

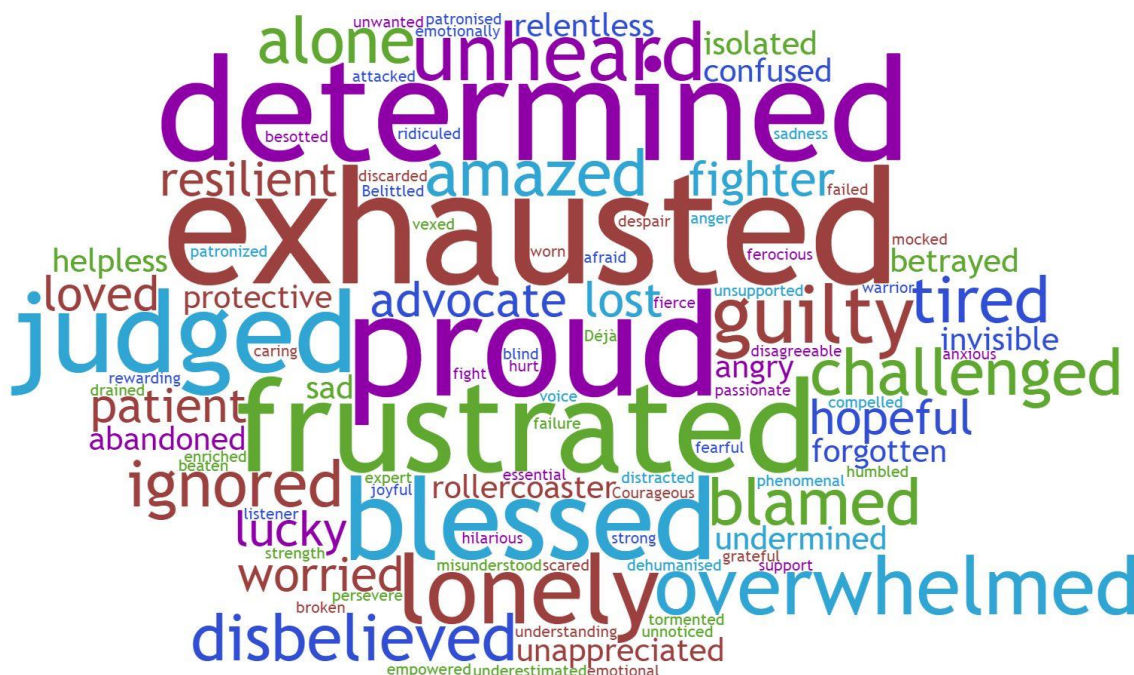
Wokingham Borough Council
Ordinarily Available Provision - A Graduated Response
SEND Support
Settings and Schools

Ordinarily Available: A benchmark / baseline / common set of expectations about what provision should be made for the majority of children and young people with SEND, within early education settings, schools, academies, free schools and colleges of further education.

Graduated Response: Ordinarily available provision is made from funding ordinarily available to the setting through their core or delegated budget. The education setting must always consider their graduated response and show evidence of interventions over time, before they consider that it may be necessary for an EHC assessment to take place.

This document has been co-produced with a range of professionals and partners. Thank you to all involved in the production of this document with a large thank you to parents and carers for feedback and input.

Please see a word cloud created by parents and carers of children and young people in Wokingham with SEND.



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Introduction

Wokingham is committed to supporting and improving the life chances of all local children and young people with Special Education Needs and Disabilities (SEND), ensuring that all are well prepared for life beyond education and training.

All children and young people are entitled to an education that is appropriate to their needs, promotes high standards and the fulfilment of potential.

This document highlights the support a child or young person can expect to receive if a child or young person needs more help to reach their full potential through a considered graduated response via the ordinarily available provision. As well as giving guidance to schools and settings about effectively evidencing the operation of the Graduated Response

This document is intended to be used as a tool for schools and settings and those partner agencies working with them. It is also intended to be an information source for parents, carers and young people to inform and guide in relation to the education of children and young people with Special Educational Needs and Disabilities.

Only a small percentage of children with SEND will require the support of an Education Health and Care Plan.

When a child's needs are complex, severe and long term and an education provider cannot meet their needs from within their own resources, and they have exhausted all SEND support options, and continuous cycles of assess, plan, do, review, at each stage of the graduated response. A statutory assessment of the child's needs will be undertaken.

Quality first teaching, including evidenced, robust use of the, assess, plan, do, review cycle, rigorous early years practitioner/teacher oversight, and close liaison between the setting and family will continue.

Professionals working with children and young people need to be aware that many pupils may have needs in more than one area.

Assess, Plan, Do, Review

ASSESS

The setting staff, class/subject teacher or tutor, working with the SENDCO, should carry out a clear analysis of the child/young person’s needs.

Setting staff’s/teacher’s/tutor’s assessment and experience of the child/young person, their previous progress and attainment, as well as information from the setting’s, school’s or provider’s core approach to pupil progress, attainment, and behaviour is collated.

Setting, school or provider must consult with the child/young person and their parents/carers.

Outside professionals should liaise with the setting, school or provider to help inform the assessments. Assessment should be reviewed regularly.

Identify and address barriers to learning and preferred learning styles.

PLAN

Child/young person and their parents/carers, understand and agree on the intervention, support and expected outcomes, with transparency on school funded support.

Curriculum planning should take account of specialist advice.

Targeted provision must be recorded on the setting’s, school’s or provider’s information system. These recording systems must be able to show evidence-based planning, target setting, monitoring, as well as the support that has been delivered for the child/young person.

Clear outcomes should be set in discussion with child/young person and their parents/carers about what the support is intended to achieve.

Planning for differentiated resources may be required.

Planned interventions should be evidence based.

REVIEW

Targeted provision and progress is monitored and reviewed by setting staff, class teachers/tutors, SENDCO to monitor the impact of the plan.

Evidence progress and attainment from observations/assessed work against outcomes. This should be reviewed on an agreed date.

The school should meet with the child/young person and their parents/carers at least three times each year until the barriers to learning are resolved.

Children and young people and their parents/carers must be involved in planning for targeted support and any changes. The setting, school or provider will need to liaise closely with other professionals involved.

SEND support should be adapted or replaced depending on how effective it has been in achieving the agreed outcomes.

DO

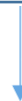
Targets may require individual and/or small group sessions by setting staff, class teacher or tutor, as well as implementation across the curriculum. The setting, school or provider’s SENDCO will oversee the child/young person’s targeted support, including how this is being delivered.

