHC needs statutory assessment.
<p>Step 2 : Verification</p>	<ul style="list-style-type: none"> • Request for statutory assessment is made to the LA by the educational setting. • The LA check that all the evidence required has been submitted. <ul style="list-style-type: none"> - If evidence is missing then the request is returned to school. - If all the evidence is attached then the referral is presented at the Single Assessment Moderation Panel (SAM Panel) for consideration.
<p>Step 3: Request and Referral Week 1</p>	<ul style="list-style-type: none"> • The Single Assessment Moderation Panel meet to consider requests. The LA decides whether or not to proceed. Cases allocated to a Plan Co-ordinator/ Summary of Need Co-ordinator. • The Decision is conveyed to parents/carers, keyworker/SENCo, and professionals involved: <ul style="list-style-type: none"> - If request is agreed consideration is made as to whether any other advice needs to be sought as part of the assessment, including medical and social care advice. Independent Support is offered. - If decision is not to assess then parents are notified and sent a Summary of Needs. Parents informed of their rights to appeal decision.
<p>Step 4 : Co – ordinated Assessment Weeks 2 – 8</p>	<ul style="list-style-type: none"> • Plan co-ordinator makes contact with parent/carer. • If sought, then additional advice is received, including medical & social advice. • EHCP is drafted by Plan Co-ordinator, building on assessment information.
<p>Step 5 : Planning Weeks 9 – 12</p>	<ul style="list-style-type: none"> • Plan Co-ordinator contacts key worker/SENCO to set date/confirm date of next multi-agency meeting, in order to share draft plan. • Prior to multi-agency meeting the draft EHC Plan is sent out to Parents/Carers/YP and professionals to consider. Parents/ carers also offered opportunity to meet to discuss with the Plan Co-ordinator/caseworker. •
<p>Step 6 : Draft Plan Shared Week 13</p>	<ul style="list-style-type: none"> • Plan co-ordinator attends multi-agency meeting to share draft plan. Discussion takes place to agree contents. • Resources calculated and EHCP costed. • Request for personal budget made/ not made by parent/carer/young person.
<p>Step 7 : Consultation Weeks 14 – 16</p>	<ul style="list-style-type: none"> • Parents/Young persons' preference of school established. • LA formally consults with the educational establishment and Governing body for a place.
<p>Step 8: Sign Off Weeks 17 - 20</p>	<ul style="list-style-type: none"> • EHCP taken to EHC Funding Panel, where funding is quality assured and where made, request for a personal budget agreed/not agreed. • Plan Co-ordinator signs off EHCP and the plan is made final. Parents/young person are notified and final EHCP is circulated to all. • Completion of Independent Supporters work with family.
<p>20 WEEKS</p>	<p>TIMESCALE</p>

EHCP Initial Assessment Timeline – School Request



Where an Education, Health and Care Plan is not necessary

Following the completion of an EHC needs assessment, the LA may decide that an EHC plan is not necessary, and will notify the child's parent or the young person, the educational setting currently attended, and the health service and give the reasons for its decision. This notification will take place as soon as practicable and at the latest within 16 weeks of the initial request.

The LA will also inform the child's parent or the young person of their right to appeal that decision and will ensure that the child's parents or young person are aware of the resources available to meet SEN within mainstream provision and of other support set out in the Local Offer.

The LA will provide written feedback collected during the EHC needs assessment, this will be in the form of a Summary of Needs and include evidence and reports from professionals. This information should assist the educational setting in making special educational provision from within its own resources.

Education, Health and Care Plan

The format of Wolverhampton's EHC plan has been developed and agreed locally in co-production with children/young people, their parents/carers, and professionals across education, health and care.

The single assessment process and plan has been piloted with families and professionals within city and continues to be kept under review to ensure it meet the needs of local children and young people and their parents/carers and reflects the principles set out in Chapter 1 of the SEND Code of Practice:

Part 1

Section A: Key information, one page profile, family journey and the views, interests and aspirations of the child /young person and their parents.

Part 2

Section B: A summary of the child/young person's strengths and special educational needs.

Section C: The child/ young person's health needs which are related to their SEN.

Section D: The child/young person's social care needs which are related to their SEN or to a disability.

Part 2 also sets out the primary area of need and any diagnosis.

