



Northumberland
County Council

The Northumberland Graduated Approach

Guidance for Schools and Settings

July 2018



Foreword

The Code of Practice 2015 laid out the Special Educational Needs and Disabilities reforms which were the government's vision for meeting the needs of learners 0-25 across education, health and social care. It is the guidance associated with the Children and Families Act 2014.

Many aspects of the Code apply to both early years and school settings. This guidance is intended to be useful for staff working with children with SEND across the age range 0-19, but has focus in part on systems that are expected in schools rather than early years settings.

The table below indicates the relevance of each section to early years (EY) and school age (SA) settings.

For further information on support for practitioners in the early years, please refer to the '*Northumberland Graduated Approach Guidance for Early Years*' available on the Northumberland Education Website.

These two documents sit side by side to provide useful practical guidance for professionals working across the age range, all within the framework of a graduated approach, as defined by the Code.

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You should refer to the following accompanying documents:

1	The Graduated Approach Flowchart	8	Request form - COSA
2	The Northumberland Mainstream Local Offer	9	SEND Commissioning Panel Terms of Reference
3	Key features of QFT	10	P/C Views for Annual Review
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NB The term 'SENCo' is used throughout. Whilst the guidance applies to children and young people with special educational needs **and** disabilities, we are concerned with meeting special educational needs in the widest sense. This includes needs that arise due to disability (as defined by the Equality Act 2010) but also due to other factors.

1. Introduction

The purpose of this document is to assist staff in schools and other settings across Northumberland to meet the needs of children and young people with Special Educational Needs and/or Disabilities (SEND). This includes all schools, including academies. In addition it applies to all early years providers in the maintained, private, voluntary and independent sectors that are funded by the local authority.

Within it you will find guidance along with signposts to resources. In addition, for each step there are suggestions for ensuring that the learner and parent/carer voice is heard. The first underpinning principle stated within the Code of Practice 2015 is that all professionals involved with learners have regard to the views, wishes and feelings of children, young people and their families.

It is incumbent on education providers to play a significant part in the identification of a special educational need. This is not the diagnosis of a particular condition or medical issue, but rather *identifying anything that is affecting an ability to learn, and then strategies or interventions which will help to improve the situation*. The purpose of identification is thus to work out what action an educational setting needs to take, not to fit a child or young person into a category. Schools and settings are then required by law to be concerned with the initial and ongoing assessment of this identified need, and in organising provision to meet that need, thus increasing the likelihood of improving outcomes for learners. In practice, individual children or young people often have needs that cut across many areas and change over time. The arranged provision should always be based on a full understanding of individual needs and strengths; personalisation rather than normalisation. This means a focus on adapting context and strategies to meet need rather than trying to fit a learner into an existing support structure.

An education establishment's approach to how they identify, assess and meet need is required by the Code of Practice to be published and easily accessible for all. It should be described in a SEN Information Report which must be updated annually.

This guidance has been coproduced in its entirety with stakeholders, and particular thanks must be given to the following schools who have allowed their SENCos to participate in working groups and share ideas and examples of good practice:

- Abbeyfields First School
- Ashington Academy
- Chantry Middle School
- Collingwood Special School
- Corbridge First School
- Cramlington Learning Village
- Croftway Primary School
- Dr Thomlinson Middle School
- Grange View First School
- Hareside Primary School
- Haltwhistle Lower Campus
- Haydon Bridge High School
- Highfield Middle School
- Hillcrest Special School
- Newminster Middle School
- Northumberland Church of England Academy
- Otterburn and West Woodburn First Schools
- Ponteland High School
- Prudhoe Castle First School
- Prudhoe High School
- Shilbottle Primary School
- Stobhillgate Primary School
- The Dales Special School

In addition, other coproduction partners have also included:

- Parent/carers via 'In it Together', the Northumberland Parent/Carer Forum
- Schools and Early Years settings
- SEND Support Services
- The Local Authority SEND Team
- Designated Clinical Officer
- Learners

2. Core Principles

All these principles apply for learners within both early years and school settings.

