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|  thX4SEVRL0 https://www.bing.com/th?id=AGD354RMVPdIrTw480x360&pid=Local https://www.bing.com/th?id=A7X3ezNwK%2fwPBvg480x360&pid=Local https://www.worthvalleyprimary.co.uk/wp-content/themes/worthvalley/img/worth-valley-logo.jpg  **The Local Offer or Summary of Provision****for children and young people with special educational needs or disabilities (SEND)** |
| We are a fully inclusive Academy. We aim to ensure all pupils achieve their potential, personally, socially, emotionally and academically in all areas of the curriculum, (Regardless of gender, ethnicity, religion, sexual identity, physical ability or educational needs).Children may have special educational needs that require additional support when progress has slowed or stopped. We implement a graduated approach based on the [guidance from Bradford Metropolitan District Council’s Children’s Services for SEN](http://bso.bradford.gov.uk/Schools/CMSPage.aspx?mid=2101). This is based on an Assess-Plan-Do-Review structure. **If a child has a Statement of Special Educational Needs or and Education, Health and Care Plan, then we provide the support detailed in the plan.**Our offer at Below Age Related Expectations and SEND Support for each area of SEND is described below. This covers provision in the 4 areas of need:1. Cognition and Learning 2. Communication and Interaction3. Social, Emotional and Mental Health4. Sensory and/or Physical Needs |

**1.a Cognition and Learning: Learning**

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| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | **MILD difficulties with learning**: A child / young person who is said to have mild learning difficulties will be operating below Age Related Expectations.

|  |  |
| --- | --- |
|  | Mild |
| End FS | <DJ Step 12 (36 months) |
| End KS1 | <PKSS5(72 months) |
| End KS2 | <Y4 ARE |
| End KS3 | <Y6 ARE |
| End KS4 | <Y7 ARE |
| End KS5 | <Entry Level2 |

(See Progress Grid for interim years)Standardised assessment scores will be between 70-84 (above 2nd centile)A child / young person who is said to have mild learning difficulties is usually able to hold a conversation, and communicate most of their needs and wishes. They may need some support to understand abstract or complex ideas and be delayed across the curriculum. Such young people are often independent in caring for themselves and doing many everyday tasks. They usually have some basic reading and writing skills. Young people with Mild LD will usually have their needs met in a Mainstream setting, using resources normally available to the school. | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:* Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources
* Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement
* Differentiated questioning and targeted simplified level/pace/amount of teacher talk – Blank Level questions which are age appropriate
* Further modification of level, pace, amount of teacher talk to address pupils’ identified need.
* Alternative forms of recording routinely used including electronic devices, tables, diagram, shared writing at times.
* Use of multi-sensory approaches
* Awareness that the child / young person may need more time to complete tasks and that equality of access may mean that they need to do some things differently.
* Small steps approach – task planners, Now and Next approach.
* Routine feedback to pupils
* Environmental considerations are made to meet the needs of all pupils e.g. seating position, personal space and classroom layouts, displays and signage
* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer of skills
* Flexibility of groupings allows for buddy support / good role models / focused teaching.
* Advice from external agencies is implemented in the classroom
* Pre and post tutoring/teaching is used to enable the pupil to engage with learning in the classroom.
* Enhanced opportunities to use technological aids
* Use of visual reminders, timers, resources and rewards to develop independence – visual timetables, task planners with pictures.
* Explicit teaching of strategies and use of resources to assist with the development of independent learning.
 | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to  facilitate access to the curriculum and deliver individually planned programmes of work.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)
* Learning Mentor support when needed.
* Parental involvement and welfare officer to support families.

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
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| **SEND Support** | **MODERATE difficulties with learning**A child / young person who is said to have moderate learning difficulties will be operating at the following curriculum levels:

|  |  |
| --- | --- |
| End FS | <DJ Step 11 (30 months) |
| End KS1 | <PKSS4 (60months) |
| End KS2 | <Y2 ARE |
| End KS3 | <Y4 ARE |
| End KS4 | <Y5 ARE |
| End KS5 | <Entry Level 3 |

(See Progress Grid for interim years)Standardised assessment scores will be between 50 and 70 (below the 2nd centile)Young people with moderate learning difficulties will have some language skills that mean they can communicate about their day to day needs and wishes. They will require a highly differentiated curriculum and some personalised learning. They may need some support with caring for themselves, but will be able to carry out day to day tasks with support. Young people with MLD will usually have their needs met in a Mainstream setting, using resources normally available to the school. | Needs-specific practice as described above, plus:Bespoke Intervention – time bound and quantifiable: All of the above provision plus: A One Page Profile (or equivalent – My Support Plan) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place, these reviews will be three times a year and in addition to parent/carer consultations.Additional adults support the child / young person individually, under the direction of the teacher to:* work on modified curriculum tasks;
* access regular individual support
* encourage independence
* create frequent opportunities for peer to peer interaction
* monitor the progress of the child / young person using structured methods
* Other agencies may be involved such as: Pre 5 Team, Speech and Language Therapist, Educational Psychologist, School Nursing Team, Paediatrician, Health Visiting Team etc.
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.
* Learning Mentor support when needed.
* Parental involvement and welfare officer to support families.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* Involvement from an Early Years Specialist Teacher or Access and Inclusion Officer via an EA1 (from health) or an early years SCIL Team referral.
* Involvement from Cognition and Learning Specialist Teachers
* BMDC central training and support offer
* Traded service from EPT
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| **EHCP** | **SEVERE learning difficulties**A child / young person who is said to have severe learning difficulties will be operating at the following curriculum levels:

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| End FS | <DJ Step 8 (20months) |
| End KS1 | <PKSS2 (36 months) |
| End KS2 | <PKSS3 |
| End KS3 | <PKSS4 |
| End KS4 | <Y1ARE |
| End KS5 | <Entry Level 1 |

(See Progress Grid for interim years)Standardised assessment scores will be between 35 - 50 (<0.1st centile)Young people with severe learning difficulties will usually use basic words and gestures to communicate their needs. They will need a high level of support in school requiring significant personalisation of the curriculum. They may be able to look after some if not all of their own personal care needs. Some young people will have additional medical needs and some need support with mobility issues. Young people with SLD will usually have an Education Health and Care Plan and will be educated in either a mainstream or specialist school environment. | Needs-specific practice as described above, plus:Considerable differentiation and / or modification needed in all subject areas. At secondary level access to a curriculum for independent living.A monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes.  | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
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| **EHCP** | **PROFOUND AND MULTIPLE Learning Difficulties**

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| --- | --- |
| End FS | <DJ Step 5 (9months) |
| End KS1 | <PKSS1 (24 months) |
| End KS2 | <PKSS1 (24 months) |
| End KS3 | <PKSS1 (24 months) |
| End KS4 | <PKSS1 (24 months) |
| End KS5 | <PKSS1 (24 months) |

(See Progress Grid for interim years)Young people with profound and multiple learning difficulties (PMLD), will have severely limited understanding and will have multiple disabilities, which can include impairments of vision, hearing and movement as well as other challenges such as epilepsy and autism. Young people in this group need support with mobility and may have complex health needs requiring extensive support. They will require a bespoke curriculum and will have considerable difficulty communicating. Young people with PMLD will usually have an Education Health and Care Plan and be educated in a specialist provision.. | As above, plus:Developmental curriculum. - at secondary level access to a curriculum for life skills.As above through a highly individualised curriculum approach and planned opportunities to access specific individual programmes of support.  | **Setting:*** SLD/ PMLD / Specialist resourced placement
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
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**1**.**b Cognition and Learning: Specific Learning Difficulties**

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| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | Mild NeedsYoung people are likely to be working persistently below age related expectations in their area of need, with standard scores below 85 in this area, despite access to appropriate educational opportunities There may be inconsistencies in their profile/strengths and weaknesses | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:* Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources
* Differentiated questioning and targeted simplified level/pace/amount of teacher talk – Blank Level questions which are age appropriate for the child
* Further modification of level, pace, amount of teacher talk to address pupils’ identified need.
* Alternative forms of recording routinely used to include electronic devices (assistive technology
* Use of multi-sensory approaches.
* Awareness that the child / young person may need more time to complete tasks and that equality of access may mean that they need to do some things differently.
* Routine feedback to pupils
* Environmental considerations are made to meet the needs of all pupils e.g. seating position, personal space and classroom layouts, displays and signage
* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer of skills
* Flexibility of groupings allows for buddy support / good role models / focused teaching.
* Advice from external agencies is implemented in the classroom e.g. Educational Psychologist, Speech and Language Therapist, Pre 5 Team, High Incidence Team etc.
* Pre and post tutoring/teaching is used to enable the pupil to engage with learning in the classroom.
* Enhanced opportunities to use technological aids including Access to IT resources and programmes to support learning. Specific teaching of IT/Typing skills.
* Explicit teaching of strategies / resources to assist with the development of independent learning.
* Consideration is given to individualised and differentiated homework tasks
* Staff working with the child / young person (support assistant and teaching staff) will require training to support their understanding of the child’s needs and the planning of individualised programmes of support
* May require special exam arrangements
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work.
* Learning Mentor support when needed.
* Parental involvement and welfare officer to support families.

