

Walsall Getting It 'Right for SEND' Guidance Document (April 2020)

PLEASE NOTE – THIS DOCUMENT IS STILL IN DEVELOPMENT, THE CURRENT VERSION DOES NOT INCLUDE HYPERLINKS AND A CONTENTS PAGE – THE FINAL VERSION WILL BE UPLOADED AS SOON AS POSSIBLE. FORMATTING MAY CHANGE AND CONTENT MAY BE ADDED BUT EXISTING CONTENT WILL NOT CHANGED AND CAN BE USED FOR THE CURRENT SEN AUDIT ACTIVITY.

Who is this guidance for?

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

What is the purpose of this guidance?

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

- Implement whole school approaches and high quality first teaching that promotes the inclusion of all children and young people, including those with SEND
- Identify special educational needs effectively and in a timely way
- Implement an effective and appropriately targeted graduated approach to meeting SEN needs in accordance with the SEND Code of Practice (2015) to ensure all children with SEN make good academic progress and achieve good outcomes in relation to education, health and social care
- Identify when it is appropriate to request additional high needs funding (via an EHC assessment)

This tool aims to provide:

- A consistent and transparent approach to the identification and support provided for children and young people with SEND across Walsall Council
 - The Getting It Right for SEND approach requires schools to categorise children and young people's SEND needs into 1 of 8 primary areas of need:
 - Cognition & Learning
 - Social, Emotional, Mental Health
 - Speech, Language, Communication and Social Interaction (including ASD)
 - Hearing Impairment
 - Visual Impairment
 - Multi-Sensory Impairment
 - Physical Needs
 - Medical Needs

- Within each primary area of need there are 7 levels of need (Bands).
- The document provides guidance to schools, support services and young people/parents/carers regarding evidence based interventions and approaches that are expected to support the successful inclusion and development of children within each primary area of need and within each Band
- The document provides a clear indication for when a level of support is required which goes beyond the Local Offer expected to be provided by a school through their notional SEN budget, and therefore which requires access to High Needs Funding through an EHC request for assessment
- A structure for a needs led and equitable funding model for SEND

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

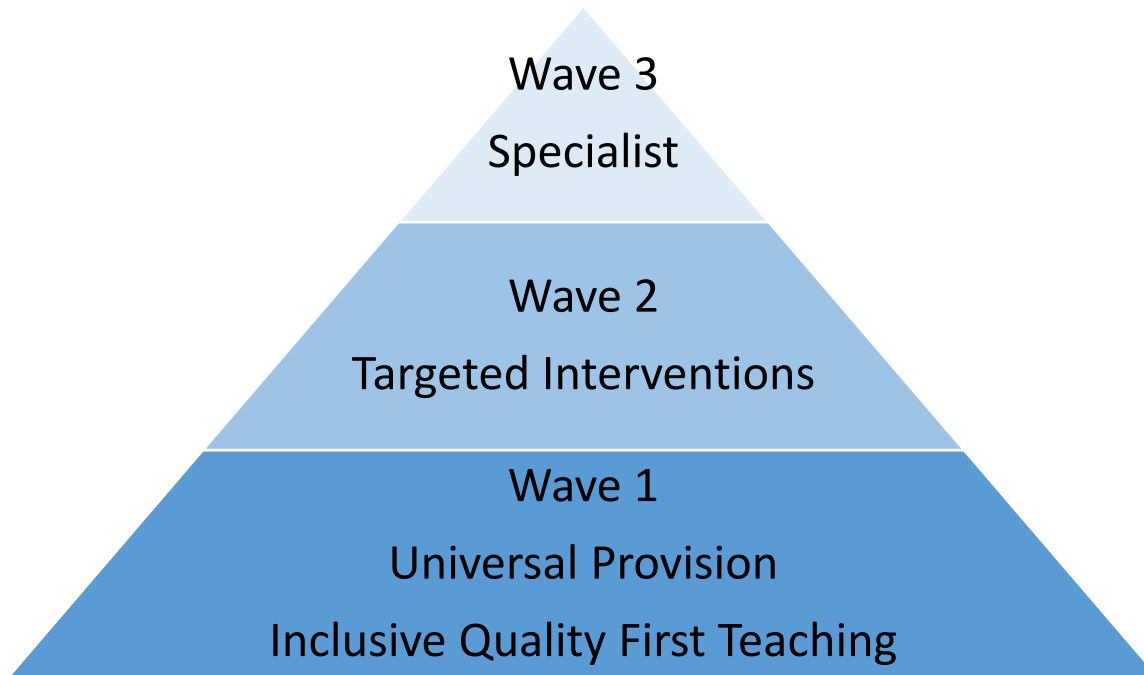
- That they have an identified SENCo who is a qualified teacher working at the school. A newly appointed SENCO must be a qualified teacher and, where they have not previously been the SENCO at that or any other relevant school for a total period of more than twelve months, they must achieve a National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

What funding do schools receive to support children with SEND?

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

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

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



High Needs/Top Up Funding

ARP places
Alternative Provision
EHCP Funding
Special school places

Notional SEN Budget

targetted school based support
Access to specialist support services

AWPU

Inclusive Quality First Teaching
Effective Differentiation

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

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

- Access to the right specialist support at the right time, with a focus on early intervention
- Child/young person-centred approaches
- Outcomes focussed and strengths based assessments
- Co-production with children and young people and their parents/carers, Walsall schools and settings and support services. Using restorative practices ensuring we are collaboratively 'working with' children, young people and their families
- Ways of working that ensure everyone is heard and understood and can question and understand

- Inclusion of children and young people with SEND within local universal provision wherever possible
- Partnership working and effective information sharing across education, health and care
- High aspirations for all children and young people
- Focussing on preparation for adulthood and providing support which builds independence and reduces dependency
- Ethical and transparent ways of working
- Reducing barriers and bureaucracy
- Skilled and stable workforce

What is the ‘Walsall Right for Children’ Vision?

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

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

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

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

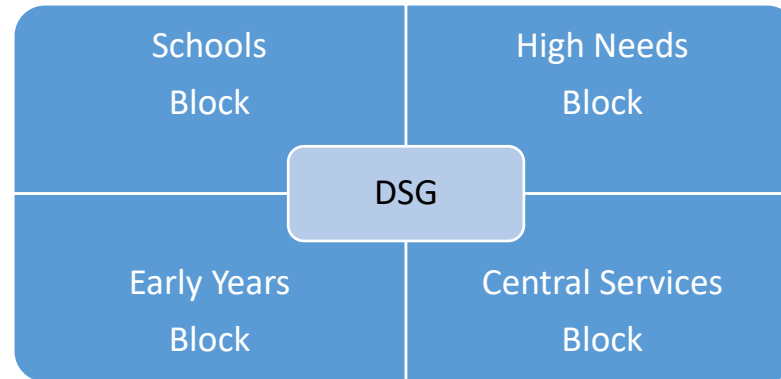
What local guidance is relevant to supporting children and young people with SEND?

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

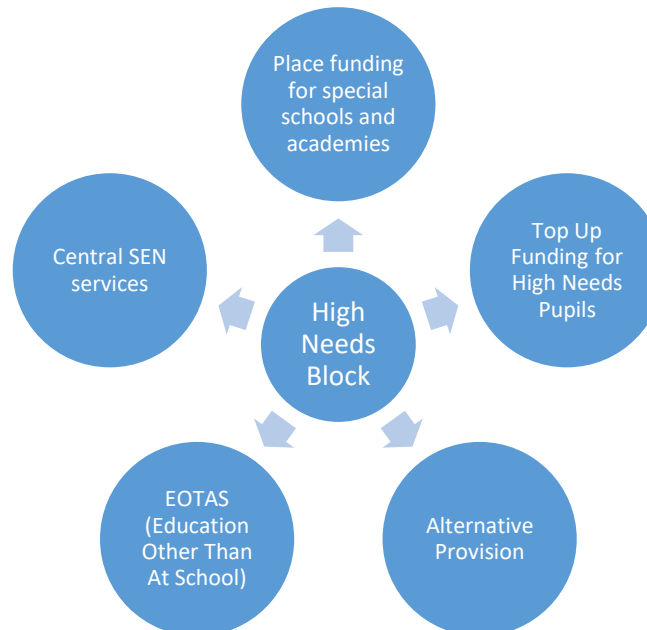
- Walsall Right for Children Inclusion Strategy (include link)
- FAP/exclusion protocol (include link)
- How to request an EHC needs assessment – a guide for schools/settings, young people and parents/carers (include link)
- My SEND Support Plan – a guide for schools/settings, young people and parents/carers (include link)
- My SMART targets – a guide for schools/settings, young people and parents/carers (include link)
- My SEND transition Plan – a guide for schools/settings, young people and parents/carers (include link)
- SEND toolkit (school age) (in development)
- Early Years SEN toolkit (0-5) (include link)
- Supporting children with medical needs
- Walsall Personal Care Policy (include link)
- Walsall Intimate Care Policy and Guidelines (include link)
- Walsall 'Good SENCo Guide' (include link)
- Walsall ARP Partnership Document (include link)

How is SEN provision funded within Walsall Local Authority?

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



The High Needs Block is required to fund:



Who decides how High Needs Funding is spent?

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

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

Going forwards the Working Group will be responsible for:

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

How are schools required to use this guidance?

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

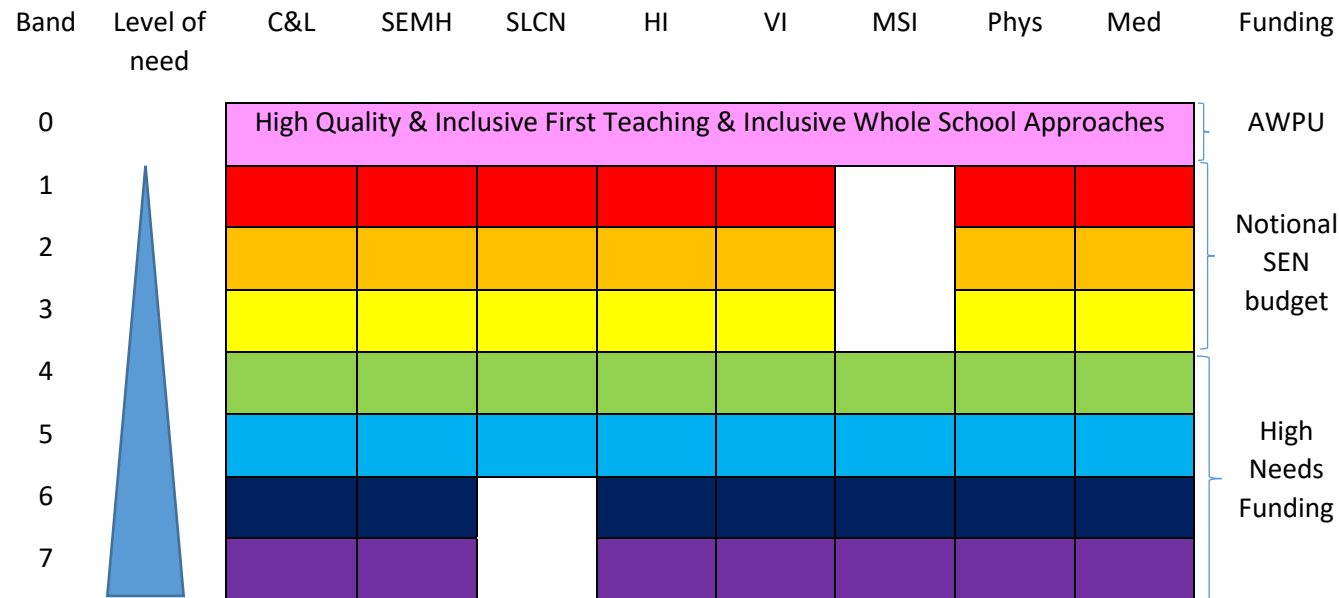
1. As a tool to ensure they are effectively identifying children and young people with SEND who should be included on their SEN register and who they support through an assess-plan-do-review cycle of support in accordance with the SEND Code of Practice. Schools should make use of the links to related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

How do schools complete the Banding audit?

The banding document is organised into 8 areas of primary need, which correlate to the 4 areas of the SEND Code of Practice. The 8 areas of primary need are:

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

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



Schools are required to look at each child on their SEN register (Reception to Year 13, excluding children in ARP places) and **identify their primary area of need** (from the 8 areas specified above).

They are then required to **identify which Band a child is best matched to**. To do this schools should consider the description of need allocated to the bands in the area of need being considered and adopt a 'best fit' approach. The provision guidance and groupings/ratios should also be considered – a child cannot be judged to be within a Band if they are not receiving a level of provision identified as appropriate for that band.

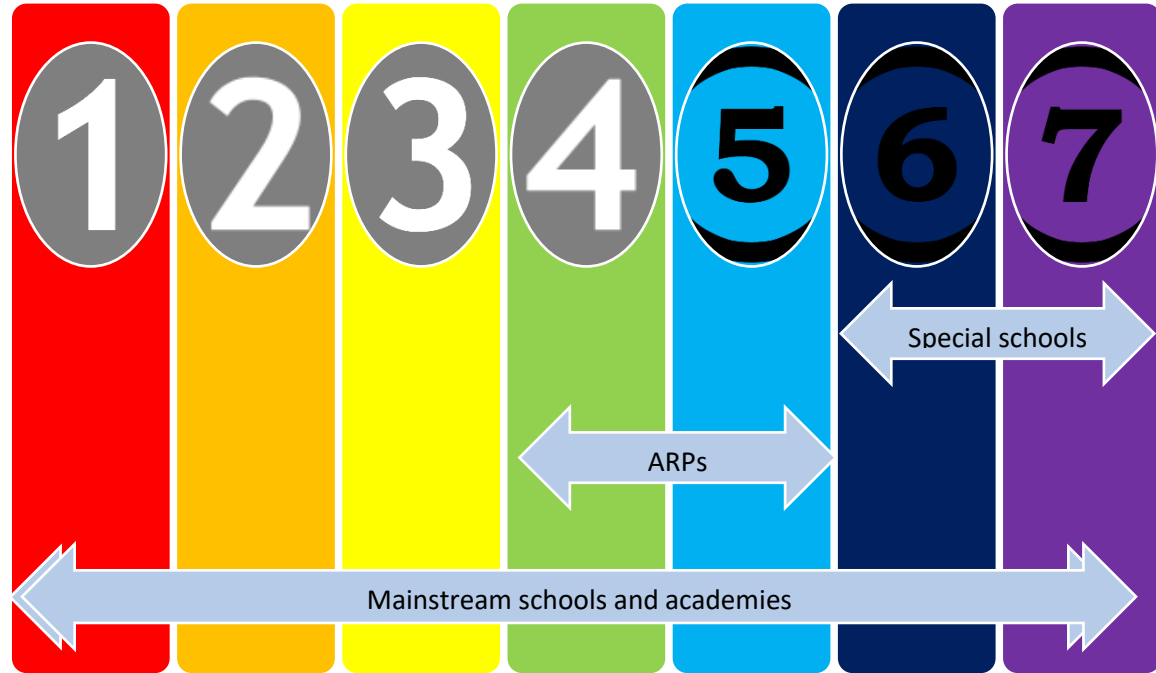
Each child should only be identified once on the banding document – according to their primary area of need.