In recent months we have worked with families, learners and our other partners to agree the following principles:

- our systems must have a clear focus on the participation of children, young people and parents in decision making at individual and strategic levels. Learners and their families must be involved in reviewing progress and planning support at all stages, and must be

supported if necessary to do so. Communication is the key. It is important that all professionals listen and understand when parents express concerns about their child's development. They should also listen to and address any concerns raised by children and young people themselves.

- SEN can occur at different levels of severity, and these can change over time. Therefore, our systems of support must be flexible and adaptable, fair and transparent
- early identification of a need is not necessarily identification at an early age, but identification as soon as it emerges. A 'new' need can become evident at any point on the journey through education
- the processes by which we, as a local area, meet needs, must align with all government guidance and statutory processes. These are described in the Children and Family Act 2014, and the 2015 'Special Educational Needs and Disability Code of Practice: 0-25 years'. Both of these documents are available for reference on the Northumberland Local Offer. In addition, the Equality Act 2010 sets out a range of obligations that schools, early years, post 16 institutions, local authorities and others have towards disabled children and young people
- schools and settings are responsible for SEN Support arrangements, and should have access to and use the services available via the Local Offer to support meeting need. Information on these services can be found within the 'Guide to Services' 2018, available as a hard copy and via the Local Offer. Making use of these services will enable schools and settings to make well informed 'reasonable adjustments'
- SEN Support everywhere should involve the employment of Quality First Teaching (QFT), the use of specialist trained staff within the setting and the provision and use of equipment to support access to learning. It should also include the use of external specialists from education, health and social care services as and when appropriate. These things can all be considered 'reasonable adjustments'. The SEN Support process described in the Code is known as the **graduated approach**
- the Local Authority processes for assessment related to an Education, Health and Care Plan must follow clear pathways and be fair and equitable. Whilst any interested parties are able to submit a request for EHCP assessment, it is most likely that these applications will be made by schools or educational settings



3. The Graduated Approach

Where a child or young person is identified as having SEN, educational settings should take action to remove barriers to learning and put effective special educational provision in place through the use of a graduated approach, choosing the right intervention at the right time.

According to *The SEND Code of Practice: 0-25 years January 2015 (p280)*, the **Graduated Approach** can be described as:

‘A model of action and intervention in early education settings, schools and colleges to help children and young people who have special educational needs. The approach recognises that there is a continuum of special educational needs and that, where necessary, increasingly specialist expertise should be brought to bear on the difficulties that a child or young person may be experiencing.’

There is an expectation in Northumberland, and nationally, that schools and education providers can meet the needs of most children and young people with special educational needs and/or disability through an inclusive ethos and the *use of element 2 funding to provide a range of interventions up to a cost of £6000 per learner*. This is often referred to as ‘notional’ or ‘delegated’ funding.

The Code of Practice (6.95) explains:

‘All mainstream schools are provided with resources to support those with additional needs, including pupils with SEN and disabilities. Most of these resources are determined by a local funding formula, discussed with the local schools forum, which is also applied to local academies.’

Our schools and settings have many high quality resources that have been built up carefully over time in response to the needs of the learners within their specific communities, and these resources should be used in a flexible way to provide the right intervention at the right time.

The graduated approach begins with the assumption that schools/settings provide high quality teaching and interaction which is differentiated according to need. This is the entitlement of all learners. In 2008, the government produced ‘Personalised Learning: A Practical Guide’ which referred to Quality First Teaching (QFT) as standards which should be on offer to all students. The Code of Practice is very clear in its direction that **teachers** are responsible for the progress and development of pupils in their class, including where they access support from teaching assistants or specialist staff. It is useful to keep in mind the Teachers Standards (DfE 2011), particularly TS 5 which describes that teachers must:

- adapt teaching to respond to the strengths and needs of all pupils and know when and how to differentiate appropriately, using approaches which enable pupils to be taught effectively

- have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these
- demonstrate an awareness of the physical, social and intellectual development of children, and know how to adapt teaching to support pupils' education at different stages of development
- have a clear understanding of the needs of all pupils, including those with special educational needs; those of high ability; those with English as an additional language; those with disabilities; and be able to use and evaluate distinctive teaching approaches to engage and support them

REFER TO RESOURCE - Key Features of QFT from DfE National Strategies

Subsequently, settings must make reasonable adjustments to ensure that the majority of children and young people with SEN are able to access, and have their needs met, within mainstream provision. This supports the aspiration of the Code of Practice; that SEN learners enjoy the same opportunities as their peers wherever possible and are fully included within their communities.