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
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| **SEND Support** | Moderate NeedsYoung people are likely to be working persistently well below age related expectations in literacy and/or numeracy despite access to appropriate interventionsStandardised assessment scores will be between 50 and 70 (below the 2nd centile) intheir area of need and on measures of cognitive processing and fluency Difficulties with Literacy and Numeracy are significantly impacting on access to other areas of the curriculum.There are clear inconsistencies in their profile/strengths and weaknesses | Needs-specific practice as described above, plus: Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement. All the above plus: Bespoke Intervention – time bound and quantifiable: One Page Profile (or equivalent – My Support Plan) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place. Planned reviews including the parent and child / young person should take place, these reviews will be three times a year and in addition to parent/carer consultations.. Additional adults support the child / young person individually, under the direction of the teacher to:* work on modified curriculum tasks;
* access regular individual support
* encourage independence
* create frequent opportunities for peer to peer interaction
* monitor the progress of the child / young person using structured methods
* Adult support and subject withdrawal for daily targeted interventions to support the development of literacy and or numeracy. May require special exam arrangements
* Access to appropriate resources and specific interventions.
* Planned time for small group and individual working with adult support. Staff training will be necessary
* Other agencies may be involved such as: Pre 5 Team, Speech and Language Therapist, Educational Psychologist, School Nursing Team, Paediatrician, Health Visiting Team etc.
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.
* Learning Mentor support when needed.
* Parental involvement and welfare officer to support families.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* Involvement from Cognition and Learning Specialist Teachers
* BMDC central training and support offer
* Traded service from EPT
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| **EHCP** | Severe NeedsYoung people will be working persistently within Pre Key stage levels for literacy and/or numeracy despite access to intensive, regular evidence based interventionsPost-16 students will be, working persistently towards Entry Level in Literacy / Numeracy / Functional skills/ equivalent despite access to intensive, regular evidence based interventionsStandardised assessment scores will be between 35 - 50 (<0.1st centile) in their area of need and on measures of cognitive processing and fluency  | Needs-specific practice as described above, plus:Curriculum differentiation and / or modification needed. Adult support and subject withdrawal for daily targeted interventions to support the development of literacy and or numeracy. Will have special exam arrangementsA monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes.  | **Setting:*** Mainstream placement or possible Specialist / Resourced placement if in combination with additional needs
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Key Stage;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
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**2.a. Communication and Interaction: Speech and Language**

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| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | **Functioning/Attainment:**School based and other assessments, including SALT assessment indicate the child / young person has **mild** difficulty with receptive and/or expressive language. Standardised assessment scores will be between 70-84 (above 2nd centile)Delayed developmental progress is evident with approximate levels:

|  |  |
| --- | --- |
| End FS | > 36months |
| End KS1 | >48 months |
| End KS2 | >6 years |
| End KS3 | >8 years |
| End KS4 | >9 years |
| End KS5 | >10 years |

 | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:* Flexible grouping arrangements.
* Increased differentiation of activities and materials by presentation, outcome, timing, scaffolding and additional resources
* Differentiated questioning and targeted simplified level/pace/amount of teacher talk
* Alternative forms of recording routinely used
* Use of visual, auditory and kinaesthetic approaches.
* Small steps approaches
* Resources and displays that support independence.
* Routine feedback to pupil
* Environmental considerations are made to meet the needs of all pupils e.g. seating position, personal space and classroom layouts, displays and signage.
* Pre/post teaching of vocabulary
* On-going opportunities for individual support focused on specific targets, with reinforcement in whole class activities to aid transfer of skills
* Flexibility of groupings allows for buddy support / good role models / focused teaching.
* Further modification of level, pace, amount of teacher talk to address pupils’ identified need.
* There may be need for very structured and multi-sensory approaches to learning.
* Pre and post tutoring is used to enable the pupil to engage with learning in the classroom.
* Enhanced opportunities to use technological aids
* Pupils are taught strategies and provided with resources to assist with the development of independent learning.
* Mainstream class but advice from the Speech and Language Therapy Service is included in the planning and support is delivered through access to small group support on a regular basis
* Schools individual intervention programmes such as; Launch Pad for Literacy, WellComm, Blank Level support etc.
 | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **SEND Support** | **Functioning/Attainment:**School based and other assessments, including SALT assessment indicate the child / young person has **moderate** difficulty with receptive and/or expressive language. Standardised assessment scores will be between 50 and 70 (below the 2nd centile)Delayed developmental progress is evident with approximate levels:

|  |  |
| --- | --- |
| End FS | > 24months |
| End KS1 | >36 months |
| End KS2 | >48 months |
| End KS3 | >60 months |
| End KS4 | >6 years |
| End KS5 | >7 years |

 | Needs-specific practice as described above, plus:The curriculum should be significantly modified and place high emphasis on speech and language with specialist advice. Access to appropriate resources and guidance and support to develop specific interventions. Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement.Bespoke Intervention – time bound and quantifiableOne Page Profile (or equivalent – My Support Plan) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place. Planned reviews including the parent and child / young person should take place, these reviews will be three times a year and in addition to parent/carer consultations.Additional adults support the child / young person individually or as part of a small group, under the direction of the teacher to:* work on modified curriculum tasks;
* access regular individual support
* encourage independence
* create frequent opportunities for peer to peer interaction
* monitor the progress of the child / young person using structured methods
* work on targets as advised by Speech and Language Therapy
 | **Setting:*** Mainstream placement
* Universal Offer
* Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* Involvement from an Early Years Specialist Teacher or Access and Inclusion Officer via an EA1 (from health) or an early years SCIL Team referral.
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | **Functioning/Attainment:**School based and other assessments, including SALT assessment indicate the child / young person has **severe** difficulty with receptive and/or expressive language. Standardised assessment scores will be between 35 - 50 (<0.1st centile)Delayed developmental progress is evident with approximate levels:

|  |  |
| --- | --- |
| End FS | > 12months |
| End KS1 | >18 months |
| End KS2 | >24 months |
| End KS3 | >30 months |
| End KS4 | >36 months |
| End KS5 | >48 months |

 | Needs-specific practice as described above, plus:The curriculum should be significantly modified to provide a specialist curriculum which places high emphasis on speech and language development in adapted or specialist teaching settings with access to speech and language therapy. Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement A monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes. Additional adults support the child / young person individually, under the direction of the teacher to:* work on significantly modified curriculum tasks;
* access daily individual support
* encourage independence
* create opportunities for peer to peer interaction
* monitor the progress of the child / young person using highly structured methods
* provide daily small group and individual interventions to work on programmes as advised by the Speech and Language Therapy Service
* provide opportunities for the YP to engage in community activity
 | **Setting:*** Mainstream placement or possible Specialist / Resourced placement if in combination with additional needs
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
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| **EHCP** | **Functioning/Attainment:**School based and other assessments, including SALT assessment indicate the child / young person has **severe and complex** difficulty with receptive and/or expressive language. Standardised assessment scores will be below 35 (>0.01 centile)Delayed developmental progress is evident with approximate levels:

|  |  |
| --- | --- |
| End FS | < 12months |
| End KS1 | <18 months |
| End KS2 | <24 months |
| End KS3 | <30 months |
| End KS4 | <36 months |
| End KS5 | <48 months |

 | An alternative specialist speech and language curriculum should be provided in a specialist teaching setting with access to speech and language therapy. Use of appropriate resources and access to specific interventions from specialist staff. Planned time for small group and individual working with adult support. Staff training High level of adult support for learning. Alternative communication systems will be considered. | **Setting:*** Specialist / Resourced placement
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
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**2.b Communication and Interaction: Social Communication including those with a diagnosis of ASC**