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

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

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

Walsall Local Authority will continue to review the designations of our special schools in light of the annual audit data submitted by schools and our growing knowledge of the range of SEN needs children have in Walsall.



Cognition & Learning

Universal – Band 0

Services who can support:	Whole school approaches:	Training:	Useful websites/resources:
<p>Walsall Educational Psychology Service</p> <p>Advisory Teaching services</p> <p>Specialist Teachers spld/dyslexia</p> <p>Walsall Speech and Language Therapy</p>	<p>Peer support/modelling</p> <p>Scaffolded learning</p> <p>Differentiation by output, support, pace, resource</p> <p>Use of alternative methods of recording as required</p> <p>Differentiated approach to homework and in school support for homework</p>	<p>Effective differentiation</p> <p>Teaching and Learning approaches to support Learners with Down’s Syndrome</p> <p>Teaching and Learning approaches to support Learners with ADHD</p> <p>Precision Teaching</p>	<p>johnandgwyn.co.uk/probe.html</p> <p>https://www.downs-syndrome.org.uk/for-new-parents/education/education-support-packs/</p> <p>www.bdadyslexia.org.uk</p> <p>https://educationendowmentfoundation.org.uk/</p> <p>https://educationendowmentfoundation.org.uk/tools/guidance-reports/literacy-ks-1/</p> <p>https://educationendowmentfoundation.org.uk/tools/guidance-reports/literacy-ks-2/</p> <p>https://educationendowmentfoundation.org.uk/tools/guidance-reports/improving-literacy-in-secondary-schools/</p> <p>https://nasen.org.uk/uploads/assets/e227fce8-87f7-4630-bc4606a87e2bec53/Supporting-pupils-with-SID.pdf</p> <p>https://webarchive.nationalarchives.gov.uk/20130323065803/htt</p>

		<p>ps://www.education.gov.uk/publications/eOrderingDownload/00086-2009-maths_difficulties.pdf</p> <p>https://educationendowmentfoundation.org.uk/public/files/Publications/Metacognition/EEF Metacognition and self-regulated learning.pdf</p> <p>https://www.helenarkell.org.uk/documents/files/What-works-for-children-and-young-people-with-literacy-difficulties-5th-edition.pdf</p> <p>https://educationendowmentfoundation.org.uk/public/files/Publications/Maths/EEF Maths Evidence Review.pdf</p> <p>http://www.thedyslexia-spldtrust.org.uk/media/downloads/inline/the-rose-report.1294933674.pdf</p>
Book recommendations for children/young people	Book recommendations for adults (parents/carers/professionals)	
	<p>Hattie, J. (2012). <i>Visible learning for teachers: Maximizing impact on learning</i>. Routledge.</p> <p>Stein, M., Kinder, D., Silbert, J., & Carnine, D. W. (2005). <i>Designing effective mathematics instruction: A direct instruction approach</i>. Pearson.</p> <p>Carnine, D., Silbert, J., Kameenui, E. J., & Tarver, S. G. (2009). <i>Direct instruction reading 5th edition</i>. Columbus, OH: Merrill.</p>	

Cognition & Learning

Ordinarily Available - Band 1

Description of need	<ul style="list-style-type: none"> • Difficulty with the acquisition / use of language, literacy, numeracy skill • Difficulty with the pace of curriculum delivery. • Some problems with concept development. • Evidence of some difficulties in aspects of literacy, numeracy or motor coordination.
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies cognition and learning as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on Cognition and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Pencil grips • Writing slopes • Laptop for recording • Visual cues • Visual timeline • Task lists • Overlearning • Word mats/topic mats • Pre-teaching key vocab • Personalised topic dictionaries • Practical resources for maths

	<ul style="list-style-type: none"> • Sentence starters • Task slicing • Peer support • Talk partners • Adult check ins • Kim's game, shopping list game (memory games) • Small group targeted support
Adult support & ratios	<p>Inclusion within mainstream class group/s</p> <p>Small group targeted support for core subjects (1:8)</p>
Academic progress	Likely to be up to a year below age related expectations. This may be across the curriculum or in certain subject areas.

Cognition & Learning

Ordinarily Available - Band 2

Description of need	<ul style="list-style-type: none"> • Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills. • The pupil is operating at a level well below expected outcomes (this is likely to be more than a year behind age related expectations) and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation • Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum • Progress is at a slow rate but with evidence of response to intervention and that ongoing support is required to maintain gains and to access the curriculum.
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	<ul style="list-style-type: none"> • Processing difficulties limit independence and may need adult support in some areas. • The pupil will have mild but persistent difficulties in aspects of literacy, numeracy or motor coordination despite regular attendance, appropriate intervention and quality first teaching. • May have difficulties with organisation and independence in comparison to peers • Difficulties impact on access to the curriculum and the pupil will require special arrangements and additional support in the classroom. • Self-esteem and motivation may be an issue. • Possibly other needs or circumstances that impact on learning and progress
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition & Learning as a primary need. This should be reviewed at least termly. • Specialist in school assessments may be carried out such as Sandwell Maths, Salford Reading Assessment, Phonological Assessment Battery, British Picture Vocabulary Scales, YARC • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on Cognition and Learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Toe by Toe • Precision Teaching • Colourful semantics • Words First • Kinetic letters • Memory Fix • Alphabet arc • Multi-sensory approaches • Write Dance • Nessy

	<ul style="list-style-type: none"> • Sticky Kids • Get Moving • Numicon • Individual timeline/task lists • Tailored group interventions
Adult support & ratios	<p>Inclusion within mainstream class group/s.</p> <p>Small group (up to 1:8) targeted support for core subjects.</p> <p>Some targeted individualised support (this may be in a very small group)</p>
Academic progress	Likely to be more than a year below age related expectations. This may be across the curriculum or within certain subject areas.

Cognition & Learning

Ordinarily Available - Band 3

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

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Target boxes • Distraction reduced work area • Sensory diet • Precision Teaching • Scribe • Touch type training • Attention Autism • Black Sheep – attention and listening • Wellcomm • Talk Boost • Multi-sensory dyslexia friendly strategies • Individual approaches and strategies recommended by external support services
<p>Adult support & ratios</p>	<p>Inclusion within mainstream class group/s.</p> <p>High level of very small group (up to 1:4) targeted support across the curriculum.</p> <p>High level (up to 50% of timetable) of individualised targeted support (may be in a very small group or 1:1) in core subjects.</p>
<p>Academic progress</p>	<p>Likely to be up to 2 years below age related expectations. This may be across the curriculum or within certain subject areas.</p>

Cognition & Learning

High Needs Funding - Band 4

<p>Description of need</p>	<ul style="list-style-type: none"> • The pupil will have significant and persistent difficulties with literacy, numeracy or motor coordination despite regular attendance and high quality specialist intervention and teaching. • Key language, literacy and/or numeracy skills are well below functional levels for their year group (this will be more than 2 years behind age related expectations) – the pupil cannot access text or record independently. • The pupil has significant levels of difficulty in cognitive processing requiring significant alteration to the pace and delivery of the curriculum. These are likely to be long term/lifelong • The needs are persistent and significantly affect access to the curriculum and academic progress. High levels of support are required which include assistive technology/curriculum modifications • Social skills and behaviour may be affected and issues of self-esteem and motivation are likely to be present • The pupil may appear to be increasingly socially immature and vulnerable because of limited social awareness, delayed independence skills, and difficulties with reasoning, understanding or expressing thoughts.
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies Cognition & Learning as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see ‘Making an EHC assessment request guidance’) • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on Cognition & Learning. • Provision should be directly related to targets and area of need. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services. • Highly differentiated curriculum and adaptations. • Detailed and robust transition planning will be required (see ‘My transition plan’ guidance) • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teachers is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.

Recommended Provision & Interventions	Touch Type Training Objects of Reference Makaton Communication Books Communication In Print Work Stations
Adult support & ratios	Inclusion within a mainstream setting. Individualised targeted support (may be very small group or 1:1) across the curriculum.
Academic progress	Likely to be more than 2 years behind age related expectations across the curriculum.

Cognition & Learning	
High Needs Funding - Band 5	
Description of need	<ul style="list-style-type: none"> • Difficulties are so severe that specialist daily teaching in literacy and numeracy and access to a modified curriculum is required • The child is likely to have some significant speech and language needs which are in line with their cognitive ability • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting • Progress gains are not maintained without ongoing direct support and intervention • The child will demonstrate a lack of independence in relation to learning and often other areas such as self care and awareness of risks.
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition & Learning as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually.

	<ul style="list-style-type: none"> • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on Cognition and Learning. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • Highly differentiated curriculum focussed on developing basic functional literacy and numeracy skills and independent living skills • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Specialist Teachers will be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs. • If the child makes limited progress despite appropriately targeted curriculum and support, specialist placement may be considered.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Structured interventions and programs of support advised by specialist support services • Structured social skills support • Modelling • Basic life skills curriculum • Travel training • Highly practical approach to curriculum delivery • Also see recommended provision and interventions for Band 5 SLCN (link)
<p>Adult support & ratios</p>	<p>Inclusion within a mainstream setting.</p> <p>Individualised targeted support across the curriculum. Support provided by adults appropriately trained to support children with significant learning difficulties (e.g. trained and confident in using Makaton)</p>

Academic progress	Likely to be at least 3 years below age related expectations across the curriculum.
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Cognition & Learning	
High Needs Funding - Band 6	
Description of need	<ul style="list-style-type: none"> • Moderate to severe learning difficulties have been identified • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, with the curriculum and out of school activities • Complex and severe language and communication difficulties. • Access to specialist support for personal needs • Complex needs identified requiring a holistic approach to support
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition and Learning as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on Cognition & Learning. • Provision should be directly related to targets and area of need. Curriculum planning and delivery will be completed by specially trained and skilled staff • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and Specialist Teaching services is likely to be integrated throughout provision. Support and guidance may also be provided by Walsall special schools and ARPs.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Communication in Print books • Multi-sensory stories • Makaton • Multi-sensory approach to curriculum delivery • Basic skills curriculum • Travel Training
<p>Adult support & ratios</p>	<p>Inclusion within either mainstream or specialist setting.</p> <p>Individualised highly specialist targeted support throughout the day (this may be highly targeted 1:1 in mainstream or access to highly targeted small group (1:6) support in a specialist setting.</p>
<p>Academic progress</p>	<p>Likely to be more than 3 years below age related expectations. This may be described as Moderate to Severe learning difficulties which affect all areas of development including communication skills and social skills.</p>

<h2>Cognition & Learning</h2>	
<h3>High Needs Funding - Band 7</h3>	
<p>Description of need</p>	<ul style="list-style-type: none"> • Severe learning needs with needs likely across other areas (SLCN, SEMH etc). NB For children with severe learning difficulties and physical needs (children with needs described as PMLD) please refer to Physical needs, Band 7 (link) • Severe difficulties with learning that significantly restrict access to the curriculum and require specialist provision. • Severe and persistent difficulties in the acquisition/use of language/literacy/numeracy skills, that impact on all aspects of daily life. • Complex and profound language and communication difficulties. • Complex Needs identified

<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Cognition and Learning as a primary need. This should be reviewed at least termly. At this stage children would also be expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing very small step SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets will focus on all areas for development. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. There will be a specialist approach to measuring progress • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and Specialist Teaching services is likely to be integrated throughout provision. Support and guidance may also be provided by Walsall special schools and ARPs.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • On Body Sign • Multi-Sensory Cues • Sensory room/dark/light room • Low and high tech communication aids • Total communication environment • Changing bed • Hoists
<p>Adult support & ratios</p>	<p>Inclusion within a mainstream or specialist setting.</p> <p>Small group support in specialist setting with additional targeted 1:1 support at key times. High ratio (1:4) support at unstructured times (transition, breaks, mealtimes) (or 1:1 specialist support throughout day within a mainstream setting, overseen by a qualified teacher with appropriate training and experience).</p>

Academic progress	Profound and complex learning difficulties. For children with significant physical needs in addition to the above (PMLD) please see Band 7 Physical Needs (link). For children with significant multi-sensory needs in addition to the above please see Band 7 MSI Needs (link).
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It should be noted that children and young people may present with changes to their usual responses and behaviour in relation to known triggers (such as a bereavement, a change of care placement, bullying). This should usually be regarded as a 'normal' response to a trigger/stressor. Children and young people should receive responsive support during a period of change/stress and reasonable adjustments and additional support should be provided to promote inclusion and support their wellbeing. Where there are long-lasting difficulties schools should consider whether the child might have SEN.