Part 3

Section E: Action Plan and the outcomes sought for the child/young person including outcomes for adult life and the Forward Plan. It also identifies the arrangements for the setting of shorter term targets by the educational provider.

The following information is also incorporated within the child/young persons' Action Plan:

Section F: The special educational provision required by the child/young person.

Section G: Any health provision reasonably required by the learning difficulties or disabilities which result in the child/young person having SEN.

Section H1: Any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act 1970.

Section H2: Any other social care provision reasonably required by the learning difficulties or disabilities which result in the child or young person having SEN. This includes any adult social care provision being provided to meet a young person's eligible needs (through a statutory care and support plan) under the Care Act 2014.

Contained in Part 3 are the arrangements for monitoring and reviewing the action plan, along with the named person responsible for co-ordinating the plan, this is usually the keyworker/ SENCo.

Part 4

Section I: The name and type of the school, maintained nursery school, post-16 institution or other institution to be attended by the child/young person and the type of that institution.

Section J: Where there is a Personal Budget, this will detail how the personal budget will support particular outcomes, the provision it will be used for and the arrangements for any direct payments for education, health and social care. The special educational needs and outcomes that are to be met by any direct payment.

Section K: Details the advice and information gathered during the EHC needs assessment, which is also attached to the plan as an appendices.

The single assessment process has been designed to be 'relationship rich' ensuring continuing dialogue with children and young people and their parents/carers. Therefore, the intention is to communicate with parents/carers and young people through their preferred method, which is identified at the start of the process.

It is intended that information in the written form such as letters, are only sent where legislation requires and where necessary for example when other methods of contact cannot be made.

Forms and Letters Relating to the Statutory Assessment Process

Assessment Process

- **Requests for Statutory Assessment Form:** Usually completed by the school, this includes the parents/ carers/ young persons' views and their consent to statutory assessment.
- **Decision Letter to Parent:** Letter sent to parents/carers/ young person proposing to commence statutory assessment and explaining the process. This will only be sent where telephone contact, face to face contact cannot be made by the LA.
- **Email SAM Panel Decision to Professionals**
- **Advice Request Letter** - Letter seeking additional advice, where necessary (educational, medical, psychological, social care and other).
- **Proposed EHC to Parent** -Letter sent to parents/carers/young person with proposed draft of EHCP and a form for them to make any comments and state their preference of educational setting.
- **Email to Professionals Circulate Draft EHCP** - E-mail/ letter sent to professionals who provided advice with copy of proposed draft EHCP.
- **Consultation Letter/ OLA Consult** -Consultation letter/e-mail sent to setting manager/head teacher/ principle of preferred school with copy of the EHCP.
- **Final EHCP** -Letter to parents/carers/ young person with final EHCP and explaining their right to appeal.
- **Parental Survey** – parents' feedback on the single assessment process.

Assessment request by parent

- **Parental Request (Single Assessment):** Confirmation of parental request and information on the assessment process.
- **Parental Request (Education Advice):** Request to educational setting for advice.
- **Parental Request (Educational Psychology Advice Request):** Request to LA Educational Psychologist for advice.
- **Advice Request Letters Others:** Request to others for advice.

Refusal

- **Refused Notification to Parent** -Letter sent to parents/carers/ young person with decision of assessment and Summary of Needs.

Guidance on When to Request a Statutory Assessment for an Education Health and Care Plan for Emergency Placements:

Only in exceptional circumstances

Any CYP considered for fast tracking should generally fall into one of the following categories:

- acute medical or physical changes leading to significant problems in access to educational facilities` premises and/ or the curriculum
- particular circumstances of individual children/young people moving into the City, for example asylum seekers with evident severe difficulties not due to a language barrier
- Children in the Foundation Stage with previously unidentified SEN where specific facilities are required.

Education, Health and Care Funding Panel

LA's, NHS England and their partner Clinical Commissioning Groups (CCGs) must make arrangements for agreeing the education, health and social care provision reasonably required by local children and young people with SEN or disabilities.