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| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | A child / young person will have social communication and interaction differences, plus difficulties with social imagination, flexibility of thought, executive functioning and sensory processing that impact on some aspects school life. School staff could consider using any of the following assessments to identify and assess need;* Engagement measure,
* Wellbeing profile,
* Sensory profile,
* Behavioural analysis,
* Language assessment (e.g. Elklan) and
* Curriculum assessments.
 | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:A predictable environment and routine within a highly structured curriculum.* A differentiated curriculum incorporating the young person’s needs (this may include planned learning opportunities for tasks at developmental level rather than age). Within the differentiation, there should be a high emphasis on speech and language and social interaction development.
* Use of visual prompts to support classroom routines and promote independence (these may need to be personalised to learning style to promote engagement) e.g. visual timetables.
* Access to a quiet, distraction free work space for independent working or to calm/refocus in or near the classroom (if needed).
* Pre and post teaching, shared with the home setting, to enable the child / young person to engage with learning in the classroom.
* Demonstration provided of what is expected and the child / young person is given routine feedback e.g. using a system of visual feedback to show if something has been understood.
* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer and generalisation of skills.
* Ensuring that preferred methods of communication (as well as level of eye contact) are known by all staff within school.
* The young person’s name or agreed cue is used to gain their attention.
* Minimal use of abstract language and targeted instructions considering young person’s language level and the pace/amount of teacher talk.
* Instructions must be broken down into manageable chunks and given in order. The child / young person must be given processing time.
* ‘Rules’ of good listening displayed, taught, modelled and regularly reinforced e.g. the child / young person is aware of pre-arranged cues for active listening.
* The child / young person is encouraged and shown how to seek clarification and ask for help.
* Additional support is used effectively to prompt the child / young person to ask and answer questions.
* A range of structured and multi-sensory approaches used to support spoken language e.g. symbols, pictures, concrete apparatus, artefacts, role play.
* Supporting the child / young person as needed to access and engage in social situations using strategies such as speaking buddies or similar (peer talk) to encourage responses.
* Support to model appropriate coping strategies for emotional regulation and social problem solving.
* Sensory adjustments to meet the needs of the child / young person and reasonable adjustments made as needed e.g. low stimulus display boards, use of ear defenders.
* Alternative forms of recording using technological aids are routinely used, e.g. iPad, recording software etc.
* Use of AET (Autism Education Trust) Audit Tool to review whole school practice.
* Advice from external agencies is implemented in the classroom e.g. Speech and Language Therapy.
* Supported transition at the end of each academic year, particularly between phases. Information should be shared with key staff and a programme of activities should be planned to assist transition
* Schools individual intervention programmes such as; Launch Pad for Literacy, WellComm, Blank Level support etc.
 | **Setting*** Mainstream placement.
* Universal Offer.
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team.
* BMDC central training and support offer.
* Traded service from EPT.
 |
| **SEND Support** | A child / young person will have social communication and interaction differences, plus difficulties with social imagination, flexibility of thought, executive functioning and sensory processing that will significantly affect their access to learning, including the social/emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts.School staff should consider using any of the following assessments to identify and assess need;* Engagement measure,
* Wellbeing profile,
* Sensory profile,
* Behavioural analysis,
* Language assessment (e.g. Elklan) and
* Curriculum assessments.
 | **Needs-specific practice as described above, plus:** The curriculum should be modified and place high emphasis on social communication and social skills development, incorporating specialist advice. Approaches used should be based on best possible evidence and have required impact on progress.All of the above plus:Bespoke Intervention – time bound and quantifiable: One Page Profile (or equivalent – My Support Plan) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place. Planned reviews including the parent and child / young person should take place, these reviews will be three times a year and in addition to parent/carer consultations.In addition to High quality teaching ( see above), additional adult support individually or within a group, under the direction of the teacher, to:* Access the curriculum and/or to work on modified curriculum tasks.
* Access individual or small group sessions, to work on targets as advised by external agencies e.g. Speech and Language Therapy, Communication and Interaction Team. For example small group sessions to work on social interaction skills, including support to apply into real life situations.
* Support or provide alternative provision for unstructured times e.g. break times
* Support the child / young person to recognise and understand their emotions e.g. Emotion Coaching and to then consistently use visuals provided for emotional regulation throughout the day.
* Access sensory activities during the day to meet sensory need as appropriate e.g. movement breaks, walking, stimulus reduction.
* Schools individual intervention programmes such as; Launch Pad for Literacy, WellComm, Blank Level support etc.
* Social Skills group/time/social stories
* Use of Sensory room/ activities when needed
 | **Setting:*** Mainstream placement.
* Universal Offer.
* Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team.
* Involvement from an Early Years Specialist Teacher or Access and Inclusion Officer via an EA1 (from health) or an early years SCIL Team referral.
* BMDC central training and support offer.
* Traded service from EPT.
 |
| **EHCP** | A child / young person will have social communication and interaction differences, plus difficulties with social imagination, flexibility of thought, executive functioning and sensory processing that will severely affect their access to learning, including the social/emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. It will also affect access at times of high stress/anxiety in some known and familiar contexts and with familiar support/people available.School staff must consider using any of the following assessments to identify and assess need;* Engagement measure,
* Wellbeing profile,
* Sensory profile,
* Behavioural analysis,
* Language assessment (e.g. Elklan) and
* Curriculum assessments.
 | Needs-specific practice as described above, plus:The curriculum should be individualised with high emphasis on social communication, social skills development and sensory adaptations, incorporating specialist advice. A monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes. Additional adults support the child / young person individually or within a small group, under the direction of the teacher to;* Work on bespoke curriculum tasks focused upon developing key skills and encouraging independence, motivation and engagement.
* Implement provision and strategies outlined in EHCP
* Alternative assessment / qualifications (ASDAN etc).
* Develop independent life skills through access to targeted interventions and engagement in community activity.
* Access individualised strategies e.g. alternative Communication systems if appropriate.
* Express thoughts and opinions on their strengths, areas to develop and needs to feed into the statutory review process (pupil voice)
* Use holistic approaches such as SCERTS (Social Communication, Emotional Regulation and Transactional Supports), or AET Progression Framework to establish baseline assessments and for target setting.
 | **Setting:*** Mainstream placement or possible Specialist / Resourced placement if in combination with additional needs
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

**LA:*** EP monitoring support at the end of Phase.
* Specialist Teaching Support Team statutory offer;
* BMDC central training and support offer.
* Traded service from EPT.
 |
| **EHCP** | A child / young person will have social communication and interaction differences, plus difficulties in social imagination, flexibility of thought, executive functioning and sensory processing that will affect their access to **all** aspects of school life, even in known and familiar contexts and with familiar support/people available. School staff must consider using any of the following assessments to identify and assess need;* Engagement measure,
* Wellbeing profile,
* Sensory profile,
* Behavioural analysis,
* Language assessment (e.g. Elklan) and
* Curriculum assessments.
 | As above, plus;* An environment with a high teacher/pupil ratio.
* An alternative specialist curriculum to meet the needs of the child / young person e.g. social communication, social skills, sensory processing.
* Greater focus on life skills, independence and preparation for adulthood.
* Alternative assessment / qualifications (ASDAN etc).
* Alternative communication used, including PECS, Makaton, AAC devices etc.
* Access to specialist agencies such as Speech and Language, Physiotherapy, Nursing Team, Music Therapy.
* Access to specialist resources and facilities such as Rebound, Hydrotherapy
* Support with personal hygiene and support at mealtimes.

  | **Setting:*** Specialist Placement.
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase.
* Specialist Teaching Support Team statutory offer.
* BMDC central training and support offer.
* Traded service from EPT.
 |