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

Social, emotional, mental health			
Universal – Band 0			
Services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Educational Psychology Service Walsall School Nursing Walsall Speech and Language Therapy Walsall Youth Justice Service WPH Positive Steps CAMHS iCAMHS	Inclusive ‘behaviour policy’ KOOTH Emotion coaching Restorative practice approaches Nurturing approaches Transition Toolkit Circle Time	School Nursing for parents: Emotional Health – for parents Behaviour workshops Understanding your child’s behaviour Triple P primary & secondary Adult resilience Sleep Scotland SRE training	www.nurtureuk.org/ www.beaconhouse.org.uk/ https://www.mind.org.uk/ https://www.annafreud.org/what-we-do/schools-in-mind/ www.gov.uk/government/publications/the-service-pupil-premium/service-pupil-premium-examples-of-best-practice www.bullying.co.uk/advice-for-schools/ https://www.nicco.org.uk/

<p>Walsall SLEs Inclusion & Wellbeing Team BRICS Nurture Hubs (in development) BRICS Attachment & Trauma aware hubs (in development) BRICS Restorative Practice lead schools</p>		<p>Mental Health Toolkit FRIENDS EPS: Emotion Coaching Managing stress and anxiety Restorative Practice Nurturing approaches Attachment and trauma aware approaches Loss and bereavement Positive communication and de-escalation strategies Circle Time</p>	<p>www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/ http://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf www.kooth.com/ https://www.mentallyhealthyschools.org.uk/whole-school-approach/ https://www.time-to-change.org.uk/get-involved/local-hubs/toolkit-resources www.healthforkids.co.uk www.healthforteens.co.uk Change Your Mind (peer education support) QMGS changeyourmind@qmgs.walsall.sch.uk</p>
<p>Book recommendations for children/young people</p>	<p>Book recommendations for adults (parents/carers/professionals)</p>		

Social, emotional, mental health

Ordinarily Available - Band 1

<p>Description of need</p>	<ul style="list-style-type: none"> • Children will have been identified as presenting with some low level features of behaviour, emotional, social difficulties • They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration • They may present with consistent difficulty in following developmentally appropriate whole school/class expectations/routines • They may experience some difficulties with social /interaction skills • They may show some low level difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc) • They may present with frequent but predictable episodes of poor self-management despite universal offer within an inclusive classroom environment
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have a individual education plan (see recommended ‘My SEN Support Plan’), which identifies SEMH as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SEMH skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Reasonable adjustments • Unconditional positive regard • Conditional and unconditional positive feedback • Identify and respond to preferred learning styles • Planned small group intervention – anxiety, emotional regulation, pragmatics, self esteem • Emotion coaching • Regular planned rest breaks • Personalised approach to rewards/motivation • Person centred approaches – my communication plan (link)

	<ul style="list-style-type: none"> • Children should experience no more than 2 managed moves within a phase (primary/secondary) • NB managed moves, isolation and exclusion are not considered to be targeted interventions
Adult support & ratios	<p>Supported within mainstream class group with the usual adult:child ratios.</p> <p>Some access to small group intervention and reasonable adjustments as required.</p>
Academic progress	May or may not be below age related expectations but SEMH needs are becoming a barrier to access to learning.

Social, emotional, mental health

Ordinarily Available - Band 2

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

Adult support & ratios	Supported within mainstream class group with the usual adult:child ratios. Engagement in regular, planned, small group intervention and reasonable adjustments as required.
Academic progress	May or may not be below age related expectations but SEMH needs are a barrier to access to learning.

Social, emotional, mental health

Ordinarily Available - Band 3

Description of need	<ul style="list-style-type: none"> • Difficulties persist/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Band 1 and 2 interventions being in place. • SEMH needs interfere more frequently with pupils' social/learning development across a range of settings • Children have consistent difficulty following developmentally appropriate routines/expectations and rely on direct adult support to engage in learning in the whole class environment • Children may have experienced fixed term exclusions (sequential exclusions within a term) • Presenting with sustained difficulties in social interactions/relationships with both adults and peers (well beyond what is expected developmentally) resulting in regular periods of social isolation or conflict • unpredictable patterns of behaviour that impact on learning • children may present with patterns of stress/anxiety related to specific times of the day which have become more common • Children may have a preference for own agenda and are reluctant to follow instructions • They show persistent difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc) throughout the day • They may present with frequent and unpredictable episodes of poor self-management despite Band 2 support within an inclusive classroom environment. This is having a significant impact on their access to learning within a classroom environment
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<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies SEMH as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see ‘Making an EHC assessment request guidance’) • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SEMH skills. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly ‘different from and additional to’. • SENCo is usually directly involved at this stage to support further assessments to identify any other underlying needs. • Advice will be sought from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Inclusion & wellbeing Team, CAMHS. Support and guidance may also be provided by Walsall special schools and ARPs. • There should be evidence of a robust approach to assessment through intervention and assessment over time. More specialist and targeted assessments may be required to identify underlying needs. Tools such as ‘locus of control’, Boxall profile, Resiliency Scales, Myself As a Learner
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Emotion Coaching • ELSA • FRIENDS • Peer mentoring/buddy • Pragmatics • TEACH • De-escalation approaches • Transactional Analysis • ‘Positive entrapment model’ as a planning tool • ‘arousal curve’ as a planning tool

	<ul style="list-style-type: none"> • Social stories • CBT based approaches (e.g. challenging negative automatic thoughts) • Nurture group/nurture based interventions • Planned lunch/break activities • Planned activities to support transitions • Children should experience no more than 2 managed moves within a phase (primary/secondary) • NB managed moves, isolation and exclusion are not considered to be targeted interventions
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating.</p> <p>Engagement in regular, planned, highly targeted 1:1 or small group intervention (for up to 50% timetable) and consistent implementation of reasonable adjustments as required.</p>
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and progress is not at the expected rate.</p>

Social, emotional, mental health

High Needs Funding - Band 4

Description of need	<ul style="list-style-type: none"> • Pupil continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex and which require a multi-agency response. • May be responding positively to planned, highly targeted support/interventions but requires this support to be ongoing
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	<ul style="list-style-type: none"> • Pupil is more likely to have experienced fixed term exclusion from school • Pupil does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance • Pupil is increasingly isolated and struggles to maintain positive relationships with adults or peers • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning • They show persistent difficulties in relation to the ability to self-regulate, identify and manage emotions (including anxiety, anger etc) throughout the day. This presents as either extremely withdrawn and isolated behaviour or behaviour which poses a risk to self and others • They may present with frequent and unpredictable episodes of poor self-management despite Band 2 support within an inclusive classroom environment. This is having a significant impact on their access to learning within a classroom environment
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance') • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SEMH skills. • Provision should be directly related to targets and area of need. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services. • Use of specialist assessment tools should be ongoing (such as Boxall profile, resiliency Scales) • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
Recommended Provision &	<ul style="list-style-type: none"> • Identified key adult • Emotion Coaching

Interventions	<ul style="list-style-type: none"> • ELSA • FRIENDS • Pragmatics • TEACH • De-escalation approaches • Transactional Analysis approach • 'Positive entrapment model' as a planning tool • 'arousal curve' as a planning tool • Co-regulation strategies • Social stories • Nurture group/nurture based interventions • Planned lunch/break activities • Planned activities to support transitions • Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy • Counselling support • Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS • Children should experience no more than 2 managed moves within a phase (primary/secondary) • NB managed moves, isolation and exclusion are not considered to be targeted interventions
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating.</p> <p>Engagement in regular, planned, highly targeted 1:1 or small group intervention (beyond 50% timetable) and consistent implementation of reasonable adjustments as required. Supported by staff who have relevant</p>

	experience and skills in supporting children with SEMH needs.
Academic progress	May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and progress is not at the expected rate.

Social, emotional, mental health	
High Needs Funding - Band 5	
Description of need	<ul style="list-style-type: none"> • Child will present with Severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with SEMH difficulties • Moderate/ severe mental health difficulties, acute anxiety, attachment needs resulting in either extremely withdrawn behaviour or behaviour which poses a risk to self and others • May show patterns of regular school absence • Disengaged from learning, significant under performance • Reliant on direct adult support to remain on task • Engaging in high risk taking activities both at school and within the community • Difficulties expressing empathy, emotionally detached, could have tendency to hurt others or self • Issues around identity and belonging • Needing to be in control, not able to negotiate or follow direction of others • Difficulties sustaining positive relationships • Over-friendly or withdrawn with strangers, may be at risk of exploitation • May present with sexualised language or behaviours • Slow to develop age appropriate self-care skills due to levels of maturity or degree of Learning Difficulties • Physical, sensory and medical needs that require medication and regular review • Complex Needs Identified

<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SEMH skills. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services. • Use of specialist assessment tools should be ongoing (such as Boxall profile, resiliency Scales) • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, CAMHS will be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Identified key adult • Emotion Coaching • ELSA • FRIENDS • Pragmatics • TEACH • De-escalation approaches • Transactional Analysis approach • 'Positive entrapment model' as a planning tool • 'arousal curve' as a planning tool • Co-regulation strategies

	<ul style="list-style-type: none"> • Social stories • Nurture group/nurture based interventions • Planned lunch/break activities • Planned activities to support transitions • Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy • Counselling support • Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS • Children should experience no more than 2 managed moves within a phase (primary/secondary) • NB managed moves, isolation and exclusion are not considered to be targeted interventions
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs and prevent risks from escalating.</p> <p>Engagement in regular, planned, highly targeted 1:1 or small group intervention (for up to 90% of time in school) and consistent implementation of reasonable adjustments as required. Supported by staff who have relevant experience and skills in supporting children with SEMH needs.</p>
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and there is evidence of significant underperformance compared to individual potential.</p>

<h2 style="margin: 0;">Social, emotional, mental health</h2>
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High Needs Funding - Band 6

<p>Description of need</p>	<ul style="list-style-type: none"> • Child will present with Severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with SEMH difficulties • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOT) • Unable to manage self in group without dedicated highly 'tuned in' and responsive support • May be Involved in substance misuse either as a user or exploited into distribution/selling • May have poor attendance, requiring a high level of adult intervention to bring into school • Refusal to engage, extreme disengagement • Engage in high risk behaviours (risk to self, others and property) requiring high level of supervision and support to reduce risk • Require targeted teaching in order to access learning • Health and safety risk to self and others due to increased levels of agitation and presenting risks • May present with sexualised language and behaviour, identified at risk of CSE • Social, emotional, mental health needs may be related to a social communication need
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have a personalised education plan (see recommended 'My Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SEMH. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Identified key adult • Emotion Coaching • ELSA • FRIENDS • Pragmatics • TEACH • De-escalation approaches • Transactional Analysis approach • ‘Positive entrapment model’ as a planning tool • ‘arousal curve’ as a planning tool • Co-regulation strategies • Social stories • Nurture group/nurture based interventions • Planned lunch/break activities • Planned activities to support transitions • Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy • Counselling support • Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS • Children should experience no more than 2 managed moves within a phase (primary/secondary) • NB managed moves, isolation and exclusion are not considered to be targeted interventions
<p>Adult support & ratios</p>	<p>Requiring specialist support and approaches throughout the school day in order to reduce risk and support engagement in learning.</p>

	Requiring access to learning in an environment that is supportive and tailored to meet SEMH needs, structured in a way which reduces triggers and allows flexibility. Supported by staff who are experienced and highly skilled in supporting children with SEMH needs.
Academic progress	May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and there is evidence of significant underperformance in relation to individual potential.

Social, emotional, mental health	
High Needs Funding - Band 7	
Description of need	<ul style="list-style-type: none"> • Child will present with severe and increasing behavioural difficulties, often compounded by additional needs and requiring a high level of support by staff who are skilled and experienced in supporting children with SEMH difficulties • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOT) • Unable to manage self in group without dedicated highly 'tuned in' and responsive support • May be Involved in substance misuse either as a user or exploited into distribution/selling • May have poor attendance, requiring a high level of adult intervention to bring into school • Refusal to engage, extreme disengagement • Engage in high risk behaviours (risk to self, others and property) requiring high level of supervision and support to reduce risk • Highly unpredictable behaviour which is difficult to plan for and manage • Require targeted teaching in order to access learning • Health and safety risk to self and others due to increased levels of agitation and presenting risks • May present with sexualised language and behaviour, identified at risk of CSE • Social, emotional, mental health needs may be related to a social communication need
Assessment &	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies SEMH as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP.