The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting, school or post 16 provision.

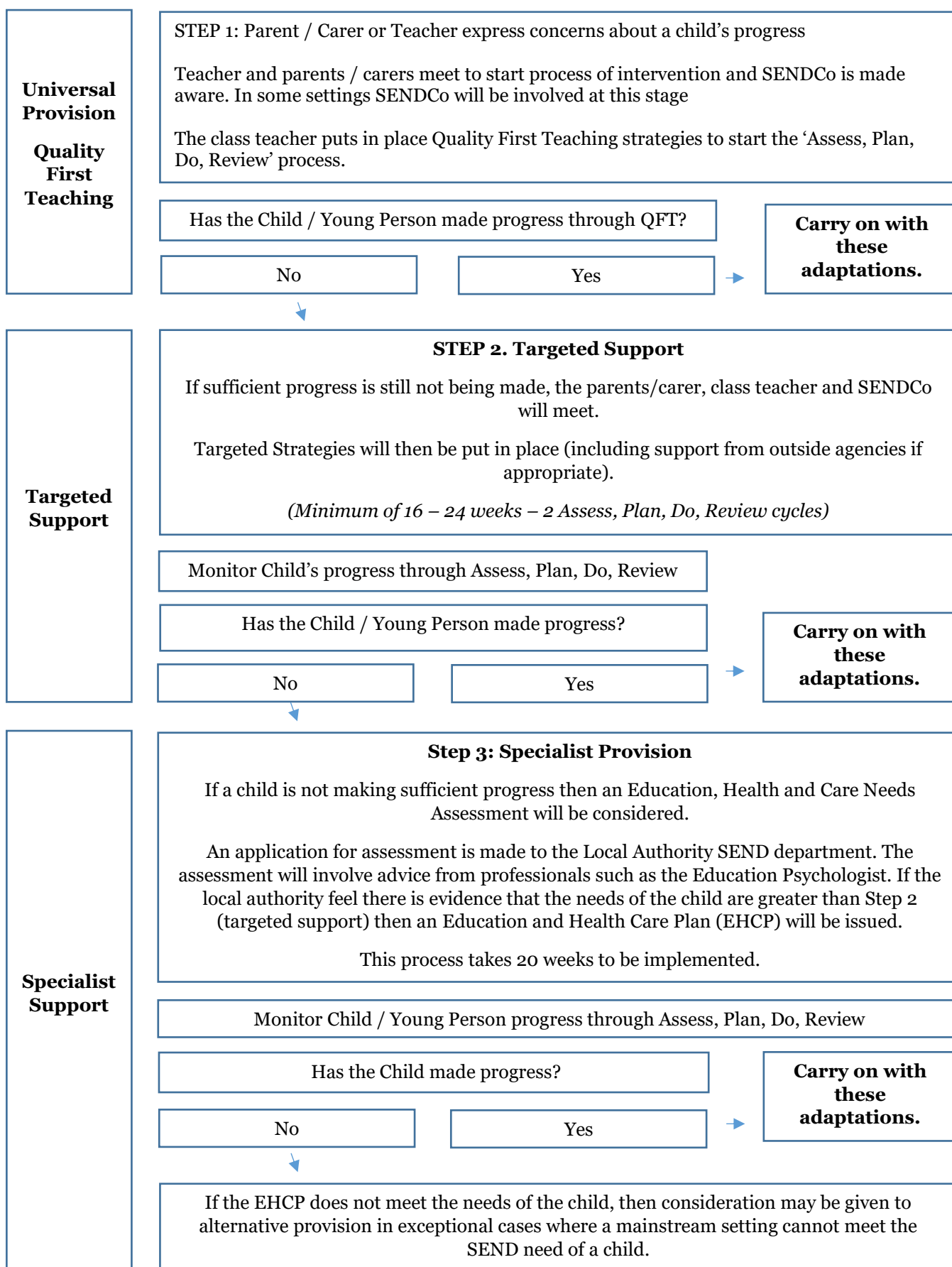
Delivery of the targeted support may be required as part of a small group or on an individual basis.

Access to specialist equipment and resources should be provided as necessary.

Support arrangements should be clear and consistent.



Graduated Response - Expectations



In exceptional circumstances timelines are subject to change depending on the severity and evidence of the need.

Universal Provision

Universal Provision (Quality First Teaching): Universal provision is everything that a school typically provides to support the learning of all children. There are lots of different ways that a child with SEND can be supported through universal provision. This means that for many children with SEND their needs can be met by schools doing things a little differently using equipment, teaching, grouping and adult help available from within school. For each type of special educational need or disability, this will be done in different ways, however strategies will cross over and be beneficial in a range of scenarios.

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

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

Targeted Provision

Targeted provision: Targeted is needed when everything that a school usually does to help a child to learn isn't making a difference as quickly as it should.

Teachers will devise a learning plan of intervention or strategies for the child. This explains what help they need, how often the help will be given, who is responsible for giving the help and it will set targets for the child which can be measured to see whether the extra help is working.

A child's teacher is responsible for this plan. Teachers, pupils and parents/carers should be invited to talk about how the plan is going at a review meeting. This is held three times a year as per set out in the Code of Practice 2015.

- The child might be seen by a Speech and Language Therapist, a Specialist Teacher, an Educational Psychologist, an Inclusion Support Facilitator, an Occupational Therapist or other practitioners, to ask for their advice.
- Some services are traded and make a charge for their work to schools. If the specialist writes a report, parents should get a copy and someone, e.g., the specialist or the SENDCO should be available to talk it through with parents.
- The specialist might recommend a bespoke provision, such as a particular learning programme or activity, particular equipment or using a different way of teaching and learning.
- This bespoke provision needs to be reviewed on a regular basis to check whether it is making a difference.
- This cycle is called Assess, Plan, Do & Review. If the bespoke provision isn't working, then everybody needs to talk about out what could be done differently to improve matters, by changing or replacing the intervention.
- Parent and child's views are a key part of this process.

Specialist Provision

Specialist Provision: The school might think that it would be helpful to find out more about the child's special educational needs and/or disability and they must ask permission to find this out from someone from a service from outside the school.

- It is often the Special Educational Needs Disability Co-ordinator (SENDCo) who will organise this.
- School should always involve a specialist when a child continues to make little or no progress, or where they continue to work at levels substantially below those expected of children of a similar age, despite evidence-based SEND support delivered by appropriately trained staff.