**3: Social, Emotional and Mental Health Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | A child / young person may have mild presentation of social, emotional and mental health difficulties which could include issues with:* social skills
* emotional awareness/regulation
* resilience and self esteem

which is beginning to have an impact on some aspects of school life in areas such as academic progress, relationships or mental health.Identified through assessment such as observation, Boxall Profiles, STAR analysis or similar. | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:* An appropriate whole school ethos which includes a focus on the promotion of good mental health and well being
* A positive behaviour policy which is socially and emotionally differentiated to meet the needs of all pupils and reviewed with staff at least annually
* A classroom and playground environment which focuses on supporting positive relationships and the development of social skills
* The provision of planned opportunities for pupils to learn social and emotional skills and build resilience
* Consistent systems in place to ensure effective behaviour management strategies including effective consequences both positive and negative (rewards and sanctions)
* Effective links between pastoral support, personal and social education, SEN and the curriculum
* Differentiation of teaching and learning both academically and socially and emotionally
* The planned teaching of personal social and emotional skills (eg a curriculum such as SEAL or targeted PHSE provisions)
* Planned teaching of social communication skills
* Personalised motivational reward systems covering targeted lessons / activities
* Use of different teaching styles
* Clear routines for transitions, for example planning for them with warnings – Good communication between all staff working with the child
* Careful consideration to enable adjustments to classroom organisation, seating and group dynamics
* Nurturing classroom approaches – Attachment strategies implemented
* Opportunities to develop positive staff /child relationships
* Offering a child / young person opportunities to take on responsibilities e.g. class monitors, prefects, school council reps
* Coordinated approach to the young person’s support to promote sharing of Information about a young person’s needs/difficulties is shared with relevant staff
* Sharing of advice on successful strategies and set targets e.g. use of visual supports, developing organisational skills.
* Classroom Teaching Assistance (TA) is targeted towards support for access for specific tasks/settings, based on IEP targets
* Planned and regular opportunities for small group work based on identified need

A suitable monitoring system should be in place to assess a young person’s need, identify outcomes, implement support and monitor and evaluate progress, such as a one page profile, a pupil passport or similar. The young person’s day should be modified and/or differentiated with a strong emphasis on developing social and emotional regulation. The pupil may benefit from a predictable environment and routine within a structured curriculum with positive reinforcement.Additional adults support the child / young person individually, under the direction of the teacher to:* Teach social and emotional skills and address behavioural targets on individualised plans.
* Use key-working approaches to ensure the child / young person has a trusted adult to offer support during vulnerable times.
* Provide personalised reward systems known to all staff in school who have contact with the young person, implemented consistently across the curriculum.
* Deliver time-limited intervention programmes with staff who have knowledge and skills to address specific needs.
* Enable some planned time in smaller groups in order to develop social skills and emotional regulation.
* Provide access to appropriate support to aid the development of relationships (Buddies, Mentors, ESAs)
 | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)
* Learning Mentor support when needed.
* Parental involvement and welfare officer to support families.
* All Teachers to be provided Attachment Training

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
* Traded Service SEMH
 |
| **SEND Support** | A child / young person will have moderate presentation of social, emotional and mental health difficulties which is not responding to previous support strategies.This could include issues with:• social skills• emotional awareness/regulation• resilience and self esteemDetailed and targeted observation plus more systematic application of assessment tools to gain detailed evidence over time to support a planned approach, from which action plans are developed and regularly reviewed | **Needs-specific practice as described above, plus:** setting offer should be significantly modified and differentiated with an emphasis on developing social skills and emotional regulation. This will include a predictable environment and routine within a structured curriculum with positive reinforcement. Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement. All the above plus: Bespoke Intervention – time bound and quantifiable: One Page Profile (or equivalent – My Support Plan) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place. Planned reviews including the parent and child / young person should take place, these reviews will be three times a year and in addition to parent/carer consultations.Additional identified adults support the child / young person individually, under the direction of the teacher to:* Access the curriculum in an inclusive mainstream setting.
* Teach social and emotional skills daily to address behavioural targets on individualised plan (e.g. My Support Plan) through the use of a Learning Mentor or Parental Support Officer
* Use key-working approaches to ensure the child / young person has a trusted adult to offer support/withdrawal during vulnerable times.
* Plan and deliver time-limited and evaluated intervention programmes with familiar staff who have knowledge, skills and experience to address young person’s specific needs.
* Have planned, frequent time in smaller groups and individually in order to develop social skills and emotional regulation.
* Provide opportunities for the child / young person to develop self-monitoring skills at the end of each session
* Enable regular access to appropriate support to aid the development of relationships (Buddies, Mentors, ESAs) – Key workers across school
* Other agencies may be involved such as: Educational Psychologist, High incidence Team etc.
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to facilitate access to the curriculum and deliver individually planned programmes of work / interventions.
* Learning Mentor support when needed.
* Parental involvement and welfare officer to support families.
* All Teachers to be provided Attachment Training

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* Involvement from an Early Years Specialist Teacher or Access and Inclusion Officer via an EA1 (from health) or an early years SCIL Team referral.
* BMDC central training and support offer
* Traded service from EPT
* Traded Services from SEMH
 |
| **EHCP** | Child / young person presents with severe and persistent levels of social, emotional, mental health difficulties which are complex and long term and not responding to previously implemented startegies. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people availableOn-going assessment, which is multi-agency and involves parents/carers and a range of specialist professionals, such as CAMHS, EP, YOT, therapeutic provisions | Needs-specific practice as described above, plus:Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement Consideration given to an environment that ensures the safety of the individual and others. Appropriately trained support for physical intervention/restraint.A monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes. Additional adults support the child / young person individually or within a small group, under the direction of the teacher to;* Deliver programmes of intervention based on evidence based approaches where appropriate.
* Where recommended by health, planned programmes of therapeutic intervention
* Intensive use of key-working approaches to ensure the child / young person has a trusted adult to offer support/withdrawal during vulnerable times.
* Provide a personalised reward systems known to all staff in school who have contact with the young person, implemented consistently across the curriculum.
 | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
* Traded services from SEMH
 |
| **EHCP** | Difficulty managing emotional responses leading to extreme and demanding and/or dangerous behaviour which affects safety of self and others.On-going assessment, which is multi-agency and involves parents/carers and a range of specialist professionals, such as CAMHS, EP, YOT, therapeutic provisions | Access to a specialist or Resourced Mainstream Social Emotional and Mental Health provision, providing provision described above, plus: * An environment with a high teacher/pupil ratio.
* Highly individualised curriculum approach and planned opportunities to access specific individual programmes of support.
* Where appropriate, alternative assessment / qualifications (ASDAN etc).
* Access to multi agency support and strategies.
* An environment that ensures the safety of the individual and others.
* Appropriately trained support for physical intervention/restraint.
* Where identified in EHCP, access to therapeutic intervention, support and strategies.
 | **Setting:*** Specialist / Resourced mainstream placement
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |

**3gular ppropriate, vidence over 4.a Sensory and/or Physical Needs: Visual Impairment**

|  |  |  |  |
| --- | --- | --- | --- |
| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | Visual loss is classified as **mild** with acuities in the range 6/12 to 6/18 Snellen / Kay or LogMAR 0.3 – 0.48Access to standard print sizes, age appropriate; some children may require larger print for sustained periods of reading | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:* **High quality teaching** with a specific consideration for children with visual impairment needs in line with advice from initial assessment by QTVI.
* Ensuring that all appropriate staff have information relating to the CYP’s vision needs.
* School must ensure that support is given to enable teachers to plan appropriately:
	+ Glasses wear
	+ Seating position and environmental factors affecting vision
	+ Presentation of learning materials; differentiation of learning resources in line with advice i.e worksheet size and format etc made by staff within school.
	+ Teaching strategies to minimise impact of CYP’s vision; pace, oral descriptions, amount of copying /distance work etc
	+ Teaching methods which facilitate access to the curriculum, social / emotional development and class participation.
* ICT is used to increase access to the curriculum, where appropriate
* Where required; regular targeted small group support as deemed necessary
* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer of skills
* Advice from external agencies is implemented in the classroom
* Pre and post teaching is used to enable the pupil to engage with learning in the classroom.
* Enhanced opportunities to use technological aids
* Multisensory approaches are used , where appropriate
* Pupils are taught strategies and provided with resources to assist with the development of independent learning.
* Alternative ways of recording include electronic devices
* Attention is paid to access arrangements for statutory tests, and exams, according to normal ways of working
* Awareness that a the child / young person may need more time to complete tasks and that equality of access may mean that they need to do some things differently.
* help in some aspects of mobility, orientation and independence skills. Staff in the school will need appropriate training
* Advice from external agencies is implemented in the classroom