<p>Planning</p>	<p>This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</p> <ul style="list-style-type: none"> • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SEMH. • Enhanced and highly individualise transition planning is required, with a focus on developing secure relationships in new environments • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, and CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Identified key adult • Emotion Coaching • ELSA • FRIENDS • Pragmatics • TEACH • De-escalation approaches • Transactional Analysis approach • 'Positive entrapment model' as a planning tool • 'arousal curve' as a planning tool • Co-regulation strategies • Social stories • Nurture group/nurture based interventions

	<ul style="list-style-type: none"> • Planned lunch/break activities • Planned activities to support transitions • Therapeutic approaches, such as cognitive behavioural interventions, solution focussed approaches, person construct approaches, narrative approaches and play therapy • Counselling support • Individually planned support and approaches informed by specialist services such as Educational Psychology, School Nursing, CAMHS • Direct therapeutic support provided by specialist staff • Children should experience no more than 2 managed moves within a phase (primary/secondary) • NB managed moves, isolation and exclusion are not considered to be targeted interventions
Adult support & ratios	<p>Requiring specialist support and approaches throughout the school day in order to reduce risk and support engagement in learning.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet SEMH needs, structured in a way which reduces triggers and allows flexibility. Supported by staff who are experienced and highly skilled in supporting children with SEMH needs. Requiring a very high level of additional targeted support within a specialist small group learning context and requiring planned therapeutic support provided by specially trained staff.</p>
Academic progress	<p>May or may not be below age related expectations but SEMH needs are a significant barrier to access to learning and there is evidence of significant underperformance compared to individual potential.</p>

Speech, Language, Communication & Social Interaction

Universal – Band 0

Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
<p>Walsall Speech & Language Therapy</p> <p>Walsall Educational Psychology</p> <p>Walsall Occupational Therapy</p> <p>Walsall Inclusion Support Team - Hearing Impaired Team</p> <p>Early Help</p>	<p>Makaton</p> <p>Sensory spaces (sensory room, quiet areas, regulation zones)</p> <p>Sensory Audit</p> <p>Finger gym</p> <p>Visual timelines</p> <p>Positive prompts</p> <p>Transition planning</p> <p>Structured play/club options at break and lunch times</p>	<p>Identification of speech and language difficulties (including Wellcomm) – SaLT</p> <p>Makaton tasters – SaLT</p> <p>Communication Friendly Classrooms – SaLT/ARPs</p> <p>Communication strategies in the classroom – SaLT/ARPs</p> <p>Visual Timelines – SaLT/ARPs</p> <p>Positive Prompts – SaLT/ARPs</p> <p>Autism Education Trust Training – AET Hub</p>	<p>NASEN</p> <p>www.nasen.org.uk</p> <p>ICAN</p> <p>www.ican.org.uk</p> <p>NAPLIC</p> <p>www.naplic.org.uk</p> <p>Afasic</p> <p>www.afasic.org.uk</p> <p>National Autistic Society</p> <p>www.autism.org.uk</p> <p>Autism West Midlands</p> <p>www.autismwestmidlands.org.uk</p> <p>National Literacy Trust</p>

			<p>www.literacytrust.org.uk</p> <p>The Communication Trust www.thecommunicationtrust.org.uk</p> <p>SMIRA www.selectivemutism.org.uk</p> <p>Emotion Coaching www.bathspa.ac.uk/education/research/emotioncoaching/</p> <p>Nurture UK www.nurtureuk.org</p>
Book recommendations for children/young people	Book recommendations for adults (parents/carers/professionals)		
<ul style="list-style-type: none"> • What's happening to Ellie? A book about puberty for girls and young women with Autism and related conditions by Kate E Reynolds. • What's happening to Tom? A book about puberty for boys and young men with Autism and related conditions by Kate E Reynolds. • My family is different – a workbook for children with a brother or sister on the autism spectrum by Carolyn Brock. • My friend Sam – a story about introducing a child with Autism to nursery school by Liz Hannah. 	<ul style="list-style-type: none"> • Promoting Friendships in the Playground: A Peer Befriending Programme for Primary Schools by Brigette Bishop (Lucy Duck Books) • Quality Circle Time in the Primary Classroom by Jenny Mosley. • Quality Circle Time in the Secondary school by Jenny Mosley & Marilyn Tew. • Circle Time for young children by Jenny Mosley. • More Quality Circle Time by Jenny Mosley. • 101 Activities to help children get on together by Jenny Mosley & Helen Sonnet. • Jenny Mosley's Small Books of the 5 Skills by Jenny Mosley. • The Homunculi approach to social and emotional wellbeing by A. Grieg & T. MacKay. (Cognitive behavioural approach for young people on the autistic spectrum) • Autism: talking about a diagnosis, a guide for parents and carers of children with an autism spectrum disorder by Rachel Pike. 		

- Autism: Supporting your teenager by Caroline Hattersley.
- The Selective Mutism Resource Manual: 2nd Edition. By Alison Wintgens & Maggie Johnson.

Speech, Language, Communication & Social Interaction

Ordinarily Available - Band 1

Description of need

SLCN is an emerging but is not yet a clearly identified primary area of need; the pupil has some difficulty with speech, language, communication or social interaction.

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

- Direct literacy learning may be included in cognition and learning.
- Speech is understood by familiar adults but has some immaturities, which may impact on social interaction and may impact on the acquisition of literacy.
- Difficulties with listening and attention that affect task engagement and independent learning, including in large group situations.
- Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding.
- Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position)
- Reduced vocabulary range, both expressive and receptive.
- These children may rely on simple phrases with everyday vocabulary
- Social interaction could be limited and there may be some difficulty in making and maintaining friendships.
- Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement.
- Children may present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases.
- Children may have difficulties with social interaction with peers
- Children may be reluctant to communicate in specific social situations within the educational setting
- Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity)

	<p>across the range of senses). This may have a mild impact on learning and access to some social contexts</p> <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SLCN/social interaction skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.
<p>Recommended Provision & Interventions</p>	<p>Sensory diet Personalised Visual timeline Choice boards Now and next boards Makaton Sensory environmental audit Social stories Social communication/pragmatics group Friendship Terrace Black Sheep materials NELI – Nuffield Early Language Intervention Wellcomm Early Talkboost (Early Years) Talkboost (KS1 & 2) A 5 Can Make Me Lose Control Emotion Coaching</p>

Adult support & ratios	Supported within the mainstream class group with the usual adult:child ratios. Children should be receiving a small amount of additional targeted small group or individual support (likely to be in core subjects and during non-structured times)
Academic progress	Children are likely to be achieving just below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.

Speech, Language, Communication & Social Interaction

Ordinarily Available - Band 2

Description of need	<p>SLCN is identified as the primary area of need; the pupil has some difficulty with speech, language, communication or social interaction.</p> <p>Will present with some/all of the difficulties below and these will mildly-moderately affect curriculum access and social development.</p> <ul style="list-style-type: none"> • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying. • The child's speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy. • Difficulties with listening and attention that affect task engagement and independent learning, including in large group situations. • Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the pupil needs some support with listening and responding. • Difficulties in the understanding of language for learning (conceptual language; size, time, shape, position) • Reduced vocabulary, both expressive and receptive. • These children may rely on simple phrases with everyday vocabulary
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	<ul style="list-style-type: none"> • Rely heavily on Non Verbal Communication (adult’s gestures, copying peers, visual timelines etc) to complete tasks and support communication. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Children may present with difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. • Children may present with difficulty in talking fluently e.g. adults may observe repeated sounds, words or phrases. • Children may be reluctant to communicate in a range of social situations within the educational setting • Children with needs on the Autism Spectrum may also present with some sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may interfere with learning and access to some social contexts <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SLCN/social interaction skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.

Recommended Provision & Interventions	Personalised Visual timeline Choice boards Now and next boards Makaton Sensory environmental audit Social stories Social communication/pragmatics group Friendship Terrace Black Sheep materials NELI – Nuffield Early Language Intervention Wellcomm Early Talkboost (Early Years) Talkboost (KS1 & 2) A 5 Can Make Me Lose Control Emotion Coaching
Adult support & ratios	<ul style="list-style-type: none"> • Children should access the majority of learning within a mainstream whole class context. • Children should be receiving daily targeted small group and/or individual support (likely to be during core subjects and at social/unstructured times)
Academic progress	Children are likely to be achieving up to 1 year below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.

Speech, Language, Communication & Social Interaction
Ordinarily Available - Band 3

<p>Description of need</p>	<p>SLCN is identified as the primary area of need; the pupil has moderate difficulties with speech, language, communication or social interaction.</p> <p>Children will present with some/all of the difficulties below and these will moderately affect curriculum access and social development.</p> <ul style="list-style-type: none"> • Persistent delay against age related speech, language and communication • Persistent difficulties that do not follow a normal developmental patterns (disordered) <p><u>Speech</u></p> <ul style="list-style-type: none"> • Speech may not be understood by others. • Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility. • Speech sound difficulties impact on literacy development. • Speech sound difficulty may lead to limited opportunities to interact with peer; be socially vulnerable as a result, may become isolated or frustrated. <p><u>Language:</u></p> <p style="padding-left: 40px;"><u>Expressive</u></p> <ul style="list-style-type: none"> • The child may have difficulty speaking in age appropriate sentences and the vocabulary is reduced. This will also be evident in written work • Talking may not be fluent. • May have difficulties in recounting events in a written or spoken narrative. <p style="padding-left: 40px;"><u>Receptive</u></p> <ul style="list-style-type: none"> • Difficulties in accessing the curriculum; following instructions, answering questions, processing verbal information, following everyday conversations. Needs regular and planned additional support and resources. • Difficulties with listening and attention that affect task engagement and independent learning. Not be able to focus attention for sustained periods. Appear passive or distracted. • Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g. not understanding the consequences of an action.
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	<p><u>Communication & Social Interaction:</u></p> <ul style="list-style-type: none"> • Rely heavily on Non Verbal Communication (adult’s gestures, copying peers, visual timelines etc) to complete tasks and support communication. • Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability. • Difficulties with using and understanding non-verbal communication such as facial expressions, tone of voice and gestures. • Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others. • Anxiety related to lack of understanding of time and inference. • Finds new environments, situations and changes in routines anxiety provoking/difficult to manage. • Children may be reluctant to communicate in a range of situations within the educational setting which has been persistent and may concur with a diagnosis of Selective Mutism. • Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may present an increasingly significant barrier to learning and access to some social contexts <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see ‘Making an EHC assessment request guidance’) • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SLCN/social interaction skills. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly ‘different from and additional to’.

	<ul style="list-style-type: none"> • SENCo is usually directly involved at this stage to support further assessments to identify any other underlying needs. • Advice will be sought from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, CAMHS, Walsall Occupational Therapy. Support and guidance may also be provided by Walsall special schools and ARPs.
<p>Recommended Provision & Interventions</p>	<p>Personalised Visual timeline Choice boards Now and next boards Makaton Sensory environmental audit Sensory processing assessment Social stories Social communication/pragmatics group Friendship Terrace Black Sheep materials NELI – Nuffield Early Language Intervention Wellcomm Early Talkboost (Early Years) Talkboost (KS1 & 2) A 5 Can Make Me Lose Control Emotion Coaching SCERTS for assessment and intervention Circle of Friends The Homunculi approach to social and emotional wellbeing (Cognitive behavioural approach for young people on the autistic spectrum) Nurture Group Intervention</p>

Adult support & ratios	Children will require a high level of adjustment and support to access learning within a mainstream whole class context. Children should be receiving a high level of daily targeted small group and/or individual support (this should be across all core subjects and social times).
Academic progress	Children are likely to be achieving up to 2 years below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.

Speech, Language, Communication & Social Interaction	
High Needs Funding - Band 4	
Description of need	<p>SLCN is identified as the primary area of need; the pupil has significant difficulties with speech, language, communication or social interaction.</p> <p>Will present with some/all of the difficulties as described at Band 3 and these will severely affect curriculum access and social development. The child will have an identified speech, language and/or communication delay/disorder</p> <ul style="list-style-type: none"> • Persistent delay against age related speech, language and communication despite highly targeted interventions advised by relevant specialists • Persistent difficulties that do not follow a normal developmental patterns (disordered) despite highly targeted interventions advised by relevant specialists <p><u>Speech</u></p> <ul style="list-style-type: none"> • Unintelligible speech • Significant difficulty in conveying meaning, feelings and needs to others due to speech intelligibility. • Speech sound difficulties significantly impact on literacy development. • Speech sound difficulties lead to limited opportunities to interact with peers; be socially vulnerable as a result, may become isolated or frustrated.

Language:

Expressive

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

Receptive

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

Communication & Social Interaction:

- Reliant on Non Verbal Communication (e.g. Makaton, copying peers, visual timelines) as a primary means of communication
- Significant difficulties with speech and/or language mean that social situations present challenges resulting in frustration, emotional outbursts, anxiety, social isolation and social vulnerability. This may manifest as challenging behaviour.
- Significant difficulties with using and understanding non-verbal communication such as facial expressions, tone of voice and gestures.
- Very limited understanding of abstract language and verbal reasoning skills needed for problem solving, inferring

	<p>and understanding the feelings of others.</p> <ul style="list-style-type: none"> • Anxiety related to lack of understanding of time and inference. Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences. • Children may be reluctant to communicate in a range of situations within the educational setting which has been persistent and may concur with a diagnosis of Selective Mutism. • Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may present a significant barrier to learning and access to a range of social contexts <p>The pervasive nature of the presenting needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. This may include behaviours and responses that may be repetitive and reflect a lack of flexibility of thinking and require a high level of routine and structure. Will require significant adjustments to the learning environment.</p> <p>Pupils will have an uneven learning profile that can be context dependent but their attainment levels suggest they can access a differentiated mainstream curriculum. Will require significantly more support than is normally provided in a mainstream setting.</p> <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p>
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress then it may be appropriate to request an EHC assessment (see ‘Making an EHC assessment request guidance’) • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on SLCN/social interaction skills. • Provision should be directly related to targets and area of need. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services.

	<ul style="list-style-type: none"> • Advice from specialist support services such as Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service, Walsall Occupational Therapy, CAMHS is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
<p>Recommended Provision & Interventions</p>	<p>Personalised Visual timeline Choice boards Now and next boards Makaton Sensory environmental audit Social stories Social communication/pragmatics group Friendship Terrace Black Sheep materials NELI – Nuffield Early Language Intervention Wellcomm Early Talkboost (Early Years) Talkboost (KS1 & 2) A 5 Can Make Me Lose Control Emotion Coaching SCERTS for assessment and intervention Circle of Friends Communication Book Aided language displays PECS High and low tech communication aids PODD Objects of Reference</p>

Adult support & ratios	<p>Children require a very high level of adjustments and support to access the majority of learning within a mainstream whole class context.</p> <p>Children should be receiving a high level of daily targeted small group and/or individual support (this is likely to be across the majority of curriculum areas and during some social/unstructured times).</p>
Academic progress	<p>Children are likely to be achieving up to 3 years below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>

Speech, Language, Communication & Social Interaction

High Needs Funding - Band 5

Description of need	<p>SLCN is identified as the primary area of need; the pupil has severe and complex difficulties with speech, language, communication or social interaction.</p> <p>Will present with an increased number and severity of difficulties as described at Band 4 and these will <i>severely</i> affect curriculum access and social development. The child will have an identified speech, language and/or communication delay/disorder</p> <ul style="list-style-type: none"> • Persistent and increasing delay against age related speech, language and communication requiring intensive, specialist approaches throughout the curriculum • Persistent and complex difficulties that do not follow a normal developmental patterns (disordered) requiring intensive, specialist approaches throughout the curriculum <p><u>Speech</u></p> <ul style="list-style-type: none"> • Unintelligible speech • Significant difficulty in conveying meaning, feelings and needs to others due to speech intelligibility. • Speech sound difficulties significantly impact on literacy development.
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- Speech sound difficulties lead to limited opportunities to interact with peers; be socially vulnerable as a result, may become isolated or frustrated.