The Education, Health and Care Funding Panel is newly established and works in conjunction with the SAM Panel (see Step 8 of the Single Assessment Process). The Panel consist of those with budgetary and/or commissioning responsibility from across the education, health and care and aims to ensure transparency and consistency in decision making in relation to:

- EHC needs assessments and securing the education, health and care provision specified in EHC plans,
- agreeing Personal Budgets,
- Continuing Care, and
- Agreeing funding for children and young people (0-25 years) with high needs, without a plan.

Chapter 4

**Request by Responsible Body for Statutory Assessment of
Education, Health and Care Needs**

Please complete this form, return it with the required to the SEN Statutory Assessment and Review Team (SENSTART), Health Well-Being and Disability, Civic Centre, St Peter’s Square, Wolverhampton, WV1 1RT

**Requests and the evidence provided must be word processed.
An electronically copy will be requested on receipt of this form.**

Normally children / young people should only be considered for Statutory Assessment following the graduated approach of intervention as advised in the SEND Code of Practice and the LA Guidance and they clearly meet the guidance for Statutory Assessment.

This referral will only be considered if accompanied by the appropriate evidence.

If this is an emergency referral state the reasons clearly (*See guidance for eligible cases*):

Information of special educational needs:			
Date first recorded as requiring SEN Support:			
Tick the appropriate boxes (indicate the Primary Need by placing 1 next to the tick):			
Cognition and learning	Communication and Interaction	Social, Emotional and Mental Health	Physical/Sensory/Medical
<input type="checkbox"/> Complex Learning Difficulties	<input type="checkbox"/> Language Impairment / Speech Disorder	<input type="checkbox"/> Social	<input type="checkbox"/> Physical Difficulties
<input type="checkbox"/> Severe Learning Difficulties	<input type="checkbox"/> Autistic Spectrum Disorder	<input type="checkbox"/> Emotional	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Profound and Multiple Learning Difficulties		<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hearing Impairment
			<input type="checkbox"/> Medical Needs

**Complete Part 1 Section A of the EHCP Template and return with this form.
(This must be done in consultation with the child/young person and their parents'/carers')**

Part 1 Section A of the EHCP includes Points 1 – 4:

1) Key Information: (example below)

Child/Young Persons Details:

Surname:		First Name and preferred name:	
Date of birth:		Home address:	
Ethnicity:		Best way to communicate with child/young person:	
First language:			
Unique pupils number:		NHS number:	
Care first number:		Looked after status:	

Parents/Guardian Details:

Surname:		First Name(s):	
Address:		Best way to Communicate with Parents/Guardians:	
Telephone/Mobile number:		Relationship to child/young person:	
E-mail address:		First Language:	

2) One Page Profile.

3) Key background Information: Child/Young Person/ Family Journey.

4) Aspirations.

Additional Information: Complete section below if the young person is over 18 years of age.

GP's Name:	
GP's Address:	
GP Telephone Number:	

Additional Information: Complete section below

Name of current Educational Setting:		Date of Admission:	
Name(s) of previous Educational Setting:		Date(s) of Admission:	
Current Year Group:		Name of Social Worker: <i>(If Looked After)</i>	
Date of next Multi-agency Meeting:		Venue of next Multi-agency Meeting:	

Advice Providers Details: Complete section below

Setting Manager/Head Teacher/Principals name: <i>(Print name & Signature)</i>		SENCo's name: <i>(Print name & Signature)</i>	
Advice complied by: <i>(Print name & Signature)</i>		Advice complied in consultation with: <i>(Print name & Designation)</i>	
Address of setting, school, or provider:		Telephone number:	
Email address:		Date of advice:	

Parent(s)/Carer(s) Informed Consent for Single Assessment Moderation Panel and EHCP

Assessment:

This section must be completed by the parents/carers.		This section should be completed by the child/young person, where relevant.	
Parent's/Carers' name(s): <i>(Print name)</i>		Child's / young person's views on Statutory Assessment:	
Parents'/Carers' views on Statutory Assessment:			
Parent/carers consent to statutory assessment and to share information:	Parent/carers Signature:	Young Persons consent to statutory assessment and to share information:	Young person's Signature:
Date:		Date:	
<input type="checkbox"/> The contents of the referral and attached advice <u>must</u> be discussed with the child/young person's parents (please tick to confirm).		<input type="checkbox"/> *Yes/ No The contents of the referral and attached advice has been shared with the child/young person (*delete as necessary)	