The graduated approach is underpinned by the principle of **assess-plan-do-review (APDR)**. This principle applies to all aspects of meeting needs, from first concerns through to high needs provision. It ensures that interventions and support are individualised, and evidence based.



When there are first concerns about a learner being able to access the curriculum or about their progress being slower than that of their peers, the first stage is to **ASSESS** the nature of the problem ie 'where are they at?'

A clear analysis of the child or young person's needs should be carried out by those teaching and supporting the child or young person. This assessment should be based on observation over time together with the use of more formal assessment tools as required.

If the assessment indicates that a degree of intervention is required to enable the learner to make progress in any area, a **PLAN** should be drawn up, with the learner and parent/carer involved, even at the lowest level of need. Planning should include the interventions and support to be put in place, the expected impact on progress, development or behaviour, and a clear date for review. The support and intervention planned should have clear aims and be reflective of the aspirations of everyone involved. Sometimes this planning stage may identify staff training needs.

The key person, class or subject teacher remains responsible for working with the child or young person on a daily basis (even where interventions involve group or one-to-one teaching), so the coordination of the **DO** element lies with them. The school or setting SENCo should support the key person in the further assessment of the child or young person's particular strengths and weaknesses, problem solving and advising on the effective implementation of the support. Support at this level is tailored to the needs of the individual child or young person and provided through a

variety of classroom based means, using quality first teaching strategies. The SENCo should be made aware of these concerns, so that support can be provided for assessing and monitoring progress.

Following a defined time period, a **REVIEW** of the effectiveness of the interventions should take place. This needs to look at the impact on the child or young person's progress. Wherever possible, the child or young person's views should be taken into account; how do they feel about the support they have received and the progress they have made? Professionals, together with parent/carers should think about the support in light of the progress made, and decide on any changes needed. It may be that the need has been addressed by the support in place, and that good progress has been made towards the outcomes identified at the planning stage. In that case, support can either continue as it is, or be reduced/withdrawn.

If progress has not been sufficient, and there are still concerns, another cycle should be undertaken. Educational settings should revisit this cycle of action, and refine and revise their decisions about support as they gain understanding of the child or young person and what is most effective in helping them secure good outcomes. Many learners will experience a temporary slowing of progress which picks up over time with minimal levels of support and interventions that are easily available within their classroom in addition to high quality teaching.

For some others there may be a concern that there is an underlying special educational need. Where this is the case, suggested by the cycles of APDR having insufficient impact on progress, it might be necessary for schools/settings to think about:

- involving suitably qualified specialists, with parental agreement, including those from outside agencies. These could include specialist advisory teachers from within the County services or outside, educational psychologists, or health services such as speech and language therapists, School Health, CYPS and Primary Mental Health Workers (please note that for consideration of statutory assessment this is **required**). Specialists can advise schools on additional strategies, suitable interventions and equipment. The use of specialists will form part of the SEN support plan, and they should be an integral part of the graduated approach, helping to inform interventions and evaluate the impact of them
- referrals to the multiagency hubs where there is concern about an unmet need and the school is not sure which services might be best equipped to help
- completing an Early Help Assessment

NB Schools and settings should never wait for an external assessment or diagnosis before putting into place any 'additional to' or 'different from' provision. It is the needs of the child/young person that are of paramount importance and the setting's provision to match those needs, not a 'label' that may be attached to a child. This is key.

Support for **all** children and young people with SEND should be kept under review, regardless of whether or not the child or young person has an EHC Plan. This should always follow the APDR model.