Language:

Expressive

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

Receptive

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

Communication & Social Interaction:

- Reliant on Non Verbal Communication (e.g. Makaton, copying peers, visual timelines) as a primary means of communication
- Significant difficulties with speech and/or language mean that social situations present challenges resulting in frustration, emotional outbursts, anxiety, social isolation and social vulnerability. This may manifest as challenging behaviour.
- Significant difficulties with using and understanding non-verbal communication such as facial expressions, tone of voice and gestures.

	<ul style="list-style-type: none"> • Very limited understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others. • Anxiety related to lack of understanding of time and inference. Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences. • Children may be reluctant to communicate in a range of situations within the educational setting which has been persistent and may concur with a diagnosis of Selective Mutism. • Children with needs on the Autism Spectrum may also present with sensory needs (this may be hyper or hypo sensitivity across the range of senses). This may present a significant barrier to learning and access to a range of social contexts <p>The pervasive nature of the presenting needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. This may include behaviours and responses that may be repetitive and reflect a lack of flexibility of thinking and require a high level of routine and structure. Will require significant adjustments to the learning environment.</p> <p>Pupils will have an uneven learning profile that can be context dependent but their attainment levels suggest they can access a differentiated mainstream curriculum. Will require significantly more support than is normally provided in a mainstream setting.</p> <p>Children may or may not have an identified condition, such as Autism Spectrum Disorder (made by an appropriate multi-agency team), Hearing Impairment, Cleft palate.</p> <p>Pupils at Band 5 will have communication and interaction needs that significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available.</p> <p>Children who present with greater difficulties than those identified at Band 5 (above) require a multi-agency approach to further assessment and intervention as this is likely to be secondary to their learning needs or social, emotional mental health needs – please refer to Band 6 SEMH or Band 6 Cognition & Learning.</p>
Assessment &	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies SLCN/ASD as a primary need. This should be reviewed at least termly. At this stage children are also likely to have

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

ratios	curriculum and during social/unstructured times) which is recommended and supported by specialist support services (such as Walsall Speech and Language Therapy, Walsall Educational Psychology, CAMHS)
Academic progress	Children may be achieving more than 3 years below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.

Hearing Impairment
Universal – Band 0

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

Hearing Impairment	
Ordinarily Available - Band 1	
Description of need	<ul style="list-style-type: none"> • Chronic temporary conductive loss, potentially aided in the short term • Unilateral loss, may be aided. • Mild difficulty accessing spoken language and presents with a slight delay • Mild difficulty with listening, attention, concentration and class participation.
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies HI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance)

	<p>and should know how progress will be measured.</p> <ul style="list-style-type: none"> • Targets should be focussed predominantly on HI/language skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Ongoing management of hearing aids and any specialist equipment. • Ongoing, inclusive classroom management strategies, using materials and guidance from the National Deaf Children’s Society (include link), including: <ul style="list-style-type: none"> ○ Favourable positioning ○ Management of background noise ○ Repetition of instructions ○ Multi-sensory approaches to teaching and learning – practical and visual reinforcement ○ Management of turn taking in classroom discussion, repeating key points • Targeted support for language and literacy skills • Pre and post teaching for new subjects/topics and key topic vocabulary • Tailored support as advised by the QToD
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Children should be receiving a small amount of daily additional targeted small group or individual support (likely to be for language and literacy skills and support in core subjects and during non-structured times).</p> <p>Staff supporting should receive basic training on issues surrounding HI and the use of specialist equipment.</p>
Academic progress	<p>Children are likely to be achieving just below age related expectations. There are likely to be particular delays in literacy and</p>

	language based subjects.
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Hearing Impairment	
Ordinarily Available - Band 2	
Description of need	<ul style="list-style-type: none"> • Mild/moderate hearing loss, aided ANSD mild/moderate • Unilateral aided loss • Some difficulty accessing spoken language and presents with a growing delay. • Some difficulty with listening, attention, concentration, speech, language and class participation. • May require a radio aid
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on HI/language skills. • Provision should be directly related to targets and area of need. • Ongoing assessment of hearing impairment by QToD • SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Ongoing management of hearing aids and any specialist equipment • Basic classroom management strategies should be put in place using materials and guidance from the National Deaf Children’s Society (include link), examples include: <ul style="list-style-type: none"> ○ Favourable positioning ○ Management of background noise ○ Repetition of instructions ○ Multi-sensory approaches to teaching and learning – practical and visual reinforcement ○ Management of turn taking in classroom discussion, repeating key points • Radio aid management as required/advised by ToD • Small group teaching in an acoustically favourable environment • Funding for specialist equipment up to the cost of £1,000 per year to be provided by notional SEN budget.
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Children should be receiving a significant amount of additional targeted small group or individual support (up to 25% of timetable) (likely to be focussed on language and literacy and support in core subjects)</p> <p>Staff providing support should receive additional continual training and mentoring on issues surrounding HI, provided by QToD.</p>
<p>Academic progress</p>	<p>Children are likely to be achieving consistently below age related expectations. There are likely to be particular delays in literacy and language based subjects.</p>

Hearing Impairment

Ordinarily Available - Band 3

Description of need

- Persistent conductive or permanent bilateral, moderate and/or ANSD
- Will have hearing aids and will require a radio aid
- Moderate difficulty accessing spoken language and presents with a language delay
- Moderate difficulty with listening, attention, concentration and class participation

Assessment & Planning

- Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly.
- Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.
- Targets should be focussed predominantly on HI/language skills.
- Provision should be directly related to targets and area of need.
- There should be ongoing assessment of hearing impairment carried out by a QToD, particularly when it is known there is a fluctuating condition (6x per year)
- SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Targeted support provided by the HI service for language and communication skills • Ongoing reasonable adjustments are required in relation to acoustics, lighting, seating arrangements/classroom layout, and visual reinforcement (as per those described in Band 2) • Specialist equipment costs up to £1,000 per year to be funded by notional SEN budget
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Children should be receiving regular additional targeted small group or individual support (up to 50% of timetable) (likely to be for language and communication skills, pre and post teaching, support in core subjects and during non-structured times)</p> <p>Staff providing support should receive training on issues surrounding HI and the use of specialist equipment.</p>
<p>Academic progress</p>	<p>Children are likely to be achieving well below age related expectations. There are likely to be particular delays in literacy and language based subjects.</p>

Hearing Impairment

High Needs Funding - Band 4

Description of need

- Bilateral moderate or severe permanent hearing loss
- Severe difficulty accessing spoken language and the curriculum
- Severe difficulty with listening, attention, concentration and classroom participation

Assessment & Planning

- Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly.
- Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.
- Targets should be focussed predominantly on HI/language skills.
- Provision should be directly related to targets and area of need.
- Ongoing specialist assessment of hearing impairment, assessment and guidance provided by QToD
- SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Ongoing reasonable adjustments and strategies as advised by the National Deaf Children’s Society (include link) (as per Band 3)
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Children should be receiving a significant amount of additional targeted small group or individual support (likely to be for language and literacy skills and additional targeted support in core subjects and during non-structured times, up to 75% of the school day).</p> <p>Staff providing support should receive ongoing training and mentoring provided by QToD on issues surrounding HI.</p>
<p>Academic progress</p>	<p>Children are likely to be achieving significantly below age related expectations. There are likely to be particular delays in literacy and literacy based subjects.</p>

Hearing Impairment

High Needs Funding - Band 5

Description of need	<ul style="list-style-type: none"> • Bilateral, moderate/severe hearing loss with associated language and learning difficulties • BSL may be needed for effective communication • Significant difficulty accessing spoken language and therefore learning in a classroom context • Significant difficulties with attention, concentration, listening and class participation
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on HI/language skills. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • Ongoing specialist assessment of hearing loss, provided by QToD • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Inclusion Support Team – HI) • Advice from specialist support services such as Walsall Inclusion Support Team – HI, Walsall Speech and Language Therapy Service, Walsall Educational Psychology Service will be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Provision in accordance with Band 4 • Additional approaches tailored to the individual needs of the child, as advised by QToD

Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio, ensuring access to planned intervention as well as ensuring that adult support can be responsive to needs.</p> <p>Engagement in regular, planned, highly targeted 1:1 or small group intervention (for up to 90% of time in school) and consistent implementation of reasonable adjustments as required. Supported by staff who have relevant experience and skills in supporting children with HI needs.</p>
Academic progress	May or may not be below age related expectations but HI needs are a significant barrier to access to learning without specialist support and approaches.

Hearing Impairment	
High Needs Funding - Band 6	
Description of need	<ul style="list-style-type: none"> • Bilateral, moderate/severe/profound hearing loss and profound language difficulties associated with hearing loss • Additional difficulties and learning needs not associated with hearing loss
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on HI/language skills. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Inclusion Support Team – HI, Walsall Speech and Language

	Therapy Service, Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Provision in accordance with Band 5 • Additional approaches tailored to the individual needs of the child, as advised by QToD
Adult support & ratios	<p>Requiring specialist support and approaches throughout the school day in order to access learning at a level which matches their cognitive ability.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet HI needs. Supported by staff who are experienced and highly skilled in supporting children with HI needs.</p>
Academic progress	Likely to be below age related expectations and HI needs are a significant barrier to access to learning without specialist support and approaches.

Hearing Impairment	
High Needs Funding - Band 7	
Description of need	<ul style="list-style-type: none"> • Bilateral, profound and severe hearing loss and profound language difficulties associated with hearing loss • Significant difficulties accessing learning as a result of the hearing loss • Significant difficulty accessing spoken language and likely to require access to BSL/SSE/Augmentative communication • Requiring ongoing specialist support to access learning
Assessment &	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies HI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This

<p>Planning</p>	<p>should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person</p> <ul style="list-style-type: none"> • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on HI/language skills. • Enhanced and highly individualised transition planning is required. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Inclusion Support – HI, Walsall Speech and Language Therapy Service and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools and ARPs.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Provision in accordance with Band 5 • Additional approaches tailored to the individual needs of the child, as advised by QToD
<p>Adult support & ratios</p>	<p>Requiring specialist support and approaches throughout the school day in order to support access to learning.</p> <p>Requiring access to learning in an environment that is supportive and tailored to meet HI needs. Supported by staff who are experienced and highly skilled in supporting children with HI needs. Requiring a very high level of additional targeted support within a specialist small group learning context.</p>
<p>Academic progress</p>	<p>Likely to be significantly below age related expectations and HI needs are a significant barrier to access to learning and rate of progress.</p>

Visual Impairment			
Universal – Band 0			
Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Inclusion Support – Visual Impairment			
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	
•		•	

Visual Impairment	
Ordinarily Available - Band 1	
Description of need	<p>Mild Visual Impairment</p> <p>Distance vision within the range of 6/9 to 6/12. This means that the pupil needs to be approximately twice as close from the point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p>

<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on VI and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Implement advice from QTVI on teaching styles and modifications to learning materials • Attention to seating position, lighting in classroom; high contrast resources/modifications as advised by QTVI. • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation as advised by QTVI. • Learning materials must be selected or modified for their clarity. • ICT is used to increase access to the curriculum, where appropriate. • QTVI to advise about potential referral to rehabilitation team. • QTVI level of support: Advice on Request.
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some additional support (direct support to facilitate effective use of low vision aids, additional supervision at unstructured times and time to prepare resources) alongside reasonable adjustments and peer support.</p> <p>Low level, short term support from QTVI including:</p> <ul style="list-style-type: none"> • visual skills program • monitoring of personal, social and emotional learning skills (PSHE) • transition between key phases

Academic progress	May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.
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Visual Impairment	
Ordinarily Available - Band 2	
Description of need	<p>Mild visual impairment.</p> <p>Distance vision within the range of 6/12 to 6/18. This means that the pupil needs to be approximately 3 metres away from the point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 14-18 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p>
Assessment & Planning	<ul style="list-style-type: none"> • Children will have an initial assessment from QTVI that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on VI and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Implement advice from the QTVI on teaching styles and modifications to learning materials • Attention to seating position, lighting in classroom; high contrast resources/modifications as advised by QTVI • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation as advised by QTVI. • Learning materials must be selected or modified for their clarity. • Adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations • QTVI to provide information sheets at the start of each school year, updated throughout the year • Large print materials provided by school, including assessment materials as appropriate. • Use of ICT to increase access to the curriculum, where appropriate; availability of Ipad in school. • Specialist equipment to be advised by QTVI, which may include low vision aids, writing slope, darker pencil, bold lined paper, to be provided by school • QTVI to advise about potential referral to rehabilitation team. • QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs <p>QTVI level of support: Bi-annual</p>
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some additional support (direct support to facilitate effective use of low vision aids, additional supervision at unstructured times and time to prepare resources) alongside reasonable adjustments and peer support.</p> <p>Low level, short term support from QTVI including:</p> <ul style="list-style-type: none"> • visual skills program • monitoring of personal, social and emotional learning skills (PSHE) • transition between key phases
<p>Academic progress</p>	<p>May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.</p>

Visual Impairment

Ordinarily Available - Band 3

Description of need

Moderate visual impairment.

Distance vision within the range of 6/19 to 6/24. This means that the pupil needs to be approximately 4 times closer to the point of interest than their fully sighted peers.

Near vision: likely to have difficulty with print sizes smaller than 18 point or equivalent sized details in pictures.

May have monocular vision.