The following advice must be provided and accompany the request form:

Part 1 of the Education Health and Care Plan must be completed

Educational Advice (advice must contain the following information)

- Background information - relevant details about earlier education history such as previous schools and attendance record. Information needs to detail from the point when the special educational needs were first identified.
- Relevant details about environmental factors, including language used at home, and/or medical information, which relate to the child/young person's educational needs.
- Current skills and attainments and relevant details across the following areas (include strengths as well as weaknesses)
 - **Cognition and learning** - approaches and attitudes to learning, literacy and numeracy skills, including academic attainment and rate of progress, reasoning skills, problem solving and organisational skills.
 - **Physical and/ or sensory**. Physical development, including self-help and independence skills. Sensory impairments or needs i.e. visual or hearing impairments. Adaptations to the curriculum/study programme, or the physical environment.
 - **Communication and interaction** - speech, language and communication skills. Social skills and interaction.
 - **Social, mental and emotional health** – emotional and social development. Mental health problems or other recognised disorders and impact on the learning environment and others.
- Identified special educational needs - specify the child or young person's main areas of difficulty, and other needs in order of priority.
- Details of the settings, school or providers SEN arrangements, including organisation and interventions currently being employed for the child or young person.
- Long term and short term educational outcomes and developmental objectives for the child or young person referring to each need as listed above and set out as in Appendix A.
- Learning environment – provision required to meet the child/young person's identified special educational needs.
- Evidence /Provision Map – record of support and details of the costed interventions at SEN Support (Element 2/ Early Years Double Funding) over the last 12 months. Identification of impact of support. (Refer to LA Evidence/Provision Map Pro Forma)
- Pupil's views - record of the views of the child/young person about their needs and the ways in which they like/would like to be helped. Please describe the way in which the child was consulted and how the views were initially recorded and by whom.
- Parent/cares views – including how the parents/carer has been involved in planning for, and supporting their child/young person needs.

<input type="checkbox"/> Individual Action Plans/ Records of review of progress over the last 12 months
<input type="checkbox"/> Team Around the Child (TAC) Minutes / Common Assessment Framework (CAF) Minutes/ Multi-Agency meeting Minutes/ Early Help report
<input type="checkbox"/> Educational Psychology Advice
Other relevant professional reports where relevant (please tick to indicate included): (Permission to share information must be sought from the advice provider before including)
<input type="checkbox"/> Consultant Paediatrician
<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Childrens Nursing Service/Continuing Care Plan
<input type="checkbox"/> Child and Adolescent Mental Health Service/ Inspire
<input type="checkbox"/> Social Care
<input type="checkbox"/> Sensory Inclusion Service
<input type="checkbox"/> Area SENCo
<input type="checkbox"/> English as an Additional Language (EAL)
<input type="checkbox"/> Alternative Providers
<input type="checkbox"/> Connexions
<input type="checkbox"/> Other (please specify)

Appendix A:

(Child's/Young Person's name) Action Plan

Section E: Overall outcome	
Steps to achieve outcomes over the next 6 to 12 months	Provision to meet need
Impact:	

This Page to be completed by the Statutory Assessment (Single Assessment) Moderating Panel

Date request received:	
Date request considered by the Panel:	

Decision taken

Agree to Statutory Assessment	<input type="checkbox"/>
Refer back to setting / school	<input type="checkbox"/>

If the decision to refer back to the setting / school/college/ provider why?

<input type="checkbox"/> Does not meet the guidance for Statutory Assessment as laid down in the SEN Handbook
<input type="checkbox"/> Lack of input from an outside agency
<input type="checkbox"/> Graduated approach has not been followed
<input type="checkbox"/> Little evidence of appropriate provision by the educational setting at SEN Support
<input type="checkbox"/> Parent / Carer not consulted / in agreement
<input type="checkbox"/> Indications that further strategies / resources at SEN Support may prove successful
<input type="checkbox"/> Other (briefly explain)

Next Action

Signed (Chair and one panel Member)	
Chair:	Panel Member:
Date:	

Chapter 5

Procedures for Reviewing an EHC Plan

The LA must arrange for a review of a child or young person's EHC plan at least annually. The first review must be held within 12 months of the date of the issue of the EHC plan. The responsibility for organising and facilitating the meeting should be undertaken by the setting, school, or college which the child/ young person attends. Early years settings will organise and facilitate the meeting but will be able to refer to their Area SENCO or the Special Needs Early Years Team for advice and support. The setting, school, or college must:

- Convene the EHC plan review and along with relevant school/setting staff, invite the following to attend with at least two weeks' notice of the date of the meeting:
 - the child or young person
 - the child's or young person parents/carers
 - a representative from the Special Educational Needs Statutory Assessment and Review Team (SENSTART), and
 - involved education, health and care professionals.