Bespoke Intervention – time bound and quantifiable: A monitoring system could be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress e.g. in an IEP or school based equivalent. School should share information about the child / young person with all key staff. It should be reviewed regularly in consultation with the parents and child / young person and implemented consistently across the setting e.g. a One Page Profile | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **SEND Support** | Vision loss is classified as **moderate** with acuities in the range 6/18 to 6/36 Snellen / Kay or LogMAR 0.5 – 0.78Near vision will typically be assessed to be N18 print size, or above | **Needs-specific practice as described above, plus:** Differentiation to take into account pace of learning and visual presentation of learning materials. Settings and student peers will need awareness raising training. Support from VI team will be in relation to the NatSIP Eligibility Criteria score to determine the level of input required at SEND Support Stage.A greater focus on the need for learning materials to be modified to suit the learners’ vision needs. On-going adaption to teaching methods to facilitate access to the curriculum as well as social and emotional development. Greater emphasis on the need for: * modification of classroom learning materials in order to access the curriculum i.e some reformatting and enlarged materials form part of each lesson as necessary.
* assistive technology to access everyday learning tasks such as iPad or laptop

 with the use of screen mirroring and file sharing software.* Greater recognition of the impact of low vision on all aspects of learning, communication and social skills.
* Setting staff and peers may need low vision awareness training as necessary.
* Attention is paid to access arrangements for statutory tests, and exams, according to normal ways of working
* The young person is likely to require a referral for assessment from a Qualified Registered Habilitation for assessment, environmental advice, and direct programme of work as required.
* Environmental audit necessary to assess accessibility of school environment. Teaching methods facilitate access to the curriculum, social / emotional development and class participation.
* Setting staff make adaptations to curriculum delivery to facilitate access for a visually impaired pupil. eg.oral descriptions of visual materials.
* Setting staff provide some modification / differentiation of learning materials to facilitate access. eg. attention to speed of lesson delivery and speed of working of VI pupil.
* Alternative ways of recording include electronic devices and ICT is used to increase access to the curriculum, where appropriate. Attention is paid to access arrangements for statutory tests, and exams, according to normal ways of working
* May need assistive technology to access everyday learning tasks and or large print learning resources to enable full access to curriculum.

Bespoke Intervention – time bound and quantifiable: My Support Plan (or equivalent) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take placeAdditional adult support 1:1 and small group work for:* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer of skills
* Implementing advice from external agencies in the classroom
* Teaching strategies and providing with resources to assist with the development of independent learning.
* Create frequent opportunities for peer to peer interaction
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** VI Teaching Support Team offer;
* Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | Vision loss is classified as **severe** with acuities with the range 6/36 Snellen/Kay or LogMAR 0.8, or greaterNear vision: likely to have difficulty with any print smaller than 24 point. Print sizes may be a in a range from 24 – 36, and will require significant differentiation and modification. Pupils likely to be **Registered Sight Impaired (partially sighted) or Severely Sight impaired (blind)** but still learning by sighted means. | Needs-specific practice as described above, plus:**A**s above, plus: * Teaching approaches consider student needs on an individualised basis in planning and delivery of curriculum.
* Regular consultation with QTVI about delivery of curriculum to ensure student can fully access all curriculum areas.
* Pupil unable to work from a white board in the classroom without human or technical support, such as the use of an iPad or laptop in combination with screen mirroring and file sharing software.
* Setting staff make substantial adaptations to all curriculum delivery and materials to facilitate access and inclusion.
* Requires significant differentiation and modification to all printed materials in order to access the curriculum
* Staff in the school will need appropriate training in inclusion of visually impaired learners in the classroom.
* Attention is paid to access arrangements for statutory tests, and exams, according to normal ways of working in consultation with QTVI.
* The young person will require a referral for assessment from a Qualified Registered Habilitation Specialist for assessment, environmental advice, and direct programme of work as required to include family and school staff.

Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes and:* work on significantly modified / differentiated curriculum and learning tasks, including the speed of lesson delivery, expectations regarding quantity of work, additional time for sustained tasks and speed of working
* encourage independence
* create opportunities for peer to peer interaction
* monitor the progress of the young person using highly structured methods
* provide opportunities for YP to develop independent living skills through access to targeted interventions overseen by Qualified Registered Habilitation Specialist
* provide opportunities for the YP to engage in community activity and for social and emotional development.
* provide access to strands of the ‘Additional/specialist VI Curriculum’ as directed by QTVI
* Assistive technology (ICT) essential for inclusion and access.
 | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* VI Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | **Pupils with Cerebral Visual Impairment (CVI)**CVI must be diagnosed by an Ophthalmologist. The pupil will typically have good acuities when tested in familiar situations but this will vary throughout the day. A key feature of CVI is that vision varies from hour to hour with the pupil’s well-being.All pupils with CVI will have a different set of difficulties which means thorough assessment is a key aspect. The pupil may have difficulties associated with Dorsal processing stream, Ventral processing stream or a combination of both.Dorsal stream difficulties include:• Difficulties seeing moving objects• Difficulties reading• Difficulties doing more than one thing at a time ( eg looking and listening )Ventral Stream Difficulties include:• Inability to recognise familiar faces• Difficulties route finding• Difficulties with visual clutter• Lower visual field loss | Needs-specific practice as described above, plus:Any combination of difficulties will have a major impact on the pupil’s ability to access the curriculum. Without input from a QTVI they will be unable to reach their full potential and will need some level of support from the VI Team; The school must ensure that all staff are aware that the pupil will be experiencing visually related learning difficulties, and provide support to enable teachers to plan appropriately, based on previous visual performance and / or prognosis of possible changes. The school must monitor pupil progress in this respect.This includes:* Teaching methods which facilitate access to the curriculum, social / emotional development and class participation.
* Setting staff make substantial adaptations to curriculum delivery and materials to facilitate access for a child with CVI
* Setting staff provide modification / differentiation of learning materials to facilitate access. eg. attention to speed of lesson delivery and speed of working of VI pupil.
* ICT is used to increase access to the curriculum, where appropriate
* Attention is paid to access arrangements for statutory tests, and exams, according to normal ways of working in consultation with QTVI.
* Advice for teachers regarding ways to include the pupil in mainstream lessons
* Training for staff on CVI and implications for learning

Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomesAdditional adult support in class, and around school, as indicated by assessment, to facilitate inclusive and independent learning, preparation of resources, and to ensure safety and.:* Provide suitable technology such as laptop, audio books, speech software
* Advice for teachers regarding ways to include the pupil in mainstream lessons
* Training for staff on CVI and implications for learning
* On-going assessment, teaching, advice, support and monitoring from a QTVI, to work with the pupil, their family and with school staff.
* Individual 1-1 for habilitation and mobility teaching, as appropriate from Qualified Registered Habilitation Specialist
* ICT and low vision aid skills training
* Suitable technology such as laptop, audio books, speech software
* Specific skill teaching eg touch typing, working with speech software, working with amanuensis
 | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* VI Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | Vision loss is classified as profound with acuities less than 6/60Educationally blind / braille user / can access small quantities of print larger than N36Usually pupils who are born with severe visual impairment, and are identified early on as being tactile learners. Pupils who may be new to the country, with severe visual impairment.Pupils who may have suffered a late onset visual impairment, or where their vision has deteriorated rapidly.These pupils will usually be registered blind and learning by tactile methods; they will have little or no useful vision, and very limited or no learning by sighted means. | Needs-specific practice as described above, plus:Most pupils at this level will access ARC provision, at either primary or Secondary level; Individual or small group ARC lessons to deliver:* the specific VI curriculum
* interventions based around tactile literacy, numeracy, and ICT.
* In collaboration with subject teachers and QTVI, a high level of additional adult support both in class and for the preparation of learning resources in alternative formats (Braille, Audio etc):
* Full inclusion within the mainstream curriculum made accessible for an educationally blind pupil; presentation of learning materials in alternative formats, including Braille, tactile diagrams, audio/speech software.
* A highly individualised tactile curriculum approach and planned opportunities to access specific individual programmes of specialist support and teaching.
* Individual or small group intervention to develop understanding of tactile maths, tactile literacy, tactile diagrams, assistive technology and independent living skills.
* Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and class participation.
* Skills teaching as appropriate for an educationally blind child: cognitive, language, social/emotional, tactile, mobility, independence, transition, careers.
* Setting to facilitate attendance and inclusion at VI curriculum, VI peer groups and sport and leisure activities to support social and emotional well-being.
* Attention is paid to access arrangements for statutory tests, and exams, according to normal ways of working

Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes and.:* Direct skills teaching from a QTVI to include;
	+ up-date of braille skills,
	+ specialist teaching including tactile skills,
	+ specialist teaching approaches to individual subjects where required.
	+ QTVI to have regular contact and liaison with mainstream staff
* Additional daily support from a team of specialist support assistants, trained to support a tactile curriculum and to facilitate inclusive and independent learning and to ensure safety.
* Daily access to a Technical Officer to produce resources, and provide training on ICT equipment.
* Programme of work from ; frequency based on assessed need, equivalent to weekly contact.
* VI staff or to provide regular whole school training opportunities for mainstream school staff
* referral for assessment from a Qualified Registered Habilitation Specialist for assessment, environmental advice, and direct programme of work as required,
* Direct work with young person and their family; instruction in the development of mobility and orientation skills and independence training.
* Where teaching of long cane skills is essential; staff in the school will need appropriate training as well as family and peers.
 | **Setting:*** Specialist Placement
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* VI Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |

**4.b Sensory and/or Physical : Hearing Impairment**

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| --- | --- | --- | --- |
| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | Hearing loss: * mild with unaided threshold 21-40 dBHL or
* unilateral with at least a moderate loss in affected ear

It is expected that a child with this level of hearing loss will score in the National Sensory Impairment Partnership (NatSIP) Eligibility Criteria range of 6-20 | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. Hearing friendly strategies should be evident in the school. Accessibility planning should involve consideration of acoustic and sound properties in school.Some adult support for learning health and safety and risk management.High quality teaching should include:* Management of the acoustic and visual environment in class so that background noise is kept to a minimum and there are not too many visual distractions
* Plan for short listening periods interspersed with individual/small group activities
* Position pupil appropriately for different activities – in consultation with the pupil
* Ensure that your face is in clear view so that the pupil can lip-read – make use of facial expression/body language to support what you say and as much as possible stand still when speaking
* Get the pupil’s attention – make eye contact – before speaking
* Outline the content of the lesson at the beginning using visual cues/key words
* Present lesson content in as visual a way as possible: use pictures, key words on the board, demonstration
* Ensure that the deaf pupil has access to what the other pupils say e.g. repeat/rephrase the answers pupils give or ask them to speak at the front
* Check that a task has been understood before the child begins e.g. ‘tell me/show me what you have to do’
* Recap main points at the end and provide an opportunity for the child to show that they have understood
* Get feedback from the pupil regularly to monitor their access to lessons
* Opportunities for 1:1 and small group work
* Teaching methods which facilitate access to the curriculum, social/emotional development and class participation
* Advice from Low Incidence Team is implemented in the classroom
* Regular checking of auditory equipment: may have hearing aids and possibly a radio aid
 | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **SEND Support** | Hearing Loss:Bilateral moderate (unaided threshold 41-70 dBHL) or severe (71-95dBHL) permanent hearing loss It is expected that a child with this level of hearing loss will score in the NatSIP Eligibility Criteria range of 21-30 | Needs-specific practice as described above, plus: * Hearing friendly strategies should be evident in the school. Accessibility planning should involve consideration of acoustic and sound properties in school.
* Teaching methods which facilitate access to the curriculum, social/emotional development and class participation

Bespoke Intervention – time bound and quantifiable: My Support Plan (or equivalent) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place* Modified curriculum tasks to allow access as advised by a Teacher of the Deaf

Additional adult support 1:1 and small group work for:* Modified curriculum tasks to allow access as advised by a Teacher of the Deaf
* Regular opportunities for 1:1 and small group work for specific identified parts of curriculum:
	+ explanation, clarification and reinforcement of lesson content and language
	+ specific interventions for speaking, listening and teaching of phonics
	+ teaching strategies to assist the development of independent learning,
	+ work on targets as advised by a Teacher of the Deaf
	+ to develop social skills
* Modification to the presentation of assessments
* Create frequent opportunities for structured peer to peer interaction
* Adult support to facilitate the development of independence and class participation
* Monitor the progress of the young person using structured methods
* Regular checking of auditory equipment: will have hearing aids and likely to have a radio aid
* Pupils are taught strategies and provided with resources to assist with the development of independent learning
* Daily checking of hearing aids and other technology
* Advice from Teacher of the Deaf is implemented in the classroom
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** HI Teaching Support Team offer
* Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | Hearing loss:Bilateral severe (unaided threshold 71-95 dBHL) or profound (>95dBHL)It is expected that a child with this level of hearing loss will score in the NatSIP Eligibility Criteria range of of 31-50 | Needs-specific practice as described above, plus:Hearing friendly strategies should be evident in the school. Accessibility planning should involve consideration of acoustic and sound properties in school. Some adult support for learning health and safety and risk management.Access to speech dependent on hearing aids or cochlear implant and radio aid in school. Highly likely to develop spoken language as preference and for curriculum delivery* Considerable differentiation and / or modification needed in all areas of the curriculum.

Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher and Teacher of the Deaf, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes and: * work on significantly modified curriculum tasks
* reinforce lesson content
* support language development and differentiate language used in the classroom to an accessible level
* provide daily individual support
* encourage independence
* create opportunities for peer to peer interaction
* monitor the progress of the young person using highly structured methods
* Work on programs advised by a Teacher of the Deaf and/or Speech and Language Therapist
* Pre-teach new language
* explain, clarify and reinforce lesson content
* deliver modified curriculum tasks
* Pre-teach new language
* explain, clarify and reinforce lesson content
* deliver modified curriculum tasks
* support language development
* create opportunities for peer to peer interaction
* encourage independence
* Implement advice from the Low Incidence Team in the classroom
 | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** HI Teaching Support Team statutory offer;
* EP monitoring support at the end of Phase;
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | **H**earing loss is classified as profound with unaided threshold in excess of 95 dBHL.Bilateral severe/profound permanent hearing loss or Moderate hearing loss with additional complicating factor e.g. late diagnosisAdditional language/learning difficulties associated with hearing loss BSL/SSE is highly likely to be needed for effective communication | Curriculum delivery in Additionally Resourced Centre (ARC) providing a mainstream highly individualised curriculum approach and planned opportunities to access specific individual programmes of specialist support and teaching.Curriculum delivery in Local Authority led Resource Provision (LALRP), Mainstream or Special School providing a highly individualised mainstream curriculum approach and planned opportunities to access specific individual programmes of specialist support and teaching from appropriately trained staff.Specialist adult support for learning, health and safety and risk management.* A specialist monitoring system should be in place to assess:
	+ individual need
	+ identify outcomes
	+ implement support and monitor and evaluate progress, for example an IEP or One Page Profile
* Main provision by class/subject teacher with support from Teacher of the Deaf / Specialist Support Worker / Deaf Instructor
* Assessment:
	+ on-going assessment of needs using specialist and NC guidance
	+ assessment by education and non-education professionals as appropriate
	+ part of school and class assessments
	+ must have modification and reasonable adjustments implemented for the presentation of and access to assessments and examinations
* Planning:
	+ curriculum plan must closely track levels of achievement
	+ all IEP targets are individualised, short term and specific
	+ mainstream class with flexible grouping arrangements
	+ differentiation by presentation and/or outcome personalised to pupils identified needs (school planning)
* Advice from non-educational professionals inc. Speech And Language Therapist as appropriate – up to 1 hour per week
* Timetabled teaching support directly from a Teacher of the Deaf
* On-going assessment from an educational audiologist – up to 12 hours per annum
* Access to deaf adults and peers
* Specialist support staff with appropriate BSL/communication skills
* Speech audiometry and other specialist tools must be used to assess access to spoken language

Systematic application of speech language and communication assessment tools for deaf childrenHearing friendly strategies should be evident in the school. Accessibility planning should involve consideration of acoustic and sound properties in school.Adult support for learning health and safety and risk management. | **Setting:*** Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* HI Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |

**4.c Sensory and/or Physical Needs: Multi-Sensory Impairment**

|  |  |  |  |
| --- | --- | --- | --- |
| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **SEND Support** | Mild loss in both modalities May have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual ImpairmentNon progressive condition | **Needs-specific practice as described above, plus:** attention to seating, lighting, visual environment and acoustics. Consideration must be given to visually presented information, task instruction and oral sentence structure. Attention should be paid to speech development, the development of oral expression and aspects of orientation, mobility and independence skills, through curriculum differentiationStaff in the school will need appropriate training and awareness of the potential impact of dual-sensory impairment should be evident in the classroom. The pace of learning should afford opportunities for clarification and reinforcement to ensure understandingBespoke Intervention – time bound and quantifiable: My Support Plan (or equivalent) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place. Additional adults support the child / young person individually, under the direction of the teacher to:* work on modified curriculum tasks;
* access regular individual support
* encourage independence
* create opportunities for peer to peer interaction
* monitor the progress of the A child / young person using structured methods
* provide access to specialist delivery of the ‘Additional Curriculum’
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EPS
* BMDC central training and support offer
* QTMSI Offer of initial advice and assessment
* Traded service from EPT
 |
| **EHCP** | Moderate loss in one modality and mild/moderate in the otherMay have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual ImpairmentMay have additional complex needs. | Needs-specific practice as described above, plus:As appropriate to assessed needs;* Approaches to communication that may include use of Sign Supported English (SSE) and /or finger spelling to support oral communication
* Significant curriculum differentiation across all subject areas
* Adapted equipment to meet specialised MSI needs
* Modified and adapted materials to ensure access to learning
* Regular access to a visually and acoustically appropriate environment for small group and 1:1 sessions
* Enhanced opportunities to use technological aids
* Regular checking of low vision and/or hearing aids
* Support with the development of mobility, orientation and independence skills
* Significant individual support and additional time for clarification and reinforcement of learning to ensure understanding
* Staff in the school will need appropriate training and awareness of the potential impact of dual-sensory impairment should be evident in the classroom

A monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes . Additional adults support the child / young person individually, under the direction of the teacher to:* work on significantly modified curriculum tasks;
* access daily individual support
* encourage independence
* create frequent opportunities for peer to peer interaction
* monitor the progress of the A child / young person using highly structured methods
* provide opportunities for YP to develop independent living skills through access to targeted interventions
* provide opportunities for the YP to engage in community activity
* provide access to specialist delivery of the ‘Additional Curriculum’
 | **School:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.
* **High level** of adult specialist support for learning, health and safety and risk management

**LA:*** EP monitoring support at the end of Key Stage
* Teaching Support Team statutory offer
* BMDC central training and support offer
* QTMSI Offer
* Traded service from EPT
 |
| **EHCP** | Moderate / severe/ profound loss in both modalities May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual ImpairmentMay have additional complex needs | As appropriate to assessed needs;* Individual approaches to communication that may include tactile modes of communication, use of Sign Supported English (SSE) and /or British Sign Language, tactile sign/manual alphabet, or visual/tactile symbol systems and and may involve a Total Communication approach
* An individual curriculum and daily timetable to ensure the development of communication skills and understanding of daily routine and to ensure students are not included in activities that they cannot access effectively
* An Individual programmes to support the delivery of specialised skills which may include; Braille, Moon, visual or tactile sign or symbol systems, the use of specialist technology and aids, mobility, orientation and independence skills
* Opportunities to develop understanding of specific conditions as appropriate
* Learning activities that involve real objects, events and processes where students may not have direct experience of a concept
* Adapted equipment to meet specialised MSI needs
* Appropriately modified and adapted materials to ensure access to learning
* Daily access to a visually and acoustically appropriate environment for small group and 1:1 sessions
* Regular checking of low vision and/or hearing aids
* A pace of learning appropriate to the individual student
* A high level of individual support and additional time for clarification and reinforcement of learning to ensure understanding

Staff in the school will need appropriate training and awareness of the potential impact of dual-sensory impairment should be evident in the classroomDeablind Intervenors will need specialised training appropriate to their role | **School:*** Specialist MSI Provision/Support
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* **High level** of Individual support from a qualified/experienced Deafblind Intervenor as assessed by specialist MSI teacher

**LA:*** EP monitoring support at the end of Key Stage;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* QTMSI Offer
* Traded service from EPT
 |

4.d Sensory and/or Physical : Physical

|  |  |  |  |
| --- | --- | --- | --- |
| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | **Functioning/Attainment:**School based and other assessments, including Physio assessment indicate the child / young person has **mild** physical difficulties related to fine/gross motor, spatial awareness.Standardised assessment scores will be between 70-84 (above 2nd centile)Some gross and/or fine motor difficulties with a need for remediation and dedicated adult support identified. Difficulties in spatial orientation requiring specific remedial programmes. | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. High quality teaching should include:* Increased differentiation of activities and materials by design (ie adapted pencils, scissors etc)
* Alternative forms of recording routinely used
* Use of visual, auditory and kinaesthetic approaches.
* Awareness that the child / young person may need more time to complete tasks and that equality of access may mean that they need to do some things differently.
* Small steps approaches
* Resources and displays that support independence.
* Routine feedback
* Environmental considerations are made to meet the needs of all pupils e.g. seating position, personal space and classroom layouts, displays and signage
* Advice to address safety and access in PE, safety issues during free-flow indoor/outdoor periods and unstructured periods of the day e.g. breaks
* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer of skills
* Flexibility of groupings allows for buddy support
* Advice from external agencies is implemented in the classroom
* There may be need for very structured and multi-sensory approaches to learning.
* The teacher takes take responsibility for supporting others to devise, deliver and evaluate a personalised programme that accelerates learning.
* Pupils are taught strategies and provided with resources to assist with the development of independent learning.
* Alternative ways of recording include electronic devices e.g laptop, tablet

Bespoke Intervention – time bound and quantifiable: Additional adults ] to:* Support the development of fine and/ or gross motor skills or spatial awareness through a structured programme
* Support the development of self-care and hygiene programmes
 | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Physical / Medical Team and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **SEND Support** | **Functioning/Attainment:**School based and other assessments, including Physio assessment indicate the child / young person has **moderate** physical difficulties related to fine/gross motor, spatial awareness.Standardised assessment scores will be between 50 and 70 (below the 2nd centile) | **Needs-specific practice as described above, plus:** Significant modification / differentiation of some aspects of the curriculum. Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement Close supervision to address safety and access in PE may need alternative PE, safety issues during free-flow indoor/outdoor periods and unstructured periods of the day e.g. break times. Bespoke Intervention – time bound and quantifiable: My Support Plan (or equivalent) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place.Additional adults support the child / young person individually, under the direction of the teacher to:Additional adults may support the young person individually or in small groups, under the direction of the teacher to:* work on modified curriculum tasks;
* access regular individual support
* encourage independence whilst maintaining health and safety minimising risk
* create frequent opportunities for peer to peer interaction
* monitor the progress of the young person using structured methods
* access programmes of support as advised by the paediatric therapy teams
* assist with personal/intimate care,
* access environment/ or individual equipment,
* facilitate therapy programmes,
* provide catch up sessions minimising the impact of missed learning due to absence relating to condition
* Close supervision to address safety and access in PE
* access independence and self-care skills sessions (up to 3 times per week)
* Support managing pacing and fatigue