Assessment & Planning

- Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need.
- Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly.
- Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured.
- Targets should be focussed predominantly on VI skills.
- Provision should be directly related to targets and area of need.
- SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Advice for the school on teaching styles and modifications to learning materials • Attention to seating position in classroom based on QTVI recommendations • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation. • School staff make basic adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations. • Resources made available from within school, following advice from QTVI report. • Learning materials must be selected or modified for their clarity. • Large print materials provided by school, including assessment materials as appropriate. • ICT is used to increase access to the curriculum, where appropriate: availability of Ipad within school. • Specialist equipment to be advised by QTVI, which may include low vision aids, writing slope, darker pencil, bold lined paper, to be provided by school. • QTVI to provide information sheets at the start of each school year, updated throughout the year • QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs • QTVI to advise about potential referral to rehabilitation team • QTVI level of support: Termly
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Additional adult support is used throughout the school day (up to 50% of school day) to increase pupil success and independence.</p> <ul style="list-style-type: none"> • Low level, short term support from QTVI including: <ul style="list-style-type: none"> ○ visual skills program ○ monitoring of personal, social and emotional learning skills (pse) ○ transition between key phases ○ family support ○ use of low vision devices (LVDs)

Academic progress	May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.
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Visual Impairment	
High Needs Funding - Band 4	
Description of need	<p>Moderate visual impairment.</p> <p>Distance vision within the range of 6/24, with fluctuation of vision. This means that the pupil needs to be approximately 4 times closer to point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 24 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p> <p>May have cerebral visual impairment (CVI). Band 4 will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p>
Assessment & Planning	<ul style="list-style-type: none"> • Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on VI skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation. • Significant adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations • Resources made available from within school, following advice and training from QTVI. • Personalised, large print materials provided by school, including assessment materials as appropriate. • ICT is used to increase access to the curriculum, where appropriate: availability of Ipad within school. Provision of laptop with software as appropriate to meet assessed needs • Specialist equipment to be advised by QTVI, which may include low vision aids, writing slope, darker pencil, bold lined paper, to be provided by school. • Specialist electronic devices (provided by LA), along with appropriate training and support for school staff by QTVI and technical support from manufacturers • Attention to seating position in classroom based on QTVI recommendations • Adapted teaching styles and modifications to learning materials as advised by QTVI • QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs • QTVI to provide information sheets at the start of each school year, updated throughout the year • QTVI to advise about potential referral to rehabilitation team • QTVI level of support: Half-Termly
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Regular one to one pre/post teaching from school Teaching Assistant.</p> <p>Additional support from a Teaching Assistant in class, and around school, as indicated by assessment (likely to be direct support for all core subjects, additional supervision at unstructured times and time to prepare resources and liaise with QTVI).</p> <p>Moderate level of support from QTVI to develop the following skills:</p> <ul style="list-style-type: none"> • visual perception • developing independence • teaching and monitoring of personal, social and emotional learning skills • transition between key phases and each year group • family support • environmental audit

Academic progress	May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.
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Visual Impairment	
High Needs Funding - Band 5	
Description of need	<p>Moderate visual impairment.</p> <p>Distance vision within the range of 6/24 -6/36, with fluctuation of vision. This means that the pupil needs to be approximately 6 times closer to point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 28 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p> <p>May have cerebral visual impairment (CVI). Band 5 will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p>
Assessment & Planning	<ul style="list-style-type: none"> • Children will have had an initial assessment from QTVI that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • QTVI will provide written targets to be incorporated into school planning, targets should be focussed predominantly on VI skills.

	<ul style="list-style-type: none"> • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Inclusion Support Team – VI) • Advice from specialist support services such as Walsall Inclusion Support Team – VI, Walsall Educational Psychology Service will be ongoing. Support and guidance may also be provided by Walsall special schools.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Resources made available from within school, following advice and training from QTVI. • Personalised, large print materials provided by school, including assessment materials as appropriate. • Use of ICT to increase access to the curriculum, where appropriate: availability of Ipad within school. Provision of laptop with software as appropriate to meet assessed needs • Specialist equipment to be advised by QTVI, which may include low vision aids, writing slope, darker pencil, bold lined paper, to be provided by school. • Specialist electronic devices (provided by LA), along with appropriate training and support for school staff by QTVI and technical support from manufacturers • Attention to seating position in classroom based on QTVI recommendations • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation. • Significant adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations • QTVI to provide information sheets at the start of each school year, updated throughout the year • QTVI to provide advice for the school on teaching styles and modifications to learning materials • QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs • QTVI to advise about potential referral to rehabilitation team • QTVI level of support: Monthly
<p>Adult support & ratios</p>	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Regular one to one pre/post teaching from school teaching assistant</p> <p>Additional support from a Teaching Assistant in class, and around school, as indicated by assessment (likely to be direct support for all subjects, additional supervision at unstructured times and time to prepare resources and liaise with QTVI).</p>

	<p>Moderate level of support from QTVI to develop the following skills:</p> <ul style="list-style-type: none"> • visual perception • developing independence • teaching and monitoring of personal, social and emotional learning skills • specialist equipment training and support • transition between key phases and each year group • family support • environmental audit
Academic progress	May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.

Visual Impairment	
High Needs Funding - Band 6	
Description of need	<p>Severe visual impairment.</p> <p>Distance vision within the range of 6/36 -6/60, with fluctuation of vision. This means that the pupil needs to be approximately 10 times closer to point of interest than their fully sighted peers.</p> <p>Near vision: likely to have difficulty with print sizes smaller than 36 point or equivalent sized details in pictures.</p> <p>May have monocular vision.</p> <p>May have cerebral visual impairment (CVI). Band 6 will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p>

<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children will have an initial assessment from QTVI that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies VI as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • QTVI will provide written targets to be incorporated into school planning. Targets should be focussed predominantly on VI skills. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Inclusion Support Team – VI, Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Attention to seating position in classroom based on QTVI recommendations • Resources made available from within school, following advice and training from QTVI. • Personalised, large print materials provided by school, including assessment materials as appropriate. Tactile resources may be indicated; school to produce/provide materials under the guidance of QTVI/LSP-VI • CYP has access to social and emotional intervention provided by school with guidance from QTVI/LSP-VI • Use of ICT to increase access to the curriculum, where appropriate: availability of Ipad within school. Provision of laptop with software as appropriate to meet assessed needs • Specialist equipment to be advised by QTVI, which may include low vision aids, writing slope, darker pencil, bold lined paper, to be provided by school. • Specialist electronic devices (provided by LA), along with appropriate training and support for school staff by QTVI and technical support from manufacturers • Teaching methods which facilitate access to the curriculum, social / emotional development and class participation. • Significant adaptations to curriculum delivery and materials to facilitate access based on QTVI recommendations • QTVI to provide information sheets at the start of each school year, updated throughout the year • Advice for the school on teaching styles and modifications to learning materials

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

Visual Impairment

High Needs Funding - Band 7

Description of need	<p>Educationally Blind.</p> <p>Distance vision within the range of 3/60 to no light perception, or has a diagnosis of CVI. They are educationally blind, unable to identify any distance information.</p> <p>Near vision: The pupil is educationally blind/ Braille user/ can access small quantities of print larger than point 36.</p> <p>May have cerebral visual impairment (CVI). Band 7 will be those pupils in mainstream with CVI who are experiencing mild, moderate or severe difficulties.</p>
Assessment & Planning	<ul style="list-style-type: none"> • Children will have an initial assessment from QTVI that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies VI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • QTVI will provide additional written targets to the school to support non-sighted methods of learning. Targets should be focussed predominantly on VI skills. • Enhanced and highly individualised transition planning is required. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Inclusion Support – VI and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Multi-sensory approach to curriculum planning and delivery. • Braille/ tactile resources and teaching methods. • Access to modified large print (if appropriate). • Adult 1:1 support to augment direct teaching. • Advice for the school on teaching styles and modifications to learning materials • Access to multi-sensory equipment (subject specific) as advised by QTVI. • Provision of specialist electronic equipment including Braille-note, specialist electronic magnification system (Prodigy Connect 12), embosser, ZY-fuser, specialist Braille and screen reading software (Duxbury, Jaws and SuperNova). Specialist electronic devices provided by LA, along with appropriate training and support for school staff by QTVI and technical support from manufacturers. • Resources made available from within school, following advice and training from QTVI. • Personalised, Braille and tactile resources provided by school, under the guidance of QTVI/LSP-VI, including assessment materials as appropriate. • Social and emotional interventions (guidance provided by QTVI/LSP-VI) • Use of ICT to increase access to the curriculum, where appropriate. Provision of laptop with braille keyboard and access software as appropriate to meet assessed needs • QTVI will provide appropriate training and support for staff working with VI CYP, so that they are confident and competent in their needs
<p>Adult support & ratios</p>	<p>Small group teaching within a mainstream or specialist setting.</p> <p>1:1 daily Braille teaching, support provided by staff with specialist skills and training.</p> <p>1:1 TA support focussed on additional curriculum skills.</p> <p>1:1 support throughout the school day to promote inclusion and ensure safety. Keyworker to be trained in accessing the curriculum through non-sighted methods.</p> <p>Access to rehabilitation officers as required.</p> <p>High level of support from QTVI (1-5 times per week) to develop long term programmes of teaching and support of the</p>

	<p>following skills:</p> <ul style="list-style-type: none"> ○ non-sighted methods of communication including Braille and tactile ○ developing independence and self advocacy ○ teaching and monitoring of personal, social and emotional learning skills ○ specialist equipment training and support- to include specialist Braille equipment and software. ○ transition between key phases and each year group ○ Family support ○ environmental audit ○ touch typing and keyboard skills (Braille keyboard) <p>Additional support provided by LSP-VI weekly to support the work of the QTVI.</p>
Academic progress	May or may not be below age related expectations but VI needs are a significant barrier to access to learning without appropriate support.

Multi-Sensory Impairment

Universal – Band 0			
Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Inclusion Support – Visual Impairment Walsall Inclusion Support – Hearing Impairment			
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	
•		•	

Multi-Sensory Impairment	
Ordinarily Available - Band 3	
Description of need	<ul style="list-style-type: none"> • Mild loss in both and making good use of at least one modality • May have hearing aids and/or LVAs • Non-progressive condition • May have a slower pace of working but has good compensatory strategies • May have some difficulty with listening, attention and concentration but language and communication largely matches potential given appropriate support • Low level of support needed to manage equipment and aids • May have additional learning needs

	<ul style="list-style-type: none"> • May have Auditory Processing Disorder/Auditory Neuropathy/Cerebral Visual Impairment
Assessment & Planning	<ul style="list-style-type: none"> • Children will have had an initial assessment from QTVI & TOD that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. If progress is not accelerated with support at Band 3 then a request for an EHC needs assessment should be considered through discussion with the young person/their parent/carers (see 'Making a request for an EHC needs assessment' guidance) • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be overseeing and co-ordinating provision with the support of relevant specialists
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Attention to seating, lighting, acoustics • Pre-and post teaching to support access to lessons • Opportunities for 1:1 and small group work • Targeted support for subject specific vocabulary • Support to use low vision aids and for preparation of adapted lesson materials • Follow advice provided by ToD & QTVI regarding individualised approaches

Adult support & ratios	Supported within the mainstream class group with the usual adult:child ratios. Some individualised and targeted support within 1:1 or small group context, focussing on pre and post teaching and facilitating social inclusion (up to 50% of timetable, including time spent preparing materials).
Academic progress	Likely to be below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.

Multi-Sensory Impairment	
High Needs Funding - Band 4	
Description of need	<ul style="list-style-type: none"> • Moderate loss in one modality and mild/moderate in the other • Have hearing aids and/or LVAs • Non-progressive condition • Have additional language/learning needs associated with dual sensory impairment • Likely to have difficulties accessing incidental learning, including signed and verbal communication • Have a slower pace of learning, difficulties with attention, concentration and the development of independence and social skills • Have additional learning needs • Have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Assessment & Planning	<ul style="list-style-type: none"> • Children will have had an initial assessment from QTVI & TOD that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. A child at this level would be expected to have an EHCP. This should be reviewed annually. If they do not already have an EHCP then one should be requested through discussion

	<p>with the young person/their parent/carers (see 'Making a request for an EHC needs assessment' guidance)</p> <ul style="list-style-type: none"> • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be overseeing and co-ordinating provision with the support of relevant specialists
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Flexible class groupings with frequent opportunities for small group and 1:1 work in a quiet environment • Particular attention to seating, lighting, visual environment and acoustics • Adaptations to curriculum delivery to ensure access to the curriculum, social/emotional development and class participation • Additional time to experience new activities, complete work, preview and review lessons • Follow guidance provide by ToD and QTVI for individualised approaches
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Flexible groupings to provide time in small groups and for highly individualised targeted support across the school day, this may be in a 1:1 or very small group context.</p>
Academic progress	<p>Likely to be below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.</p>

Multi-Sensory Impairment	
High Needs Funding - Band 5	
Description of need	<ul style="list-style-type: none"> • Profound/severe loss in one modality and moderate in the other or has a late diagnosed or recently acquired MSI • Uses hearing aids and/or LVAs • Non-progressive condition

	<ul style="list-style-type: none"> • Have delayed development in some areas of learning and difficulties generalising learning and transferring skill • Have difficulties coping with new experiences and have underdeveloped independence and self-help skills • Likely to have communication difficulties • Significant difficulties accessing incidental learning and the curriculum • Significant difficulties with attention, concentration, confidence and class participation • Likely to require some individual support to access learning and social interactions and to develop life-skills • Likely to require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Significantly slower pace of learning • May have additional learning needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children will have had an initial assessment from QTVI & TOD that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. At this stage children would be expected to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • QTVI & TOD will provide written targets to be incorporated into school planning, targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Inclusion Support Team – VI, HI) • Advice from specialist support services such as Walsall Inclusion Support Team – VI & HI, Walsall Educational Psychology Service will be ongoing. Support and guidance may also be provided by Walsall special schools.
<p>Recommended Provision &</p>	<ul style="list-style-type: none"> • Daily access to individual support, trained to meet the needs of pupils with MSI • Input from other educational and non-educational professionals as appropriate • Need for balanced approach to support and intervention to facilitate social inclusion

Interventions	<ul style="list-style-type: none"> • Significant modification to learning materials and curriculum delivery • Individual mobility and independence/life skills programmes • Additional time to experience new activities, complete work, preview and review lessons • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Low vision aids, electronic magnification, laptop with software, large print materials
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>A high level of highly individualised support throughout the school day (up to 90% of school day), including support to ensure safety and wellbeing at unstructured time.</p>
Academic progress	Likely to be working well below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.