- Seek advice and information from every one invited to the review meeting about the child or young person's progress towards achieving the outcomes specified in the EHC plan review and any other matters relating to their progress. This must be circulated to everyone invited to the review meeting at least two weeks prior to the meeting.

- Review the child or young person's progress towards achieving the outcomes specified in the EHC plan review and make recommendations on what changes might need to be made to those outcomes and/or their support (including support provide through a personal budget) to help them achieve them.

- Consider the continuing appropriateness of the EHC plan in the light of the child or young person's progress during the previous year or changed circumstances and whether changes are required.

- Set new targets for the coming year and where appropriate, agree new outcomes.

- Prepare and send a report of the meeting (EHCP Review Form) to everyone invited to within 2 weeks of the meeting.

The EHCP review must be person centred and is a different type of meeting from the conventional annual review meeting, in that it strives to place the child or young person and their family at the centre of the meeting process. A further major difference is the change in role from the person who previously chaired the meeting to someone who now acts as a facilitator with the aim of supporting the child or young person and the family to participate in the meeting.

'It's All About Me' – provides person centred thinking tools and sets out a fresh approach to person centred thinking in Wolverhampton. This document can be found the Councils SEN and Disability website. It is strongly recommended that all staff facilitating EHCP reviews undertake training in person centred approaches.

This person centred review of progress supports the usual review decision making where recommendations need to be made to the LA about maintaining, amending or ceasing the Plan.

Reviews of EHCP for children aged 0-5

LA should consider reviewing an EHC plan for a child under five at least every three to six months to ensure that the provision continues to be appropriate. Such reviews would complement the duty to carry out a review at least annually but may be streamlined and not necessarily require the attendance of the full range of professionals, depending on the needs of the child.

Reviews of EHCPs for Young People aged 14+

All reviews taking place from year 9 at the latest and onwards must include a focus on preparing for adulthood, including employment, independent living and participation in society. This transition planning must be built into the EHC plan and where relevant should include effective planning for young people moving from children's to adult care and health services. It is particularly important in these reviews to seek and to record the views, wishes and feelings of the child or young person. The review meeting organiser should invite representatives of post-16 institutions to these review meetings, particularly where the child or young person has expressed a desire to attend a particular institution. Review meetings taking place in year 9 should have a particular focus on considering options and choices for the next phase of education.

As the young person is nearing the end of their time in formal education and the plan is likely to be ceased within the next 12 months, the annual review should consider good exit planning. Support, provision and outcomes should be agreed that will ensure the young person is supported to make a smooth transition to whatever they will be doing next – for example, moving on to higher education, employment, independent living or adult care.

Transfer between phases of education

A review of an EHC plan involving a transfer between early year's settings and/or schools (e.g. an early years setting to school, infant to junior, primary to secondary) including the LA administrative procedures should be completed by the 15th of February in the calendar year of the transfer. For young people transferring from secondary to a post 16 setting, the review process should be completed by 31st of March in the calendar year of the transfer or at least 5 months before the transfer takes place.

In some cases, young people may not meet the entry requirements for their chosen course or change their minds about what they want to do after the 31 March or five-month deadline. Where this is the case, the EHC plan will be reviewed as soon as possible, to ensure that alternative options are agreed and new arrangements are in place as far in advance of the start date as practicable.

LA Procedures for Reviewing an EHCP

It is crucial for settings school and provider to ensure that review documentation is sent to the LA at the latest within 2 weeks of the review meeting, as within 4 weeks of the review meeting, the LA must decide whether to it proposes to maintain, amend or cease to maintain the plan and to notify the child's parents/carers or young person and the setting/school, providers which the child or young person attends. The LA should also inform parents/carers or the young person of their right of appeal, the time limits for doing so and about disagreement resolution, mediation and parent partnership services.