3.1 Identifying SEN in schools and Settings - Overview

For some learners, despite the planning and level of support made available within the classroom by teachers as described above, progress may remain slower than others, with the gap between the learner and their peers widening.

What do we mean by slower progress than others?

Overall slow progress and low attainment do not necessarily mean that a child has SEN and should not automatically lead to a pupil being recorded as having SEN. This is a matter for individual consideration bearing in mind the learning context and the pattern of progress over time. Being out of line with others of the same chronological age does **not** necessarily mean that a learner has SEN, but sustained widening of the gap over a significant period of time **would** give cause for concern.

The Code (6.17) provides guidance:

‘Class and subject teachers, supported by the SLT (senior leadership team), should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances...progress which:

- is significantly slower than that of their peers starting from the same baseline
- fails to match or better their previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap

We need to be aware that this does not simply refer to progress in attainment, but could be in other areas which may impact on successful transition to adult life eg in wider development or social needs.

So, how do we determine when a learner has SEN?

The SEND Code of Practice: 0-25 (6.15) gives the following definition of SEN:

‘A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age.’

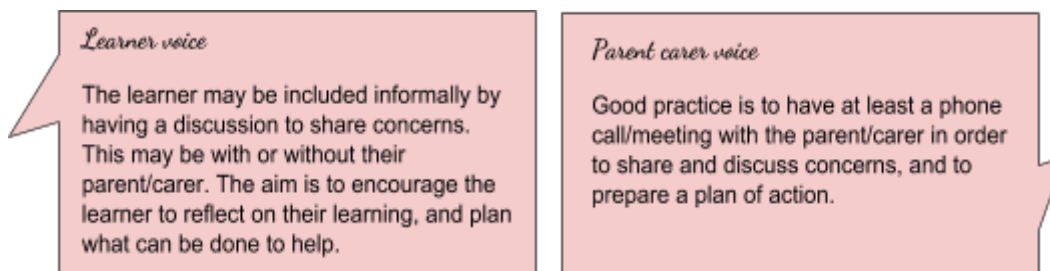
A learner can therefore be defined as having SEN if they are showing slower levels of progress than others when already receiving the following, as described above:

1. High quality classroom teaching
2. Levels of differentiation already employed within their classroom
3. The interventions usually employed to support groups of learners

3.2 Identifying need: short notes, first concerns

It is important that concerns about a learner of any age are recorded as soon as they are noted. These are the first concerns that there may be a special educational need. At this stage, these concerns about progress may have been raised by a class teacher, parent, learner, support staff etc. The first response is likely to be to ensure that high quality teaching is being targeted at identified areas of weakness, and that progress is being monitored closely. Any concerns raised by school staff should be shared with the learner and their parent/carer, and any strategies that are put in place should be discussed and agreed by all parties.

REFER TO RESOURCE - EXAMPLE OF INITIAL CONCERNS RECORD



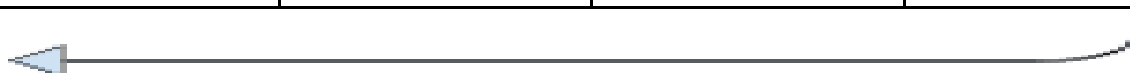
Across the County there are many examples of practical ways to manage this stage:

Middle School TA Weekly meetings: 30 minute meeting for all TAs takes place before school on a weekly basis where TAs report any first concerns to SENCo. These may be concerns that they have noted about individuals across all classes/social times during which they provide support, or may be passed on from class teachers.

High School: First concerns raised by subject teachers are referred to SENCo via a reporting form. SENCo provides some guidance around QFT using a checklist proforma for the individual learner. Teachers record strategies they are using to meet these first concerns in the first instance, with a follow up planned.

Thinking about APDR at this stage:

Assess	Plan	Do	Review
What are we worried about? Communicate with parents, and consult with the learner in the most appropriate way	How will we address our concerns? QFT, classroom based interventions, small groups, differentiation, simple adaptations to the learning environment?	Carry out the plan and record what has been happening	Reassess in the area of concern - have the interventions worked? Have all the planned strategies taken place inc QFT? How do we know? Can we stop the intervention? Do we need to change what we are doing?