If you have moved into Wokingham the language used may be slightly different. Instead of Universal, Targeted and Specialist you may be used to Wave 1, 2 and 3.

Broad Areas of Need

All children and young people with SEND will have an identified Primary area of need and many will have additional needs across a range of other areas. Every child is different, and it is important that it is the individual child and their range of needs which are looked at when deciding how best to support them.

This guidance has been created to support professionals in identifying and putting support in place across all levels of need. Each of the 4 areas of need: ‘Cognition and Learning’; ‘Communication and Interaction’; ‘Social, Emotional and Mental Health’, and ‘Sensory and Physical’ have been broken down into 3 phases of support highlighted in the previous section as universal, targeted and specialist.

Wokingham is a needs lead authority and underpinning this is a Person-Centred Working approach.

At every stage within the graduated response, all education settings must ensure that they work closely with and involve children, young people and their parents/carers. Section 19, part 3 of the Children and Families Act and the SEND Code of Practice 2015, clearly states that all professionals must have regard to the views, wishes and feelings of children and young people and parents/carers, and that they must be involved in the decision.

Area	Categories
Communication and Interaction:	Speech, Language and Communication Needs (SLCN) Autism Spectrum Disorder (ASD)
Cognition and Learning:	Specific Learning Difficulties (SPLD) Moderate Learning Difficulties (MLD) Severe Learning Difficulties (SLD) Profound and Multiple Learning Difficulties (PMLD)
Sensory and Physical:	Hearing Impairment (HI) Vision Impairment (VI) Physical Disability (PD) Multi-Sensory Impairment (MSI)
Social, Emotional and Mental Health:	includes a range of social, emotional and mental health (SEMH) difficulties

Universal Provision (Quality First Teaching)

This Section Covers the four broad areas under **Universal Provision (Quality First Teaching)** including

- **Strategies**
- **People involved.**
- **Expected outcomes.**

*Communication and Interaction
Cognition and Learning
Sensory and Physical
Social, Emotional and Mental Health*

Overview of Expectations
<p>Universal Provision / Strategies</p> <ul style="list-style-type: none"> ▪ High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting. ▪ Quality first teaching that utilises a variety of approaches with personalised learning targets. ▪ Structured approaches to tasks and learning activities. ▪ Learning environments that offer security, structure and safety. ▪ Consistent, structured and predictable classroom routines with preparation in advance for changes and transitions, including to next year or phase Consistent delivery of the curriculum with attention to the child's areas of special interest or skills. ▪ School to have systems in place to gather the views of parents/carers and child/young person. ▪ A broad and balanced curriculum set within inclusive environments. ▪ Tracking and assessment processes in place to identify why children may not be making expected progress. ▪ Appropriately differentiated expectations, resources, and support ▪ Robust assess-plan-do-review processes – to be completed by the class teacher. ▪ Interventions should be well established, and evidence based. Interventions should be delivered regularly and frequently and be delivered across a minimum of 1 term. ▪ Outcomes of an intervention should be recorded and clearly evidenced. ▪ Opportunities are maximised for child/ young person to join in physical activities and develop their independence using a range of differentiation and strategies. ▪ The curriculum is differentiated and presented to take account of individual needs) ▪ Pupils have clear understanding of rules and expectations. ▪ Focused use of peer and adult support with information disseminated to parents and carers clearly. ▪ Peer support systems, including buddy schemes. ▪ Access to universal health services such as school nurse or GP services ▪ Understanding that children and young people with Autism are on a spectrum and that needs may vary depending on the child and also the area of need.

Communication and Interaction Universal Provision / Strategies		
Strategies	Involved	Outcomes
<ul style="list-style-type: none"> ▪ Teaching strategies that consider difficulties with language and communication needs as well as social understanding. ▪ Carefully planned differentiated support that considers individual pupil's communication needs. ▪ Visual resources and prompts (picture cues, word banks etc) ▪ Personalised learning goals, including for language and communication. ▪ Staff/peer modelling to promote communication/social skills and interaction. ▪ Instructions/information should be clear and simple with supporting visuals if necessary. ▪ Whole staff training and awareness of the implications of communication and interaction difficulties, supporting them to differentiate activities effectively to support speaking, listening skills and understanding the curriculum. ▪ Visual timetables and visuals to support instructions. ▪ Chunking - organising or grouping pieces of information together. ▪ Slowing down pace of delivery and encouraging the child to repeat out loud the information back to themselves (verbal rehearsal) ▪ Defining key words simply and recording visually ▪ Using pictures/drawings/mind maps to record information given verbally. ▪ Staff to offer forced choices e.g. "Is it A or is it B?" and model back correct language. ▪ Use pre-emptive questions and narrative resources (writing prompt sheets/writing packs etc) ▪ Say the child/young person's name to gain attention prior to an instruction AND/OR get their attention visually. ▪ Attention and listening prompt cards. ▪ Support during less structured times ▪ If a child/young person with English as an additional language is not developing English at the expected rate, a mother tongue assessment could be completed initially to determine age appropriateness in home language. 	<p>Child/Young Person</p> <p>Parents/Carers</p> <p>Teacher</p> <p>SENDCo</p> <p>Education Worker</p>	<p>Child/young person will make improved progress with their learning.</p> <p>Child/young person will demonstrate better engagement and participation in their learning.</p> <p>Children/young person will be better able to develop positive relationships with adults and peers. Child will show increased happiness/satisfaction at being within the setting and show that they know they are making progress.</p> <p>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</p>

<ul style="list-style-type: none"> ▪ Additional differentiation and scaffolding of tasks. ▪ Focus on the skills being taught including varying levels of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies Use of specific IT programmes and specialist equipment to enhance communication and recording and presentation of work. ▪ Structured teaching strategies should be embedded into programmes of work. ▪ Work presented in a manner appropriate to the child/young person's level of language and communication development 		
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Links and Support

Berkshire Healthcare Foundation Trust (BHFT)

The links below will take you to some information on the Berkshire Healthcare Foundation Trust (BHFT) website about what to expect at different ages and stages, common issues, advice and strategies and information about how to refer to NHS services.

Communication and hearing e.g., speech development, listening/attention, hearing problems, stammering, expressive language.