Where the child or young person does not attend a school or setting, then the LA will make the arrangements to organise and convene the EHC plan review.

A new EHCP review template can be found on the Councils web site on the SEN and Inclusion/Local offer pages.

Amending, Re-assessing and Ceasing to Maintain EHCPs

Amending an EHCP

Where the LA proposes to amend a plan, it must send the parent/carer or young person a copy of the existing (non-amended) plan and an accompanying notice providing details of the proposed amendments, including copies of any evidence to support the proposed changes. The parent or young person should be informed that they may request a meeting with the LA to discuss the proposed changes. The parent or young person must be given at least 15 days to comment and make representations on the proposed changes.

Following representations from the parent or young person, if the LA decides to continue to make amendments, it must issue the amended plan within eight weeks of the original amendment notice. If the LA decides not to make the amendments, it must write to the parents or young person explaining why within the same time limit.

When the plan is amended, the new plan should state that it is an amended version of the plan and the date on which it was amended, as well as the date of the original plan. Additional advice and information, such as the minutes of a review meeting and accompanying reports, which contributed to the decision to amend the plan, should be

appended in the same way as advice received during the original assessment. The amended plan should make clear which parts have been amended.

When sending the final amended plan, the LA must notify the parent/carer or young person of their right to appeal, the time limits for doing so, the requirement to consider mediation, and inform them about disagreement resolution and parent partnership services.

Reassessing an EHCP

The LA must conduct a reassessment of a child or young person's EHC plan if this is requested by the child's parent/carer, young person, the setting/school that the child or young person attends or a relevant education, health or care professional/agency unless:

- this is within 6 months of the last assessment being conducted
- and/or the LA considers that this is not necessary (e.g. that it considers that the child or young person's needs have not changed significantly).

Where the LA decides it does not need to re-assess a child or young person, it must notify the child's parent or the young person within 15 days of receiving the request to reassess and must notify them of their right to appeal, the time limits for doing so, the requirement to consider mediation, and inform them about disagreement resolution and the Parent Partnership Service.

The process for re-assessment will be the same as the process for a first assessment except that the overall maximum timescale for a re-assessment from the point of agreeing an assessment to issuing the final plan is 14 weeks.

Ceasing to Maintain EHCP

The LA can cease to maintain an EHC plan where:

- The LA is no longer responsible for the child or young person, for example if they have moved to another LA
- It decides that special educational provision is no longer needed
- A young person aged 16 or over takes up paid employment (including employment with training but excluding Apprenticeships)
- The young person enters Higher Education
- A young person aged 18 or over leaves education and no longer wishes to engage in further learning.

Where a LA is considering ceasing to maintain a child or young person's EHC plan it must:

- Inform the child's parent or the young person in writing
- Consult the child's parent/carer or the young person
- Consult the school or other institution that is named in the EHC plan

Where, following the consultation, the LA decides to cease to maintain the child or young person's EHC plan, it must notify in writing the child's parent or the young person and the institution named in the child or young person's EHC plan, of that decision.

Where the child's parent or young person disagrees with the local authority's decision to cease their EHC plan, they may appeal to the Tribunal. The LA must continue to maintain the EHC plan until the time has passed for bringing an appeal or, when an appeal has been registered, until it has been resolved.

Special School Matrix Places Top Up

2017/18 Unit Rates

Increase % Special

	A	A	B	C	D	E
Band	Speech, Language & Communication Broadmeadow	Speech, Language & Communication Other	Cognition and Learning	BESD	Sensory	Physical (Including Residential)
2	£10,870	£7,120	£356	£6,176	£7,674	£9,891
3	£13,946	£10,195	£2,714	£8,137	£10,768	£12,878
4	£19,905	£16,155	£8,189	£9,852	£16,727	£15,995

Resource Base Matrix Places Top Up

Increase % RB

	A	B	C	D	E
Band	Speech, Language & Communication	Cognition and Learning	BESD	Sensory	Physical
2	£2,323		£1,348	£2,499	£1,543
3	£5,383		£3,300	£5,577	£4,515
4	£11,312	£5,145	£5,005	£11,506	£7,616