After 2 cycles of support with interventions changed as necessary, if progress is still not being made, consider moving to the next stage of SEN Support. This may involve passport/profile stage (section 3.3.1) if the context of your school or setting means that this is advantageous, or it may involve setting up a more formal SEN Support plan (section 3.3.2).

3.3 Assessing and meeting need: SEN Support

The SEND Code of Practice: 0-25 (6.44) provides the following guidance:

‘Where a pupil is identified as having SEN, schools should take action to remove barriers to learning and put effective special educational provision in place. This SEN support should take the form of a four part cycle through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil’s needs and of what supports the pupil in making good progress and securing good outcomes.....it draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to SEN’

The level of SEN Support required will be determined by individual need. For some learners, in some schools and settings, if the plans put in place at the previous stage are not having sufficient impact on pupil progress or ability to learn, consideration may be given to coproducing a pupil passport or profile.

3.3.1 Passport/Profile

Learners at any level of SEN support should be placed on the school’s SEN register under Section K. Parents must be notified when a child is placed on the register. This is stated in the Code. School’s census returns should relate directly to Section K, with the main identified area of need indicated.

Once again, it is crucial that the learner and their parent/carer are aware of the ongoing difficulties in accessing the curriculum and/or learning, and that they are involved in putting together the next steps of action. A meeting may be the best way to ensure a coproduced plan of action and completion of the profile or passport.

The passport will contain information that can be shared with all staff who are involved with the learner, to ensure a school wide awareness of planned support strategies.

The actions identified from the previous stage should be reviewed, and evidence gathered to inform the next steps. *At this stage it is still expected that any support required will be easily manageable within the notional budget and existing resources of the school.*

The passport/profile should be reviewed regularly to ensure that the effectiveness of support strategies is being monitored and altered if not supporting progress as hoped.



REFER TO RESOURCES - EXAMPLES OF PASSPORT and PROFILE

Learner voice

The learner will be included by being involved in discussions about completion of the passport/profile. This should be with their parent/carer. The aim continues to be to involve the learner in their learning, and plans to support them.

Parent carer voice

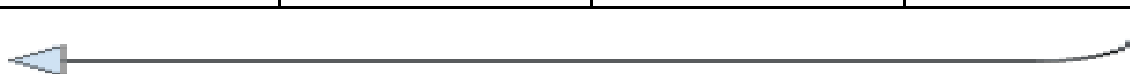
Parents/carers should be involved in the completion of the passport/profile with their child and school staff.

There are many good examples of managing this stage in schools across the County:

Using a checklist of QFT strategies on the reverse of the passport/profile to remind staff of things they should be doing to enable access for all. This could be a way that the SENCo can see and record evidence of any classroom based interventions.

Thinking about APDR at this stage:

Assess	Plan	Do	Review
<p>What are we still worried about? Check in with the parents/carers and learner with a meeting</p>	<p>How will we address our ongoing concerns? How shall we communicate this to all staff so that our planned strategies can be widely known? Do we need some interventions that are 'above and beyond' ie individualised approaches?</p>	<p>Carry out the plan and record what has been happening. Who is carrying out the work with the learner, for how long and how often?</p>	<p>Reassess - have the interventions worked? How do we know? Can we stop the interventions? Do we need to change what we are doing?</p>



For many learners, the ongoing use of a passport will be sufficient to meet their needs. Staff widely being aware of the recommended strategies and classroom based interventions required, along with regular reviews and amendments over time may lead to the desired outcome of 'readiness to learn' and improved progress. For others, this may not prove enough to meet needs, and a more structured approach with more detailed analysis, planning and intervention will be required. This will require an SEN Support Plan.

3.3.2 SEN Support Plan

An SEN Support Plan should clearly record the learners' strengths, needs and concerns, and the strategies and adjustments that are being put in place to meet their needs. It should be coproduced with the class teacher, parent/carer, learner (when appropriate) and SENCo. The passport or profile may form part of the plan. As with previous stages, the plan is based on the Assess, Plan, Do, Review approach. Over consecutive cycles of review, changes should be made. Following guidance in the Code, it is expected that schools will draw upon more specialist expertise than previously in order to ensure that interventions are tailored to the individual need. For higher levels of need, schools should have arrangements in place to draw on specialised assessments from external agencies and professionals.