Support and advice: -

<https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/communication-and-hearing/>

Cognition and Learning Universal Provision / Strategies		
Strategies	Involved	Outcomes
<ul style="list-style-type: none"> ▪ Appropriate policies in place for identifying and supporting child/young person with SEND including those with cognition and learning needs. ▪ Staff to continually check understanding and use scaffolding/modelling to demonstrate learning. ▪ Quality feedback on a regular basis. Include regular praise towards the child/young person's strengths and achievements. ▪ Organisation and positioning of the classroom – seating arrangements and peer support. 	Child/Young Person Parents/Carers Teacher SENDCo Health Visitors School Nurse	Child makes progress as support is appropriate and 'gaps' in learning are closed. Improved access to the curriculum or chosen learning programme and outcomes. Noticeable improvement in learning and engagement

<ul style="list-style-type: none"> ▪ Tasks to be simplified and instructions, information and learning to be broken down into small steps. ▪ Skills and learning to be reinforced through repetition and consolidation. ▪ Visuals used to support instructions/learning. ▪ Vocabulary and new concepts may need to be pre-taught. ▪ Multi-Sensory teaching and learning ▪ Staff to be given individualised training to support the child with their approaches to learning. This training should be developed around the child's needs and shared with parents. ▪ Visual aids and classroom/school environment modified to support learning, including the use of word banks/timetables. ▪ Staff trained appropriately to meet presenting need. ▪ Differentiated curriculum developed to meet the individual needs of the child/young person. ▪ Consider the individual child/young person's learning styles and ensure they are embedded in the styles of teaching. Increased differentiation of activities ▪ Access to small group targeted work that provides opportunities to work with peers and offer role modelling and peer support. ▪ Personalised individual or group based structured reading, spelling and numeracy programmes 		<p>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</p>
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Developing independence e.g., organisation, planning, paying attention and dressing skills

Support and advice: <https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/developing-independence/>

Sensory and Physical Universal Provision / Strategies		
Strategies	Involved	Outcomes
<ul style="list-style-type: none"> ▪ The child/young person has opportunities to be active and develop their co-ordination, control and movement. ▪ The child/young person is helped to understand the importance of physical activity and to make healthy choices in relation to food. ▪ Whole school ethos celebrates difference and promotes inclusion and independence. ▪ Staff understand the child/young person's condition, regarding both their abilities and difficulties. ▪ The environment is planned and adapted to maximise accessibility to the curriculum and premises for every child e.g., toileting facilities, ramps and grab rails. ▪ The child/young person may require access and space to use specialist seating, walking or standing aids or a wheelchair, as advised. ▪ Staff working with child/young person to have basic manual handling training and follow child's/young person's individual manual handling plan if required. ▪ School day may require adaptation if the child experiences physical fatigue, which impacts upon their ability to learn. ▪ Seating arrangements are considered in the class and in other parts of the school e.g., assembly/lunchtimes. ▪ Risk assessments are in place as appropriate and necessary Policies are in place to describe accessibility, and support for those who need it. ▪ A sensory audit is used to identify possible sensory stressors. ▪ Staff ensure child/young person wears hearing aids or glasses if these are required. ▪ Staff ensure child/young person is included and fully participates in groups and has access to all being said. ▪ Health care plan if appropriate child/young person's attention is gained before starting to speak names of pupils and responses from others are reiterated child/young person's understanding is frequently checked. ▪ Supportive work buddies ▪ Some individual and/or small group teaching to reinforce learning. ▪ Provision of short rest breaks 	<p>Child/Young Person</p> <p>Parents/Carers</p> <p>Teacher</p> <p>Support Staff</p> <p>First Aiders</p> <p>School Nurse</p> <p>Health Visitor</p> <p>Mental Health First Aider</p> <p>SENDCo</p>	<p>Improved access and participation Child makes expected progress.</p> <p>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</p>

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| <ul style="list-style-type: none"> Support is given to promote confidence and emotional well-being | | |
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Links and Support

Berkshire Healthcare Foundation Trust (BHFT)

The links below will take you to some information on the Berkshire Healthcare Foundation Trust (BHFT) website about what to expect at different ages and stages, common issues, advice and strategies and information about how to refer to NHS services.

Gross motor skills e.g. standing, stepping, balance, coordination, planning movement

Support and advice: -

<https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/gross-motor-skills/>

Fine motor skills e.g., hand skills, manipulation, writing skills, visual perception.

Support and advice: -

<https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/fine-motor-skills/>

Feeding and toilet training

Support and advice can be accessed via the GP, Health Visitor or School Nurse and

<https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/feeding-and-toilet-training/>

Physical health and illness e.g., asthma, allergies, epilepsy, hearing, vision, healthy weight, general concerns about development or possible illness

Support and advice can be accessed via the GP, Health Visitor, School Nurse or

<https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/physical-health-and-illness/>

Social, Emotional and Mental Health Universal Provision / Strategies

Strategies	Involved	Outcomes
<ul style="list-style-type: none"> High quality first teaching including access to a broad and balanced curriculum within an inclusive educational setting. A behaviour policy with a consistent behaviour management approach adopted by all staff. Reasonable adjustments are considered in relation to individuals' need. Pupils have clear understanding of rules and expectations. Close liaison with pupils and their families so staff are aware of significant relevant life or family events. Staff/peer modelling to promote social skills and interaction. Instructions/information should be clear and unambiguous with supporting visuals and prompts if necessary. Classrooms need to be appropriately calm and ordered learning environments. Whole staff training and awareness of the causes and implications of SEMH needs. 	Child/Young Person Parents/Carers Teacher SENDCo Teacher and support staff Mental Health School Nurse	Children/young person will make improved progress with their learning. Children/young people will demonstrate better engagement and participation in their learning. Children/young people will be better able to develop positive relationships with adults and peers. Good attendance and punctuality

<ul style="list-style-type: none"> ▪ Motivational rewards and incentives available ▪ Learning Support ▪ Careful assessment to identify and address any unmet learning needs. ▪ Teaching strategies that consider social and emotional needs as well as social understanding. ▪ Visual resources and prompts (picture cues, change of activity prompts etc) ▪ Personalised learning goals including social and behavioural goals and independent learning. ▪ Staff organise furniture, grouping and seating to promote positive relationships and behaviour and in accordance with individual needs. ▪ Support and activities offered for unstructured times. 		<p>Reduced behavioural incidents.</p> <p>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</p>
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Links and Support

Berkshire Healthcare Foundation Trust (BHFT)

The links below will take you to some information on the Berkshire Healthcare Foundation Trust (BHFT) website about what to expect at different ages and stages, common issues, advice and strategies and information about how to refer to NHS services.