Multi-Sensory Impairment

High Needs Funding - Band 6

Description of need	<ul style="list-style-type: none"> • Profound/severe loss in one modality and moderate/severe in the other and/or progressive condition • Likely to use hearing aids and/or LVA's • Severe communication difficulties requiring an individual communication system using alternative and augmentative approaches • Require a tactile approach to learning with access to real objects and context-based learning experiences and/or access to visual or tactile signed communication • Have severe difficulties generalising learning and transferring skills • Difficulties coping with new experiences • May have underdeveloped independence and self-help skills
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	<ul style="list-style-type: none"> • May have difficulties developing relationships and lack social awareness leading to social isolation • Likely to require a high level of individual support to access learning and social opportunities and to develop life-skills • Display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children will have an initial assessment from QTVI & TOD that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • QTVI & TOD will provide written targets to be incorporated into school planning. Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Inclusion Support Team – VI & HI, Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Individual curriculum to facilitate learning through tactile and experiential approaches and using alternative or augmentative communication systems • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills • Adapted equipment to meet specialised MSI needs • Access to a quiet room for small group and 1:1 sessions • Tactile resources • Materials to support development of alternative communication systems

	<ul style="list-style-type: none"> • Sensory stimulation resources
Adult support & ratios	<p>Supported within mainstream or specialist setting with an enhanced adult:child ratio.</p> <p>Access to highly specialist support and approaches throughout the school day, supported by staff who have training and experience in supporting children with MSI.</p> <p>Ongoing specialist advice provided by ToD, QTVI and MSI teacher.</p>
Academic progress	Likely to be working significantly below age related expectations and MSI needs are a significant barrier to access to learning without appropriate support.

Multi-Sensory Impairment	
High Needs Funding - Band 7	
Description of need	<ul style="list-style-type: none"> • Profound and multiple complex needs, including HI & VI (educationally blind and deaf). • Will have significant learning needs requiring a highly adapted and multi-sensory curriculum offer • Severe and complex communication difficulties requiring an individual communication system using alternative and augmentative approaches • Severely restricted access to incidental learning • Require a tactile and experiential approach to learning and individual curriculum and/or access to visual or tactile signed communication • Require individual support with most aspects of basic care needs and to access learning and social opportunities • Lack the strategies and motivation to make effective use of residual hearing and vision and require sensory stimulation programmes • Tactile defensive/selective and highly wary of new experiences • Have difficulties developing relationships and lack social awareness leading to social isolation

	<ul style="list-style-type: none"> • Display challenging and/or self-injurious behaviour • May have additional learning needs • May have limited clinical assessment information because of additional complex educational needs • May have Auditory Processing Disorder / Auditory Neuropathy / Cerebral Visual Impairment
Assessment & Planning	<ul style="list-style-type: none"> • Children will have an initial assessment from QTVI & TOD/MSI teacher that will indicate NatSIP criteria and level of need. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies MSI as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • QTVI & TOD will provide additional written targets to the school to support non-sighted, non-hearing methods of learning. Targets should be focussed predominantly on experiential learning skills. • Enhanced and highly individualised transition planning is required. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Inclusion Support – VI & HI and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Multi-sensory approach to curriculum planning and delivery • Trained intervener providing 1:1 support throughout the day • Individual curriculum to facilitate learning through sensory and experiential approaches and using alternative or augmentative communication systems • Individual sensory stimulation programmes • Individual programmes to facilitate the development of communication, compensatory, independent living, mobility and social skills

Adult support & ratios	Specialist small group teaching (1:3) within a mainstream or specialist setting. Trained intervener providing additional 1:1 support throughout the day.
Academic progress	Functioning significantly below age related expectations and MSI needs are a significant barrier to access to learning. Requiring direct support to manage all needs.

Physical Needs			
Universal – Band 0			
Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall Physiotherapy Walsall Occupational Therapy Lindens Outreach School Nursing	Moving & Grooving	PD Net Level 1 training (free online) Muscular Dystrophy UK training (free online) Assisting People to Move training – Lindens Outreach	Walsall personal Care Policy Walsall Intimate Care Policy Walsall Manual Handling of People Policy NICE Guidance

Community Nursing			Hemi Help Muscular Dystrophy UK PD Net Standards www.nhsggc.org.uk/kids UK Bladder and Bowel
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	
•		•	

Physical Needs	
Ordinarily Available - Band 1	
Description of need	<p>Child has difficulties associated with physical impairment which have a mild impact on access to learning, in terms of difficulty in the following areas, and for which direct specialist support/supervision is required occasionally during the week:</p> <ul style="list-style-type: none"> • Accessing the physical environment • Using equipment and facilities safely • Taking part in learning tasks and assessments • Doing practical tasks and activities (e.g. food technology) • Recording ideas and thoughts legibly or to time • Achieving independent work • Developing self care skills

	<ul style="list-style-type: none"> • Communicating with others • Managing fatigue and pain • Interacting socially • Processing and regulating sensory information • Developing positive social emotional mental health (SEMH) and wellbeing • Achieving the required pace of lessons • Completing the required experiences in the time available (due to time missed for health related absence and appointments)
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies Physical needs as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on physical skills and independence. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Flexible groupings • Peer buddy support • Alternative methods of recording available • Adapted equipment (e.g. writing slope, pencil grips, adapted rulers etc) • Additional time to complete activities • Regular planned rest breaks to prevent against fatigue • Access to resources that support independence • Consider seating position • Small group support to develop physical skills • Complete risk assessment if any manual handling is required • Moving & Grooving • Foot supports • ERIC • Caring cutlery • Plate guards • Adapted PE equipment • PD Net strategies (link)
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some low level and occasional small group or individualised additional support alongside reasonable adjustments and peer support.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a barrier to access to learning without appropriate support.</p>

Physical Needs

Ordinarily Available - Band 2

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

	<ul style="list-style-type: none"> • Provision should be directly related to targets and area of need. • SENCOs should be providing advice and guidance to the class/subject teacher/s.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Flexible groupings • Peer buddy support • Alternative methods of recording available • Adapted equipment (e.g. writing slope, pencil grips, adapted rulers etc) • Additional time to complete activities • Regular planned rest breaks to prevent against fatigue • Access to resources that support independence • Consider seating position • Small group support to develop physical skills • Complete risk assessment if any manual handling is required • Moving & Grooving • Foot supports • ERIC • Caring cutlery • Plate guards • Adapted PE equipment • PD Net strategies (link)
Adult support & ratios	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some daily low level and occasional small group or individualised additional support alongside reasonable adjustments and peer support.</p>
Academic progress	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

Physical Needs

Ordinarily Available - Band 3

Description of need	<p>Child has difficulties associated with physical impairment which have a moderate impact on access to learning, in terms of difficulty in the following areas, and for which direct specialist support/supervision is required frequently throughout the day:</p> <ul style="list-style-type: none"> • Accessing the physical environment • Using equipment and facilities safely • Taking part in learning tasks and assessments • Doing practical tasks and activities (e.g. food technology) • Recording ideas and thoughts legibly or to time • Achieving independent work • Developing self care skills • Communicating with others • Managing fatigue and pain • Interacting socially • Processing and regulating sensory information • Developing positive social emotional mental health (SEMH) and wellbeing • Achieving the required pace of lessons • Completing the required experiences in the time available (due to time missed for health related absence and appointments)
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance)

	<p>and should know how progress will be measured. If adequate progress is not being made then a request for an EHC needs assessment should be considered (see 'Making an EHC request' guidance)</p> <ul style="list-style-type: none"> • Targets should be focussed predominantly on physical skills and independence. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Flexible groupings • Peer buddy support • Alternative methods of recording available • Adapted equipment (e.g. writing slope, pencil grips, adapted rulers etc) • Additional time to complete activities • Regular planned rest breaks to prevent against fatigue • Access to resources that support independence • Consider seating position • Small group support to develop physical skills • Complete risk assessment if any manual handling is required • Moving & Grooving • Foot supports • ERIC • Caring cutlery • Plate guards • Adapted PE equipment • PD Net strategies (link) • Access to a hygiene room • Hoisting
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some frequent small group or individualised additional support and supervision (up to 50% of the school day including lesson time and unstructured times) alongside reasonable adjustments and peer support.</p>

Academic progress	May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.
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Physical Needs	
High Needs Funding - Band 4	
Description of need	<p>Child has difficulties associated with physical impairment which have a moderate impact on access to learning, in terms of difficulty in the following areas, and for which direct specialist support is required frequently throughout the day:</p> <ul style="list-style-type: none"> • Accessing the physical environment • Using equipment and facilities safely • Taking part in learning tasks and assessments • Doing practical tasks and activities (e.g. food technology) • Recording ideas and thoughts legibly or to time • Achieving independent work • Developing self care skills • Communicating with others • Managing fatigue and pain • Interacting socially • Processing and regulating sensory information • Developing positive social emotional mental health (SEMH) and wellbeing • Achieving the required pace of lessons

	<ul style="list-style-type: none"> • Completing the required experiences in the time available (due to time missed for health related absence and appointments)
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies Physical Needs as a primary need. This should be reviewed at least termly. It is expected that at this stage a child would have an EHCP. If they don’t already have one a request for an assessment should be considered through discussion with the young person/their parents/carers (see ‘Making an EHC request’ guidance) • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on physical skills and independence and will be advised by occupational Therapy and/or Physiotherapy. • Provision should be directly related to targets and area of need. • SENCos should be co-ordinating support in consultation with relevant specialist support services.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Flexible groupings • Peer buddy support • Alternative methods of recording available • Adapted equipment (e.g. writing slope, pencil grips, adapted rulers etc) • Table/block mounted scissors • Additional time to complete activities • Regular planned rest breaks to prevent against fatigue • Access to resources that support independence • Consider seating position • Small group support to develop physical skills • Complete risk assessment if any manual handling is required • Moving & Grooving • Foot supports • ERIC • Caring cutlery • Plate guards • Adapted PE equipment • PD Net strategies (link) • Physical management plans and approaches recommended by Occupational Therapy and/or Physiotherapy
<p>Adult support & ratios</p>	<p>Supported within the mainstream class group with the usual adult:child ratios.</p> <p>Some frequent small group or individualised additional support and supervision (up to 75% of the school day including lesson time and unstructured times) alongside reasonable adjustments and peer support.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

Physical Needs

High Needs Funding - Band 5

Description of need

Child has difficulties associated with physical impairment which have a severe impact on access to learning, in terms of difficulty in the following areas, and for which direct specialist support/supervision is required constantly for the majority of the day:

- Accessing the physical environment
- Using equipment and facilities safely
- Taking part in learning tasks and assessments
- Doing practical tasks and activities (e.g. food technology)
- Recording ideas and thoughts legibly or to time
- Achieving independent work
- Developing self care skills
- Communicating with others
- Managing fatigue and pain
- Interacting socially
- Processing and regulating sensory information
- Developing positive social emotional mental health (SEMH) and wellbeing
- Achieving the required pace of lessons
- Completing the required experiences in the time available (due to time missed for health related absence and appointments)

Assessment & Planning

- Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly. At this stage children are also likely to

	<p>have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers</p> <ul style="list-style-type: none"> • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on physical skills and independence and will be advised by Occupational Therapy and/or Physiotherapy • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services (including Physiotherapy, Occupational Therapy, Lindens Outreach, Walsall School Nursing) • Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and School Nursing is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Flexible groupings • Peer buddy support • Alternative methods of recording available • Adapted equipment (e.g. writing slope, pencil grips, adapted rulers etc) • Table/block mounted scissors • Additional time to complete activities • Regular planned rest breaks to prevent against fatigue • Access to resources that support independence • Consider seating position • Small group support to develop physical skills • Complete risk assessment if any manual handling is required • Moving & Grooving • Foot supports • ERIC • Caring cutlery • Plate guards

	<ul style="list-style-type: none"> • Adapted PE equipment • PD Net strategies (link) • Physical management plans and approaches recommended by Occupational Therapy and/or Physiotherapy
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Small group or individualised additional support and supervision throughout the majority of the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support.</p>
Academic progress	May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.

Physical Needs	
High Needs Funding - Band 6	
Description of need	<p>Child has difficulties associated with physical impairment which have a severe impact on access to learning, in terms of difficulty in the following areas, and for which direct highly specialist support/supervision is required constantly throughout the day:</p> <ul style="list-style-type: none"> • Accessing the physical environment • Using equipment and facilities safely • Taking part in learning tasks and assessments • Doing practical tasks and activities (e.g. food technology) • Recording ideas and thoughts legibly or to time • Achieving independent work • Developing self care skills

	<ul style="list-style-type: none"> • Communicating with others • Managing fatigue and pain • Interacting socially • Processing and regulating sensory information • Developing positive social emotional mental health (SEMH) and wellbeing • Achieving the required pace of lessons • Completing the required experiences in the time available (due to time missed for health related absence and appointments)
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical needs as a primary need. This should be reviewed at least termly. At this stage children are also very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on physical skills and independence as advised by Occupational Therapy and/or Physiotherapy • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and School Nursing Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Flexible groupings • Peer buddy support • Alternative methods of recording available • Adapted equipment (e.g. writing slope, pencil grips, adapted rulers etc) • Table/block mounted scissors

	<ul style="list-style-type: none"> • Additional time to complete activities • Regular planned rest breaks to prevent against fatigue • Access to resources that support independence • Consider seating position • Small group support to develop physical skills • Complete risk assessment if any manual handling is required • Moving & Grooving • Foot supports • ERIC • Caring cutlery • Plate guards • Adapted PE equipment • PD Net strategies (link) • Physical management plans and approaches recommended by Occupational Therapy and/or Physiotherapy
Adult support & ratios	<p>Supported within mainstream class group with an enhanced adult:child ratio.</p> <p>Small group or individualised additional support and supervision throughout the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support. Some periods of 2:1 may be required for manual handling.</p>
Academic progress	<p>May or may not be below age related expectations but physical needs are a significant barrier to access to learning without appropriate support.</p>

Physical Needs

High Needs Funding - Band 7

<p>Description of need</p>	<p>Child has difficulties associated with physical impairment which have a profound impact on access to learning, in terms of difficulty in the following areas, and for which direct specialist support is required constantly:</p> <ul style="list-style-type: none"> • Accessing the physical environment • Using equipment and facilities safely • Taking part in learning tasks and assessments • Doing practical tasks and activities (e.g. food technology) • Recording ideas and thoughts legibly or to time • Achieving independent work • Developing self care skills • Communicating with others • Managing fatigue and pain • Interacting socially • Processing and regulating sensory information • Developing positive social emotional mental health (SEMH) and wellbeing • Achieving the required pace of lessons • Completing the required experiences in the time available (due to time missed for health related absence and appointments) <p>The child is likely to have needs described as PMLD.</p>
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended ‘My SEN Support Plan’), which identifies Physical Needs/PMLD as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children will also have an intimate needs care plan which should be updated regularly and on an ongoing basis dependent upon changing needs

	<ul style="list-style-type: none"> • Children are likely to have a feeding plan – as advised by Physiotherapy and Speech and Language Therapy dysphagia team • Children and their parents/carers should be involved in agreeing SMART targets (see ‘My SMART targets’ guidance) and should know how progress will be measured. • Targets should be focussed predominantly on experiential learning skills as advised by relevant specialist support services. • Enhanced and highly individualised transition planning is required. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall Physiotherapy, Occupational Therapy and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Multi-sensory approach to curriculum planning and delivery. • On Body Sign • Multi-Sensory Cues • Sensory room/dark/light room • Low and high tech communication aids • Total communication environment • Changing bed • Hoists
Adult support & ratios	<p>Small group teaching within a mainstream or specialist setting.</p> <p>Small group or individualised highly specialist additional support and supervision throughout the school day (including lesson time and unstructured times) alongside reasonable adjustments and peer support. Frequent periods of 2:1 may be required for manual handling.</p>
Academic progress	Will be working significantly below age related expectations, at a very early stage of development.