An SEN Support Plan should include the following sections:

1. All about me
2. People who support me
3. Planning to meet my needs - my skills, and strengths and my concerns, and those of my parent/carers, teachers ←
4. My special educational needs (including health and social care needs related to SEND) ↑
5. My outcomes - what we want to achieve by supporting me ↑
6. Review - after a while, how is it working? →

Northumberland have now developed an SEN Support Plan and schools and settings are requested to use this plan as part of SEN paperwork. Any specialist interventions will need to be included within the plan, and should be recorded within section 5, as this will state who is providing the intervention, who is advising about it, how often it is delivered and what resources may be needed.



Learner voice

The learner is included in explaining as far as possible what works for them, and what doesn't, and also what they would like to achieve. They should be included in reviewing how things are working after a cycle of support.

Parent carer voice

Parents/carers should be invited to meetings when the plan is to be set up, and also when it is time to review the cycle. They should be offered the chance to share a holistic picture of the learner so that school can help to signpost and/or refer to other services as required.

Thinking about APDR at this stage:

Assess	Plan	Do	Review
Sections 1, 3 and 4	Section 5	Carry out the plan identified in Section 5	Section 6 Have the interventions worked? How do we know? Can we stop the interventions? Do we need to change what we are doing?

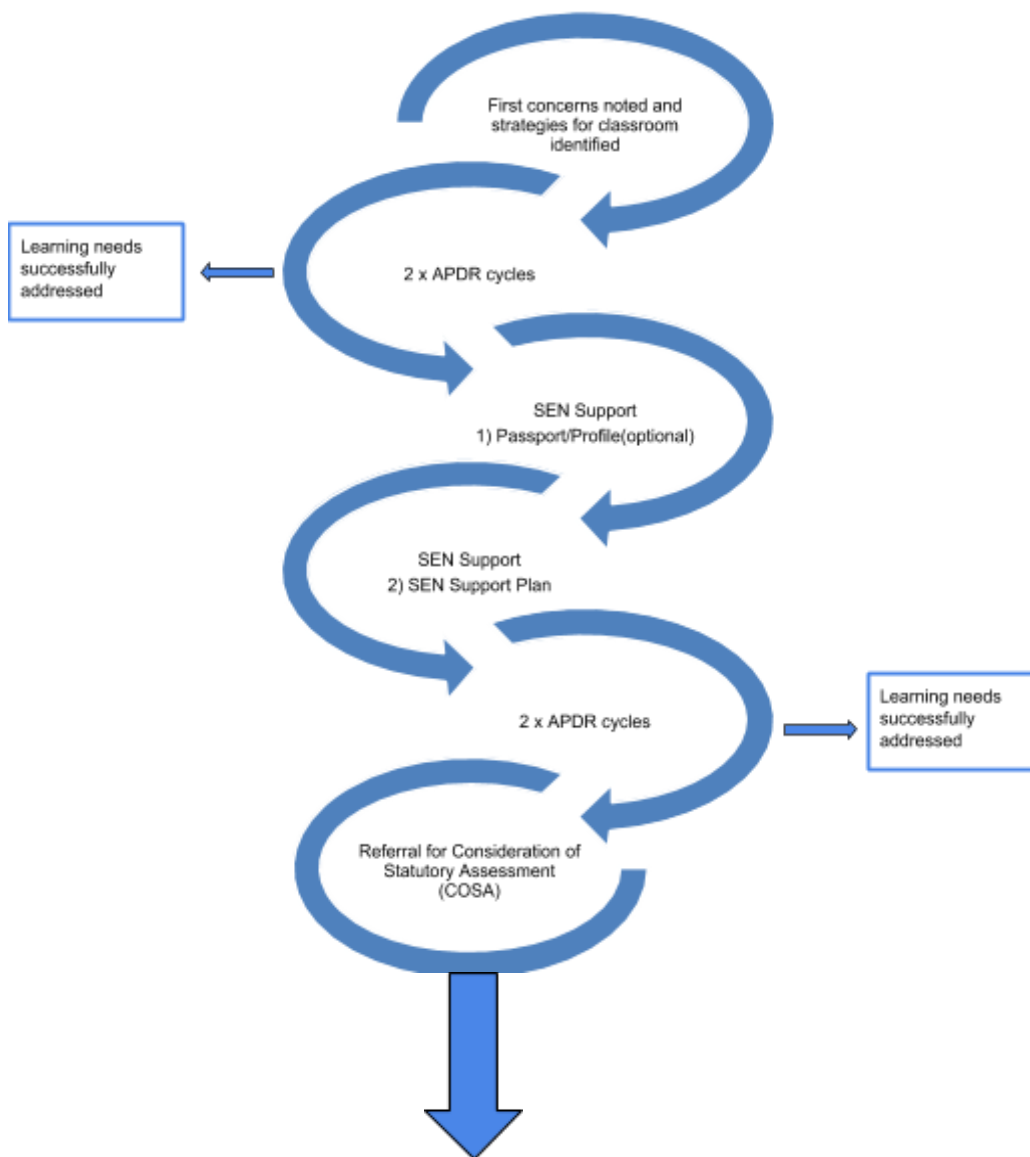


For many learners, cycles of assess, plan, do, review using an SEN Support Plan will be sufficient to meet need. The school/setting may need to consider the following options within the cycles:

- some focussed individualised interventions on a small group or 1:1 basis within or outside the classroom
- external advice around meeting need ie specialist support services/health teams/EY Inclusion Consultants
- the Early Help process
- referral to Early Intervention Hubs

Any external advice received should form part of a support plan, and interventions in place reflect the recommendations of the specialist. The impact of the interventions should be closely monitored to ensure that all strategies are having the desired impact.