Mental and Emotional Health e.g., anxiety, Eating Disorder, self-harm, trauma, autism, ADHD.

Support and advice: -

<https://cypf.berkshirehealthcare.nhs.uk/support-and-advice/mental-and-emotional-health/>

Targeted Provision

This Section Covers the four broad areas under **Targeted Provision** including

- **Strategies**
- **People involved.**
- **Expected outcomes.**

*Communication and Interaction
Cognition and Learning
Sensory and Physical
Social, Emotional and Mental Health*

Overview of Expectations
<p>Targeted Provision / Strategies</p> <ul style="list-style-type: none"> ▪ In Primary targeted individuals are monitored by class teacher and the SENDCo. With the inclusion of parents/carers and the child/young person, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review. ▪ In Secondary targeted individuals are monitored by the SENDCo with the support of class teachers. With the inclusion of parent carers and the child, holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review. ▪ In Primary the teacher, working with the SENDCo, should carry out a clear review of the child/young person's needs. ▪ In Secondary the SENDCo working with other teaching staff carries out a clear review of the child/young person's needs ▪ Where further advice is needed, seek and implement advice from specialist services, e.g. Outreach, SEND Forums ▪ Schools must consult with child/young person and their parents and provide an opportunity to meet and review plans regularly at least 3 times per year. ▪ The school should have a consistent approach to assessment and intervention programmes which are used across the school by staff with appropriate skills and training. ▪ Targeted provision must be recorded on the school's information system. These recording systems must be able to evidence base planning, target setting, monitoring, as well as the support that has been delivered for the child/young person at SEND Support as part of the process of raising achievement. It is vital for the school to be clear about the outcomes required. Open conversations must be held with child/young person and their parents/carers about what the support is intended to achieve and recording of outcomes of these conversations to be included. ▪ Some class resources may need to be individualised. ▪ A graduated approach which draws on increasingly detailed interventions and support approaches in successive cycles of assessment, planning, intervention and review ▪ Assessment to identify any unmet learning needs as well as specific skill deficits that are contributing to the child's difficulties as part of a holistic assessment undertaken with the inclusion of parents/carers and the child/young person. ▪ Further modifications to the setting and environment to take account of individual needs. ▪ Consistent approaches in place to manage behaviour by all staff; this should be laid out in a clear behaviour plan

Communication and Interaction Targeted Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ Liaison and consultation with external support services and professionals where appropriate – to include SALT referral. Advice to be gathered and implemented as recommended, including SALT programmes (training may be necessary) ▪ Consider a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed. ▪ Staff training on supporting children and young people with specific communication and interaction needs Small group work in class which supports the differentiated curriculum. This could include the teaching of specific social interaction skills and language. ▪ Visuals to support verbal information and instructions, including those aimed at social understanding (such as social stories) ▪ The use of key words. Instructions to be simplified and repeated as necessary Differentiation between spoken and written language, including the use of alternative learning resources such as ICT Additional adult support at transition and unstructured times. ▪ Use of a personalised work area to be accessed as necessary on a child led basis the child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time in the setting. 	<p>Child/Young Person</p> <p>Parents/Carers</p> <p>Teacher</p> <p>SENDCo</p> <p>Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors, ELSAs SLCN Lead</p>	<p>As for prior phase and also:</p> <p>Child/young person will make improved progress with their learning. Skills learnt during targeted provision are practiced back in class and generalised throughout the day. Child/young person will demonstrate better engagement and participation in their learning. Child/young person will be better able to develop positive relationships with adults and peers.</p>

Cognition and Learning Targeted Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ Implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts. ▪ Resources such as sloping boards, coloured overlays, specialist pens/pencils etc and alternative methods of recording. Access to specialist ICT as necessary ▪ Differentiation of homework is considered. ▪ Whole staff training for specific cognition and learning needs. ▪ Provide learning aids e.g., Dictionaries, ACE dictionary, thesaurus, writing frames with more visual support, handwriting guides, task boards, concrete resources like cubes, magnetic letters, Numicon. ▪ Deliver small group opportunities for overlearning and consolidation. ▪ Provide specific software or apps to underpin learning. ▪ Deploy staff to. ▪ Promote participation and independence. ▪ Support multi-sensory learning. ▪ Promote independence skills. ▪ Act as scribe/reader in class or in test situations. ▪ Support social inclusion. ▪ Support work experience. 	<p>Child/Young Person</p> <p>Parents/Carers Teacher</p> <p>SENDCo</p> <p>Support staff which may include TAs, HLTAs, Pastoral Care Workers Mentors</p> <p>School nursing team</p> <p>GP</p>	<p>As for prior phase and also: Child/young person makes progress within support and interventions provided.</p> <p>Child/young person is able to apply strategies and skills learnt through intervention and support back into the learning environment.</p> <p>Child/young person will have an effective holistic plan of support that considers all needs.</p>

Sensory and Physical Targeted Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ Advice and staff training from specialist professionals, e.g., Hearing and Vision Support Service (HVSS), audiologist, OT / Physio. ▪ CPD for key staff about meeting sensory needs. ▪ Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout ▪ Labels and teaching materials in classroom clear and appropriate size. 	<p>Child/Young Person</p> <p>Parents/Carers Teacher</p> <p>Support Staff</p> <p>SENDCo</p> <p>ELSA</p>	<p>As for prior phase and also: Improved access and participation Child makes expected progress.</p> <p>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCO.</p>

<ul style="list-style-type: none"> ▪ Ensure contrast where necessary to identify hazards in environment or on stairs. ▪ Use of resources and new technologies to support learning and recording (e.g., adapted books, interactive books, magnifying equipment, assistive listening devices, loop systems, dictation programmes) ▪ Teaching of particular skills to improve curriculum access e.g., touch typing (e.g., 'BBC Dance Mat Typing') or dictation (for possible use with programmes such as 'Dragon Dictate') ▪ Provision of appropriate equipment e.g., sloping board, pencil grips and adaption to resources. ▪ Assistance or supervision may be required at break and lunchtimes for mobility/safety. ▪ Small group intervention or fine/gross motor programmes (e.g., the Fizzy Training Programmes by OTs) ▪ Advice and staff training from specialist professionals e.g., OT, Physiotherapist or SALT for swallowing difficulties. ▪ Use of strategies to promote social inclusion e.g., buddy system/circle of friends. ▪ Support with developing independent self-help skills and preparation for transitions and next stage. 	Physio/OT HVSS School Nurse GP Paediatrician	
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Social, Emotional and Mental Health Targeted Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ A detailed individual plan reflecting the assess-plan-do-review steps. ▪ Interventions that are evidence based and linked to assessed needs with measurable outcomes. ▪ A high level of liaison with parents/carers to aid joint planning, monitoring and consistency of approach. ▪ More targeted staff training on supporting children and young people with Social, Emotional or Mental Health needs ▪ Small group work in class which supports the differentiated curriculum and individual goals. This could include the 	Child/Young Person Parents/Carers Teacher SENDCo Support staff which may include TAs, HLTAs, Pastoral Care Workers, Mentors School	<p>As for prior phase and also:</p> <p>Child/young person will make improved progress with their learning. Skills learnt during targeted provision are practiced back in class and generalised throughout the day. Individual targets in plan are met.</p>