work on modified curriculum tasks; * access regular individual support
* encourage independence
* create frequent opportunities for peer to peer interaction
* monitor the progress of the A child / young person using structured methods
* access programmes of support as advised by the paediatric therapy teams
* Support to address self-care needs and use modified equipment.
* Appropriately trained support for moving and handling may be required
* May require bespoke equipment- mobility and seating / accessible building,
 | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Physical / Medical Team and/or EP Team
* Involvement from an Early Years Specialist Teacher or Access and Inclusion Officer via an EA1 (from health) or an early years SCIL Team referral.
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | **Functioning/Attainment:**School based and other assessments, including Physio assessment indicate the child / young person has **severe** physical difficulties related to fine/gross motor, spatial awareness.Standardised assessment scores will be between 35 - 50 (<0.1st centile) | Needs-specific practice as described above, plus:Significant modification / differentiation of the majority of the curriculum. Teaching approaches place a high emphasis on direct training, very finely graded and practical tasks which provide opportunities for frequent repetition and reinforcement For needs that are purely PD this would only be relevant when teaching independence skills, not for learningMay need constant adult support to access the curriculum and may need to use an established communication system in a wide variety of familiar and unfamiliar situations using appropriate access methods. Staff may need training in the use of communication aids.Hygiene room access, hoisting, manual handling training, accessible buildingA monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes. Additional adults support the child / young person individually, under the direction of the teacher to:* work on significantly modified curriculum tasks;
* access daily individual support
* encourage independence
* create opportunities for peer to peer interaction
* monitor the progress of the A child / young person using highly structured methods
* Provide opportunities for YP to develop independent living skills through access to targeted interventions
* To provide opportunities for the YP to engage in community activity
* Access programmes of support as advised by paediatric therapy services
* assist with personal/intimate care
* provide catch up sessions minimising the impact of missed learning due to absence relating to condition
* access independence and self-care skills sessions (up to 3 times per week)
* If hoisting is needed this requires 2:1 support.
 | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* Physical / Medical Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | **Functioning/Attainment:**School based and other assessments, including Physio assessment indicate the child / young person has **Multiple and complex** physical difficulties related to fine/gross motor, spatial awareness.Standardised assessment scores will be between below 35 (>0.01 centile) A child / young person will be wheelchair dependent and may or may not be able to communicate intentionally | Significant modification / differentiation of the majority of the curriculum. Will need to use an established communication system in a wide variety of familiar and unfamiliar situations using appropriate access methods. Staff will require advice and training re appropriate equipment and specific programmes of work and to adapted IT provision. Close supervision to address safety and access in PE, safety issues during free-flow indoor/outdoor periods and unstructured periods of the day e.g. break times. Support to address self-care needs and use modified equipment. Likely to require a portable writing aid. Appropriately trained support for moving and handling will need to be considered. Staff will need training in the use of communication aids.Some 2:1 support needed due to manual handling needs. Significant modification / differentiation of the majority of the curriculum. May need to use an established communication system in a wide variety of familiar and unfamiliar situations using appropriate access methods. Adult assistance and close supervision during unstructured times including break and lunchtimes due to physical difficulties for health and safety reasons and to provide support for social interactions.As above through a highly individualised curriculum approach and planned opportunities to access specific individual programmes of support. | **Setting:*** Specialist Placement
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* Physical / Medical Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |

**4.e Sensory and/or Physical Needs: Medical**

|  |  |  |  |
| --- | --- | --- | --- |
| **CoP Stage** | **Individual learner characteristics** | **Additional to and Different from Interventions and Strategies** | **Provision** |
| **Below Age Related Expectations** | Information from GP / Specialist Practitioner identifies a minor diagnosed medical condition.A diagnosed established and controlled medical condition. | Needs-specific practice which is additional to and different from that which is normally available: Differentiation as part of high quality teaching needed in most subject areas. A monitoring system should be in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress, for example an IEP or One Page Profile. The teacher takes responsibility for devising, delivering and evaluating a personalised programme that accelerates learning. Settings has a policy highlighting how they support children with medical conditions in schools following statutory guidance and making ‘reasonable adjustments’ where necessary. (Equality Act 2010). Modification may be needed in some areas of school life. Medical Care Plan in place High quality teaching should include:* Increased differentiation of activities and materials by design
* Awareness that a A child / young person may need more time to complete tasks and that equality of access may mean that they need to do some things differently.
* Cover arrangements and briefing for supply teachers
* Risk assessments for school visits, holidays, and other school activities outside of the normal timetable
* support to meet the A child / young person resulting needs (e.g. medication, treatments, access to food or drink, environment issues)
* Monitoring A child / young person healthcare plans
* Flexible teaching to manage absence (i.e. for treatment appointments)
* Resources and displays that support independence.
* Setting life may need to be modified and/or differentiated. Medical Care Plan in place
* On-going opportunities for individual support focused on specific targets with reinforcement in whole class activities to aid transfer of skills following absence due to medical condition
* Flexibility of groupings allows for buddy support
* Advice from external agencies is implemented in the classroom
* Pupils are taught strategies and provided with resources to assist with the development of independent learning overcoming the effects of medical conditions.
 | **Setting*** Mainstream placement
* Universal Offer
* Additional adult support amounting up to 10 hrs per week (pro rata) comprising of small group and 1:1 support to facilitate access to the curriculum and deliver individually planned programmes of work
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* BMDC central training and support offer
* Traded service from EPT
 |
| **SEND Support** | A diagnosed established medical condition which is not yet fully controlled | **Needs-specific practice as described above, plus:** Setting offer may need to be significantly modified and differentiated. Health Care Plan in place plus specialist equipment. Bespoke Intervention – time bound and quantifiable: My Support Plan (or equivalent) in place to assess the young person’s needs, identify outcomes, implement support and monitor and evaluate progress. Planned reviews including the parent and child / young person should take place Additional adults support the child / young person individually, under the direction of the teacher to:* work on modified curriculum tasks;
* access regular individual support
* encourage independence
* create frequent opportunities for peer to peer interaction
* monitor the progress of the A child / young person using structured methods
* This is only applicable for physical needs

Access to on-going professional advice and support to meet child’s medical needs within educational setting following government guidance ‘Supporting pupils with medical conditions in mainstream schools’.May require some medical/procedures supported by a trained member of staff who have been trained and signed off by medical professionalsMay need planned time to develop appropriate emotional responses and CoP Stageing strategies.  | **Setting:*** Mainstream placement
* Universal Offer
* Additional adult support comprising of no less than 1 hour per day 1:1 for core learning activities and 4 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work / interventions.

Or * Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for up to 16 hours per week, plus additional adult support for appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work/ interventions.
* Early years children may be eligible for Early Years Inclusion Funding see eligibility criteria [Early Years Inclusion Funding: Bradford Schools Online](https://bso.bradford.gov.uk/content/early-years-inclusion-funding)

**LA:*** Hub support from Teaching Support Teams and/or EP Team
* Involvement from an Early Years Specialist Teacher or Access and Inclusion Officer via an EA1 (from health) or an early years SCIL Team referral.
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** |  A constant and severe medical condition, which has effects on day-to-day functioning, requiring specialist intervention. | Needs-specific practice as described above, plus:Health Care Plan and Specialist equipment in place. Requires regular medical intervention following Health Care Plan supported by training and advice from medical professionals. **Consideration given** to an environment that ensures the safe emotional well-being and appropriately trained support for the individualA monitoring system should be in place to identify short term targets from the EHCP, implement recommended provision and monitor and evaluate progress, for example an IEP.Termly planned sharing of information including the parent and child / young person should take place as well as a statutory annual review.Bespoke Intervention – time bound and quantifiable: Under the direction of the teacher, additional adults support the child / young person as described in section F of the EHCP, to address the identified outcomes. Additional adults support the A child / young person individually, under the direction of the teacher to:* work on significantly modified curriculum tasks;
* access daily individual support
* encourage independence
* create opportunities for peer to peer interaction
* monitor the progress of the A child / young person using highly structured methods
 | **Setting:*** Mainstream placement
* Additional adult support amounting to no less than 19 hrs per week (pro rata) comprising of 2 hours per day (1:1) for core learning activities, and no less than 2 hours per day small group support to  facilitate access to the curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.

or* Smaller class size / enhanced adult child ratio ( no more than 1:12) within a mainstream environment for no less than 19 hours per week , plus additional adult support (1:6) to  facilitate access to an appropriately differentiated / modified or alternative curriculum and deliver individually planned programmes of work and interventions / strategies outlined in EHCP.
* Access to appropriate resources and appropriately trained staff.

**LA:*** EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |
| **EHCP** | **Functioning/Attainment:**A constant and severe medical condition, which has profound effects on day-to-day functioning. The condition may be life threatening or life limiting.Specialist medical interventionAnd alternative provision required | TRACKS home tuition is used when children are medically unable to access school. Links maintained with mainstream school as appropriate. As above through a highly individualised curriculum approach and planned opportunities to access specific individual programmes of support. | **Setting:*** Specialist Placement
* Small Class sizes with an enhanced teacher pupil ratio (not more than 1:12) in a specialist setting for up to 7 hours a week to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP and full time individual support at all other times, within a mainstreams setting.

OR* Smaller class size / enhanced teacher child ratio ( no more than 1:12) and small group support (1:2) within a specialist environment for 25 hours per week , plus additional adult support (1:1) for no less than 1 hours per day, to  facilitate access to an appropriately differentiated / alternative curriculum and deliver individually planned programmes of work, including interventions / strategies outlined in EHCP
* Access to appropriate resources and appropriately trained staff.

LA:* EP monitoring support at the end of Phase;
* Teaching Support Team statutory offer;
* BMDC central training and support offer
* Traded service from EPT
 |