For the majority of learners, the ongoing use of an SEN Support Plan is sufficient to meet their needs. Staff widely being aware of the recommended strategies and classroom based interventions required, the provision of highly individualised programmes of intervention planned and delivered by school and/or outside agencies along with regular reviews and amendments over time will lead to the desired outcome of 'readiness to learn' and improved progress. For a small number of others, this may not prove enough to meet needs, and a more structured, holistic assessment is required. In these cases, it will be necessary to proceed to a request for additional high needs funding via a consideration of statutory assessment (COSA) or for short term additional resource (STAR).



4. Requests for Additional High Needs Funding

NB All requests to the Local Authority for additional support must be fully complete before submission. Checklists are provided for each application.

4.1 Short Term Additional Resource (STAR)

Schools can request STAR to support an individual learner with a specific, time limited intervention. This funding should only be sought to address a short term need which is likely to be eliminated or significantly reduced following a specific targeted block of work. It is intended to return the level of need to one which can be managed at SEN Support, reducing the likelihood of requiring a statutory assessment. It is not a precursor to securing longer term funding, and it does not replace the need to carefully consider the long term needs of learners. Learners with long term needs should have their needs met initially through the graduated approach via SEN Support, and for a small number there may be a need to request a consideration of statutory assessment (see below).

STAR will be allocated for a fixed period of time of one or two terms.

Circumstances when a STAR request may be appropriate could include:

- a learner requiring intensive EAL support following arrival in the UK
- a learner requiring intensive SALT/Physio support (overseen by a therapist but delivered in and by school) following a change in health status, where rehabilitation is likely to have a positive outcome over a short period of time
- a learner requiring intensive short term mental health support (overseen or recommended by a Mental Health professional) following an adverse event
- a learner experiencing temporary but significant upheaval in their social care circumstances who requires support 'extra' and 'additional to' what would be provided by school at SEN Support level

There is a request form specifically for STAR which includes an accompanying checklist of evidence required. Parents should be consulted about the request. These applications will be discussed by the SEND Commissioning Panel following receipt of all required evidence.