<p>teaching of specific social skills and language.</p> <ul style="list-style-type: none"> ▪ Attention paid to seating arrangements which facilitate appropriate social contact, access to materials etc. ▪ Support through flexible grouping strategies. Additional focused adult support may be required at an individual level or within a small group. ▪ Structured activities to develop specific social skills in small groups. ▪ Support to develop emotional security and sense of belonging. ▪ Placement in a nurture group ▪ Access to ELSA intervention ▪ Visuals to support appropriate behaviour choices, including for social understanding (such as social stories) ▪ Additional adult or peer support at transition and unstructured times ▪ Use of a personalised work area to be accessed as necessary on a child led basis. ▪ The child or young person is effectively supported in the class alongside peers for the vast majority of their time in setting. 	<p>Counsellors</p>	<p>Child/young person will demonstrate better engagement and participation in their learning.</p> <p>Child/young person will be better able to develop positive relationships with adults and peers. Incidents of challenging or disruptive behaviour will reduce.</p> <p>Child/young person will work with increasing focus and independence.</p>
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Specialist Provision

This Section Covers the four broad areas under **Specialist Provision** including

- **Strategies**
- **People involved.**
- **Expected outcomes.**

*Communication and Interaction
Cognition and Learning
Sensory and Physical
Social, Emotional and Mental Health*

Overview of Expectations
<p>Specialist Provision / Strategies</p> <ul style="list-style-type: none"> ▪ Co-production of EHC Plan will address needs and agree outcomes for provision. ▪ All staff working with the child/young person have read and understood EHC Plan. ▪ Parents/carers and child/young person understand and agree on the intervention, support and expected outcomes. ▪ Strategies and approaches to support class differentiation are in place and based on specialists' advice. ▪ High quality training is provided for all staff involved in delivering and monitoring targeted provision. ▪ SENDCO will oversee the child/young person's support, including how this is being delivered. ▪ Sensitivity, with monitoring of behavioural responses ▪ Strategies and approaches to support class differentiation are in place and based on specialists' advice. ▪ High quality training is provided for all staff involved in delivering and monitoring provision. ▪ Time and place for provision is established and adhered to ▪ Skills learnt during targeted provision are practiced back in class. ▪ The EHC Plan must be formally reviewed every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan. ▪ For LAC children and young people, the annual review should, where possible and appropriate, coincide with one of the reviews of their Care Plan. ▪ Use of Total Communication approach to enable access to all areas of the curriculum. ▪ The reviews must be undertaken in partnership with the child/young person and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget. ▪ Structured teaching strategies should be embedded into programmes of work presented in a manner that is appropriate to the child/young person's level of development. ▪ Support staff are involved in joint planning of support with class/subject teacher.

Communication and Interaction Specialist Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ Speech therapist will provide/oversee therapy on a regular basis and have close involvement with the delivery by other staff of speech therapy recommendations and targets for the child/young person's individual action plan. ▪ School or SALT will liaise with parents/carers and provide advice and resources so that they can continue to support language development at home. ▪ The child or young person should be effectively supported in the classroom alongside peers for the vast majority of their time and skills learnt during targeted provision practised back in class. ▪ Additional support needed to develop emotional vocabulary using visual and real-life situations. ▪ In line with the recommendations in the EHCP, a regular programme of 1:1 support may be required to implement the programme provided by the speech and language therapist or another specialist. ▪ Environmental audit to identify aspects of the environment that might lead to increased anxiety, arousal or Sensory. 	<p>Child/Young Person Parents/Carers Teacher SENDCo Support staff which may include TAs, HLTAs, Pastoral Care Health visitor GP /Paediatrician SALT Occupational Therapist Educational Psychologist SEND Statutory Services Team</p>	<p>As for prior phase and also: Child / Young Person achieves or is progressing towards outcomes in EHC Plan.</p> <p>Child / Young Person is making academic progress as a result of effective support arrangements. Other indicators may include: Measurable improvement in communication and interaction skills Improved social participation and confidence. Better able to deal with a range of social situations.</p>

Cognition and Learning Specialist Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ Support to develop life skills for independent learning e.g., travel training, cooking, personal hygiene. ▪ Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies Use of specific IT programmes and specialist equipment to enhance recording and presentation of work Structured teaching strategies should be embedded into programmes of work presented in a manner that is 	<p>Child/Young Person Parents/Carers Teacher SENDCo Support staff which may include TAs, HLTAs, Pastoral Care Workers, mentors, ELSAs</p>	<p>As for prior phase and also: Child/young person is able to make informed choices.</p> <p>Child/young person has their needs met.</p> <p>Child/young person achieves increasing independence in their learning and self-help skills.</p>