Medical Needs			
Universal – Band 0			
Walsall services who can support:	Whole school approaches:	Training:	Useful websites/resources:
Walsall School Nursing			
Book recommendations for children/young people		Book recommendations for adults (parents/carers/professionals)	
•		•	

Medical Needs	
Ordinarily Available - Band 1	
Description of need	<p>Child has a diagnosed established and controlled medical condition, which may have:</p> <ul style="list-style-type: none"> • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • have impact on continence/ toileting • impact on self esteem.

	<ul style="list-style-type: none"> • time in school and require a medical care plan.
Assessment & Planning	<ul style="list-style-type: none"> • Children should have a Medical Care Plan in place (see 'Medical Care Plan' guidance) written with Parent and if appropriate supported by relevant health care professional (See supporting pupils with medical needs statutory guidance) • Parents/carers should be encouraged to share information from GP or specialist as appropriate to inform school based planning. School Nursing can provide support if required. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Physical/Medical as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Flexible approach to groupings • Peer buddy support system • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis
Adult support &	Supported within the mainstream class group with the usual adult:child ratios.

ratios	Regular targeted small group support (1:6) for specific identified parts of the curriculum. Additional 1:1 support for 'catch up' sessions following periods of absence.
Academic progress	May or may not be below age related expectations but medical needs are a barrier to access to learning without appropriate support.

Medical Needs	
Ordinarily Available - Band 2	
Description of need	<p>Child has a diagnosed established medical condition, which is not yet fully controlled, which may have:</p> <ul style="list-style-type: none"> • Some implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • have impact on continence/ toileting • an increasing impact on self esteem • quite a significant impact on time in school and require a medical care plan • an impact on academic progress
Assessment & Planning	<ul style="list-style-type: none"> • Children should have a Medical Care Plan (see 'Medical Care Plan' guidance) written with Parent and if appropriate supported by relevant health care professional (See supporting pupils with medical needs statutory guidance) • Parents/carers should be encouraged to share information from GP or specialist as appropriate to inform school based planning. School Nursing can provide support if required. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Medical/Physical as a primary need. This should be reviewed at least termly. • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need.

	<ul style="list-style-type: none"> • SENCos should be providing advice and guidance to the class/subject teacher/s.
Recommended Provision & Interventions	<ul style="list-style-type: none"> • Flexible approach to groupings • Peer buddy support system • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Significant and ongoing reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis • Direct support provided by appropriately trained and experienced staff to provide medical support/intervention • Mentoring to support understanding and acceptance of health needs and impact on life
Adult support & ratios	<p>Fully included within the mainstream class group.</p> <p>Additional small group and/or individualised support to address any curriculum gaps.</p> <p>Additional 1:1 support at planned times throughout the day to provide support for medical needs.</p>
Academic progress	<p>May or may not be below age related expectations but medical needs are a significant barrier to access to learning without appropriate support.</p>

Medical Needs

Ordinarily Available - Band 3

Description of need	<p>Child has a diagnosed established medical condition, which is not yet fully controlled, which may have:</p> <ul style="list-style-type: none"> • Some significant implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • have impact on continence/ toileting • an increasingly significant impact on self esteem • a significant impact on time in school and require a medical care plan • an increasingly significant impact on academic progress
Assessment & Planning	<ul style="list-style-type: none"> • Children should have a Medical Care Plan in place (see 'Medical Care Plan' guidance) written with Parent and if appropriate supported by relevant health care professional (See supporting pupils with medical needs statutory guidance) • Parents/carers should be encouraged to share information from GP or specialist as appropriate to inform school based planning. School Nursing can provide support if required. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Medical/Physical as a primary need. This should be reviewed at least termly. If the child is not making accelerated progress or maintaining progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance') • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Flexible approach to groupings • Peer buddy support system • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Significant and ongoing reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis • Direct support provided by appropriately trained and experienced staff to provide medical support/intervention • Mentoring to support understanding and acceptance of health needs and impact on life
<p>Adult support & ratios</p>	<p>Fully included within the mainstream class group.</p> <p>Daily additional small group and/or individualised support to address any curriculum gaps and provide pre-teaching to support inclusion in whole class learning.</p> <p>Additional 1:1 support at planned times, frequently throughout the day to provide support for medical needs.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but medical needs are a significant barrier to access to learning without appropriate support.</p>

Medical Needs

High Needs Funding - Band 4

<p>Description of need</p>	<p>Child has a constant and severe medical condition which has effects on day-to-day functioning, requiring specialist intervention and which may have:</p> <ul style="list-style-type: none"> • Some significant implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • An impact on continence/ toileting • an increasingly significant impact on self esteem • a significant impact on time in school and require a medical care plan • a significant impact on academic progress
<p>Assessment & Planning</p>	<ul style="list-style-type: none"> • Children should have a Medical Care Plan in place (see 'Medical Care Plan' guidance) written with Parent and if appropriate supported by relevant health care professional (See supporting pupils with medical needs statutory guidance) • Parents/carers should be encouraged to share information from GP or specialist as appropriate to inform school based planning. School Nursing can provide support if required. • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Medical/Physical as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. • If the child is not making accelerated progress or maintaining progress then it may be appropriate to request an EHC assessment (see 'Making an EHC assessment request guidance') • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. • SENCos should be providing advice and guidance to the class/subject teacher/s.

<p>Recommended Provision & Interventions</p>	<ul style="list-style-type: none"> • Flexible approach to groupings • Environmental adjustments • Peer buddy support system • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Significant and ongoing reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis • Frequent direct support provided by appropriately trained and experienced staff to provide medical support/intervention • Mentoring to support understanding and acceptance of health needs and impact on life • Specialist equipment as advised by health professionals • Repetition and time to revisit skills and learning • Modified approach to curriculum delivery dependent upon needs
<p>Adult support & ratios</p>	<p>Fully included within the mainstream class group.</p> <p>Daily additional small group and/or individualised support to address any curriculum gaps and provide pre-teaching to support inclusion in whole class learning.</p> <p>Daily 1:1 or small group (1:3) support in core subjects.</p> <p>Additional 1:1 support at planned times, frequently throughout the day to provide support for medical needs.</p>
<p>Academic progress</p>	<p>May or may not be below age related expectations but medical needs are a significant barrier to access to learning without appropriate support.</p>

Medical Needs

High Needs Funding - Band 5

Description of need	<p>Child has a constant and severe medical condition which has effects on day-to-day functioning, requiring specialist intervention and which may have:</p> <ul style="list-style-type: none"> • Some significant implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • An impact on continence/ toileting • an increasingly significant impact on self esteem • a significant impact on time in school and require a medical care plan • significant implications for access to the curriculum and learning • a very significant impact on academic progress
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Medical/Physical as a primary need. This should be reviewed at least termly. At this stage children are also likely to have an EHCP. This should be reviewed at least annually. If they do not have an EHCP then an application should be made in discussion with the young person and their parents/carers • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on independence and learning skills. • Provision should be directly related to targets and area of need. Provision at this stage would be significantly 'different from and additional to'. • SENCo will be directly involved at this stage to oversee provision and monitor progress in liaison with relevant specialist support services • Advice from specialist support services such as Walsall School Nursing, Walsall Educational Psychology Service will be ongoing. Support and guidance may also be provided by Walsall special schools.
Recommended Provision &	<ul style="list-style-type: none"> • Flexible approach to groupings • Environmental adjustments

Interventions	<ul style="list-style-type: none"> • Peer buddy support system • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Significant and ongoing reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis • Frequent direct support provided by appropriately trained and experienced staff to provide medical support/intervention • Mentoring to support understanding and acceptance of health needs and impact on life • Specialist equipment as advised by health professionals • Repetition and time to revisit skills and learning • Modified approach to curriculum delivery dependent upon needs
Adult support & ratios	<p>Included within the mainstream class group.</p> <p>Small group and/or individualised support throughout the curriculum to support inclusion in whole class learning and to tailor teaching to individual targets.</p> <p>Additional 1:1 support at planned times, frequently throughout the day to provide support for medical needs.</p>
Academic progress	<p>May or may not be below age related expectations but medical needs are a significant barrier to access to learning without appropriate support.</p>

Medical Needs

High Needs Funding - Band 6

Description of need	<p>Child has a constant and severe medical condition which severely restricts day-to-day functioning, requiring specialist intervention and which may have:</p> <ul style="list-style-type: none"> • Some significant implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • An impact on continence/ toileting • an increasingly significant impact on self esteem • a significant impact on independence • a significant impact on time in school and require a medical care plan • significant implications for access to the curriculum and learning • a very significant impact on academic progress <p>The condition may be life threatening or life limiting.</p>
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Medical/Physical as a primary need. This should be reviewed at least termly. At this stage children are very likely to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on wellbeing, independence and learning skills. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall School Nursing, Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
Recommended Provision &	<ul style="list-style-type: none"> • Flexible approach to groupings • Environmental adjustments • Peer buddy support system

Interventions	<ul style="list-style-type: none"> • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Significant and ongoing reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis • Frequent direct support provided by appropriately trained and experienced staff to provide medical support/intervention • Regular mentoring to support understanding and acceptance of health needs and impact on life • Specialist equipment as advised by health professionals • Repetition and time to revisit skills and learning • Highly modified approach to curriculum delivery dependent upon needs
Adult support & ratios	<p>Included within mainstream or specialist class group with an enhanced adult:child ratio.</p> <p>Small group and/or individualised support throughout the curriculum to support inclusion in whole class learning and to tailor teaching to individual targets.</p> <p>Additional 1:1 support at planned times, frequently throughout the day to provide support for medical needs.</p>
Academic progress	<p>May or may not be below age related expectations but medical needs are a significant barrier to access to learning without appropriate support.</p>

Medical Needs

High Needs Funding - Band 7

Description of need	<p>Child has a constant and severe medical condition which has a profound impact on day-to-day functioning, requiring a very high level of specialist intervention and which may have:</p> <ul style="list-style-type: none"> • Significant implications for risk assessment e.g. educational visits, high level P.E. or playground equipment. • An impact on continence/ toileting • a significant impact on self esteem • a significant impact on independence • a significant impact on time in school and require a medical care plan • significant implications for access to the curriculum and learning • a very significant impact on academic progress <p>The condition may be life threatening or life limiting.</p>
Assessment & Planning	<ul style="list-style-type: none"> • Children should have an individual education plan (see recommended 'My SEN Support Plan'), which identifies Medical/Physical as a primary need. This should be reviewed at least termly. At this stage children are expected to have an EHCP. This should be reviewed at least annually. If they have not yet got an EHCP then an application should be made through discussion with parents/carers/young person • Children and their parents/carers should be involved in agreeing SMART targets (see 'My SMART targets' guidance) and should know how progress will be measured. • Targets should be focussed predominantly on wellbeing, independence and learning skills. • Enhanced and highly individualised transition planning is required. • Provision should be directly related to targets and area of need. Provision at this stage would be highly specialist. • SENCo will be directly involved at this stage to co-ordinate provision and monitor progress in liaison with relevant specialist support services. • Advice from specialist support services such as Walsall School Nursing and Walsall Educational Psychology Service is likely to be ongoing. Support and guidance may also be provided by Walsall special schools.
Recommended Provision &	<p>A highly specialist and bespoke educational offer is likely to be required in addition to:</p> <ul style="list-style-type: none"> • Flexible approach to groupings • Environmental adjustments • Peer buddy support system

Interventions	<ul style="list-style-type: none"> • Additional 'catch up' support timetables following periods of absence • Additional time to complete tasks • Regular rest breaks to ease fatigue • Risk assessments as required (school visits and other extra-curricular/offsite activities) • Access to resources that support independence • Significant and ongoing reasonable adjustments (e.g. additional snack breaks) • Alternative methods to record work if required • Pre-teaching vocabulary • Adult prompts to focus listening and attention • Staff awareness training of relevant medical conditions on a 'needs to know' basis • Frequent direct support provided by appropriately trained and experienced staff to provide medical support/intervention • Regular mentoring to support understanding and acceptance of health needs and impact on life • Specialist equipment as advised by health professionals • Repetition and time to revisit skills and learning • Highly modified approach to curriculum delivery dependent upon needs
Adult support & ratios	<p>Included within mainstream or specialist class group with specialist 1:1 support throughout the day, including transition times, mealtimes and unstructured times.</p> <p>Additional 1:1 support at planned times, frequently throughout the day to provide support for medical needs.</p>
Academic progress	<p>May or may not be below age related expectations but medical needs are a significant barrier to access to learning without appropriate support.</p>