<p>appropriate to the child/young person's level of development.</p> <ul style="list-style-type: none"> ▪ Visual supports are embedded to aid language understanding across all aspects of the environment (e.g., pictures, symbols, objects of reference, signing, gestures) to help access to the curriculum. ▪ Appropriate adjustments to the environment to meet the individual needs and preferred learning styles Total assistance with self-help skills. ▪ Focus on the skills being taught including varying level of different prompts which are faded and enhanced as appropriate, for example 'hand over hand', modelling, visual strategies Use of specific IT programmes and specialist equipment to enhance recording and presentation of work. ▪ Visual supports are embedded to aid language understanding across all aspects of the environment (e.g., pictures, symbols, objects of reference, signing, gestures) to help access to the curriculum. ▪ Appropriate adjustments to the environment to meet the individual needs and preferred learning styles Total assistance with self-help skills. 	<p>Educational Psychologist</p> <p>School nurse/ Paediatrician/GP</p> <p>Children's therapy workers – OT, SALT, Physio</p>	<p>Child/young person is prepared for adulthood and acquires the skills for achieving their aspirations.</p>
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Sensory and Physical Specialist Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> ▪ Strategies, equipment and approaches to support individual needs are in place and based on specialist advice. ▪ High quality training is provided for all staff involved in delivering and monitoring provision and using specialist technology and equipment. ▪ Time and place for provision is established and adhered to with provision and its impact recorded on the school's information system. ▪ Support staff are involved in joint planning of support with class/subject teacher the amount of work set, how it is presented and recorded, is adapted according to the child or young person's concentration, stamina, physical abilities and health. 	<p>Child/Young Person</p> <p>Parents/Carers Teacher</p> <p>SENDCo</p> <p>Support Staff</p> <p>School Nurse</p> <p>Mental Health</p> <p>First Aid SLE</p> <p>ELSA Early Help Outreach</p>	<p>As for prior phase and also:</p> <p>Child is making reasonable progress towards EHCP outcomes and short-term targets.</p> <p>Child is increasingly able to use specialist equipment and aids. Communication and social skills are developing. Progress is made towards independence targets.</p>

<ul style="list-style-type: none"> Learning and development activities are specifically and personally planned to enable individual children with SEND to participate and make progress. 	Physio/OT /HVSS Early Help Social care support CHAD CAMHS GP Paediatrician	Parents and child are confident about the next steps e.g., transition to next phase.
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Social, Emotional and Mental Health Specialist Provision / Strategies		
Strategies	Involved	Outcomes
<p>As at prior phase but also to include the following possible provision:</p> <ul style="list-style-type: none"> Strategies, equipment and approaches to support individual needs are in place and based on specialist advice. High quality training is provided for all staff involved in delivering and monitoring provision and using specialist technology and equipment. Time and place for provision is established and adhered to with provision and its impact recorded on the school's information system. Support staff are involved in joint planning of support with class/subject teacher the amount of work set, how it is presented and recorded, is adapted according to the child or young person's concentration, stamina, physical abilities and health. Learning and development activities are specifically and personally planned to enable individual children with SEND to participate and make progress. 	Child/Young Person Parents/Carers Teacher SENDCo Support Staff School Nurse Mental Health First Aid SLE ELSA Early Help Outreach Physio/OT /HVSS Early Help Social care support CHAD CAMHS GP Paediatrician	<p>As for prior phase and also:</p> <p>Child is making reasonable progress towards EHCP outcomes and short-term targets.</p> <p>Child is increasingly able to use specialist equipment and aids. Communication and social skills are developing. Progress is made towards independence targets. Parents and child are confident about the next steps e.g., transition to next phase.</p>

Signposting

Helpful links to support for all with regards SEND.

Berkshire NHS Healthcare Children, Young People and Families Services:
<https://cypf.berkshirehealthcare.nhs.uk/>

Berkshire Sensory Consortium Service: <http://berkshirescs.btck.co.uk/>

Family Intervention Resources & Support Team (FIRST):

Go to the directory home page: directory.wokingham.gov.uk and in the search box type the phrase “Family Intervention Resources & Support Team” in quote marks

Early Years Inclusion Teachers - Portage Service:

Go to the directory home page: directory.wokingham.gov.uk in the search box type the phrase “Portage Service” in quote marks

ASSIST Team (Autism Spectrum Service for Information Support and Training):

Go to the directory home page: directory.wokingham.gov.uk and in the search box type the phrase “Assist Team” in quote marks

Who to contact for advice and guidance webpage:

Go to the Local Offer home page: www.wokingham.gov.uk/lo to access the advice and guidance webpage.

National websites

IPSEA website: [\(IPSEA\) Independent Provider of Special Education Advice](#)

Council for Disabled Children's website: [Welcome to CDC | Council for Disabled Children](#)

Autism Education Trust (AET) website: [Autism Education Trust – AET](#)

Regional websites

The Wokingham Local Offer:

To visit the Wokingham Local Offer home page go to: www.wokingham.gov.uk/lo

SENDIASS:

To visit the SENDIASS website go to: www.sendiasswokingham.org.uk

SEND Voices: <https://www.sendvoiceswokingham.org.uk/about-us>

Dingley's Promise: <https://www.dingley.org.uk/>

Me 2 Club: <https://me2club.org.uk/>

Autism Berkshire: <https://www.autismberkshire.org.uk/>

Parenting Special Children: [Home Page - PSC \(parentingspecialchildren.co.uk\)](http://parentingspecialchildren.co.uk)

The Autism Group: [The Autism Group](#)

ASD Family Help: [ASD Family Help – Improving services for children and adults with ASD](#)

Camp Mohawk: [Home | Camp Mohawk](#)

Promise Inclusion: [Promise Inclusion – The local charity delivering on the promise that all people matter](#)

Berkshire Vision: [Berkshire Vision](#)

Reading Deaf Centre: [Reading Deaf Centre – Supporting the D/deaf Community in Reading and Wokingham](#)

Referral

General concerns about any aspect of development

Support and advice can be accessed via the GP, Health Visitor or School Nurse.

How to make a referral

There are two main local health providers.

For Berkshire Healthcare Foundation Trust (BHFT):

Anyone can contact our Triage line 0118 974 0506 for advice or information about how to refer. This number is manned on Mondays and Fridays 9.00 – 1.00 and Wednesdays 12.30 – 4.30. At other times, parents or professionals can leave a message and a member of the Triage team will call back as soon as possible.

If a child does not meet our service criteria, we may signpost to another local service provider, such as the RBFT (below). The BHFT website includes clear information about which children can be seen by our service.

If a decision is made to refer the child to BHFT, you can complete this form.

<https://forms.berkshirehealthcare.nhs.uk/cyfp/>, ring 0118 974 0506 or seek advice from the GP, school nurse or health visitor.

For Royal Berkshire Foundation Trust (RBFT):

Parents/carers should see their child's GP if the child has an unmet physical health need or medical condition. If required, the GP may then decide to refer to a hospital paediatrician for further assessment or treatment.

RBFT Physiotherapy

We accept referrals for preschool children in Wokingham and Reading from RBH consultants (please refer through EPR), GPs and external consultants, and other therapists. We cannot accept self-referrals.

Referral criteria can be found on the link below: -

<https://www.royalberkshire.nhs.uk/wards-and-services/childrens-physiotherapy.htm>

RBFT Occupational Therapy

We accept referrals from RBH consultants (please refer through EPR), GPs and external consultants, and other therapists for children aged 0-18 in Reading, Wokingham, West Berkshire who **do not** have an EHCP (Education, Health, Care Plan). We cannot accept self-referrals or referrals directly from schools.

Referral criteria can be found on the link below: -

<https://www.royalberkshire.nhs.uk/wards-and-services/childrens-occupational-therapy.htm>

Definitions / Glossary / Explanations

Key Principles of the SEND Code of Practice: The importance of involving children and young people and their families

The 'person centred' principles on which the Graduated Approach is based include that:

- The views wishes and feelings of the child or young person must be taken into account.
- Their parents / carers' views must be taken into account.
- The child or young person and their parents / carers must be able to participate as fully as possible in decision making.
- They must be provided with the necessary information and support to enable participation in decisions.
- The child or young person, and their parents / carers, must be supported to help the child or young person to reach the best possible educational and other outcomes, preparing them effectively for adulthood.

The Children and Families Act 2014: Special Educational Needs and Special Educational Provision

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

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

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.
- For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers. For a child under two years of age, special educational provision means educational provision of any kind.
- A child under compulsory school age has special educational needs if he or she is likely to fall within the definition above when they reach compulsory school age or would do so if special educational provision was not made for them (Section 20 Children and Families Act 2014).

Outcomes

An outcome is the benefit or difference made to an individual as a result of an intervention. It should be personal and not expressed from a service perspective; it should be something that those involved have control and influence over, and while it does not always have to be

formal or accredited, it should be specific, measurable, achievable, realistic and time bound (SMART). When an outcome is focused on education or training, it will describe what the expected benefit will be to the individual as a result of the educational or training intervention provided. Outcomes are not a description of the service being provided – for example the provision of three hours of speech and language therapy is not an outcome. In this case, the outcome is what it is intended that the speech and language therapy will help the individual to do that they cannot do now and by when this will be achieved.

Best endeavours

Every school is required to identify and address the SEN of the pupils that they support. Mainstream schools must use their best endeavours to make sure that a child with SEN gets the support they need – this means doing everything they can to meet children and young people's SEN.

Timely and integrated support and a 'person-centred' approach

The earliest identification of special educational needs is likely to happen within the 'universal' sector, e.g.: services and provision that are available to all children and young people within the community. Typically, those people who might be involved include parents / carers, educators including early years practitioners, schoolteachers and college tutors, universal health care services including health advisors and doctors and those providing voluntary / independent provision and services including out of school and holiday activities.

This Guidance aims to help all those involved through the options for support and related process; to access the tools to assist identification and provide early and timely support for special educational needs in line with our strategic vision for all children and young people.

- The process of identification of special educational needs begins with those closest to the child or young person.
- In line with Sections 9:21-9:26 of the SEND Code of Practice (2015) effective 'person centred' approach should:
 - focus on the child/young person as an individual
 - enable children and young people and their parents/carers to express their views, wishes and feelings.
 - enable children and young people and their parents/carers to be part of the decision-making process.
 - be easy for children, young people and their parents/carers to understand, and use clear ordinary language and images rather than professional jargon.
 - highlight the child or young person's strengths and capabilities.
 - enable the child or young person, and those that know them best to say what they have done, what they are interested in and what outcomes they are seeking in the future.
 - tailor support to the needs of the individual
 - organise assessments to minimise demands on families.
 - bring together relevant professionals to discuss and agree together the overall approach, and

- deliver an outcomes-focused and co-ordinated plan for the child or young person and their parents/carers.
- To help with this it will be useful to:
 - Identify an agreed lead practitioner.
 - Coordinate of information and formal assessment information.
 - Agree clearly specified outcomes.
 - Coordinate the resources/organisation required.
 - Agree specified approaches and interventions...
 - ...that are bespoke and draw on a range of potential sources.
 - work out costs with clearly identified risks/benefits.
 - Develop an Action plan containing ‘SMART’ targets within available resources.

Lead practitioner

A role that is especially important when the support for a child or young person is being considered for ‘Early SEN Support’ and/or ‘Continuing SEN Support’.

The ‘lead practitioner’ should be the person who is most involved with the child and young person and who is in the best possible position to coordinate and oversee the planning, implementation and review.

As required, the ‘lead practitioner’ will oversee arrangements relating to the ongoing development and implementation of an ‘SEND Support Plan’ in line with requirements and expectations (see below).

Professional assessment

- In line with sections 6:1-6:62 of the SEN Code of Practice, the Graduated Approach recognises that assessments may be undertaken by a wide range of qualified professionals and start with those working most closely on a day-to-day basis with the child or young person and their parent / carer. Where external professionals are involved or it is deemed necessary to involve them, assessments should typically be accessed without the need for a formal assessment for an Education Health and Care Plan (EHCP).
- Equally, the provision of support at the ‘Universal’ and ‘Early Support’ tiers should not require a formal diagnosis.
- There will be a need for additional and ongoing training and support for teachers and leaders in settings to assist with the process of discerning needs.

High quality teaching: ‘Quality First Teaching’

High quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. Early years practitioners, settings, schools and colleges must use their best endeavours to ensure that such provision is

made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.

Differentiation

Differentiation is defined by the Training and Development Agency for Schools as ‘the process by which differences between learners are accommodated so that all students in a group have the best possible chance of learning’. This can include adjusting the task, the verbal support, the pace of delivery, the teaching resources, for example.

Reasonable adjustments

The aim of reasonable adjustments under the Equality Act 2010 is to avoid as far as possible by reasonable means the disadvantage which a disabled student experiences because of their disability.

Positive steps must be taken to ensure that disabled students can fully participate in the education and other benefits, facilities and services provided for students.

Local Offer

Local authorities in England are required to set out in their Local Offer (www.wokingham.gov.uk/lo) information about provision they expect to be available across education, health and social care for children and young people in their area who have SEN or are disabled, including those who do not have Education, Health and Care (EHC) plans. Local authorities must consult locally on what provision the Local Offer should contain.

Glossary.

Term	Definition
ASD	Autism spectrum disorder
CAMHS	Child and Adolescent Mental Health Service
ELSA	Emotional Literacy Support Assistants
MASH	Multi-agency safeguarding hub
PECS	Picture exchange communication system
SALT	Speech and language therapy
SEMH	Social, emotional and mental health needs
SpLD	Specific learning difficulty
SENDCo	Special Educational Needs & Disabilities Co-ordinator
SEN	Special Educational Needs