Following allocation of STAR for a prescribed period, schools will need to reflect on and demonstrate evidence of the impact of the interventions provided in the pupil's SEN Support Plan. It may be that, if the need is not eliminated, the decision must be made as to whether the learner in fact has an underlying need which is preventing sufficient progress being made as originally thought, and a statutory assessment will be necessary.

Please note that schools are still expected to use their notional/delegated funding to provide support up to the first £6000, STAR is allocated as a short term 'boost'.

[REFER TO RESOURCES - FORM - REQUEST STAR](#)

4.2 Requesting an Education, Health and Care Needs Assessment (COSA)

The SEND Code of Practice: 0-25 (9.1) provides the following guidance:

'The majority of children and young people with SEN and disabilities will have their needs met within mainstream early years settings, schools or colleges.....Some children and young people may require an EHC needs assessment in order for the local authority to decide whether it is necessary for it to make provision in accordance with an EHC plan.'

Statutory assessments are undertaken for learners where there are significant special educational needs. It can be undertaken where there is convincing evidence that despite the school/setting, with the help of external specialists, taking purposeful and relevant action to overcome the needs, the difficulties remain or have not been remedied sufficiently. There needs to be a strong case that needs cannot be met from within the school's notional/delegated budget.

A statutory assessment is a multi agency investigation that aims to define the long term needs of a learner. It may or may not result in an EHCP being drawn up.

From September 2018, schools and settings will be able to request a **Consideration of Statutory Assessment (COSA)**, using a standard form which includes a list of evidence required. To speed up the process, it is imperative that all evidence is submitted at the same time. If aspects of the evidence are missing, significant delays may ensue. It is very important that the intention to submit this request is discussed with families and wherever possible with learners, and the process clearly explained. Parent views should have been sought throughout the SEN Support process and can be included within that documentation, but there is also a parent view form included here which can accompany the request.

Learner voice

The learner's views and thoughts are included via the ongoing records through SEN Support, and also via a One Page Profile/passport. It is crucial that the learner voice is clear to the SEND Commissioning Panel, and they can be supported appropriately to contribute, or their views can be interpreted and reported by another person. If that is the case, it should be made clear.

Parent carer voice

Parents/carer views should be captured through SEN Support, but can be included here on a separate form. It is important that the SEND Commissioning Panel understand the parent's views.

The request will be presented to the SEND Commissioning Panel after all evidence has been submitted.

[REFER TO RESOURCES - FORM - REQUEST A COSA](#)

4.3. EHC Needs Assessment Processes

Learner voice

The learner's view and thoughts need to be captured in an appropriate way, so that they can be reflected in the Plan within Section A. This may be done by parents/carers, school or any other professional who knows the child/young person. The learner view form included here can be used, or any other means suitable.

Parent carer voice

Parents/carer views should be captured to inform Section A of the EHCP. They will be asked to contribute to the assessment formally by the local authority using a form coproduced for this purpose. They are invited to ask for support to do this if they wish, from SENDIASS or any other person of their choice.

The SEND Commissioning Panel is a multi agency group which reviews all requests for statutory assessment (COSA) based on the evidence submitted. The Terms of Reference for the Panel are available and detail how the paperwork evidence will be reviewed. The Panel advises the Local Authority on the nature of the need, and as to whether there is sufficient evidence that a graduated approach to meeting need has been taken, with increasingly specialist advice implemented. It will advise on whether a learner requires provision which is beyond what is available within their local school and from within local funding arrangements.

REFER TO RESOURCES - SEND COMMISSIONING PANEL TERMS OF REFERENCE

If there is sufficient evidence, which also includes parent/carer views, an assessment will be initiated and coordinated by the SEND Team. The timescales of the assessment are defined by the Code of Practice, with the maximum timescale for the whole process from request to issuing a final Education Health Care Plan (if required) being 20 weeks. During that time, advice is sought from parents, the learner themselves (using appropriate methods) and all relevant professionals. Once the advice is gathered, the SEND Commissioning Panel will review it and advise the Local Authority if it is necessary to issue an EHC plan, following the direction provided by the Code of Practice:

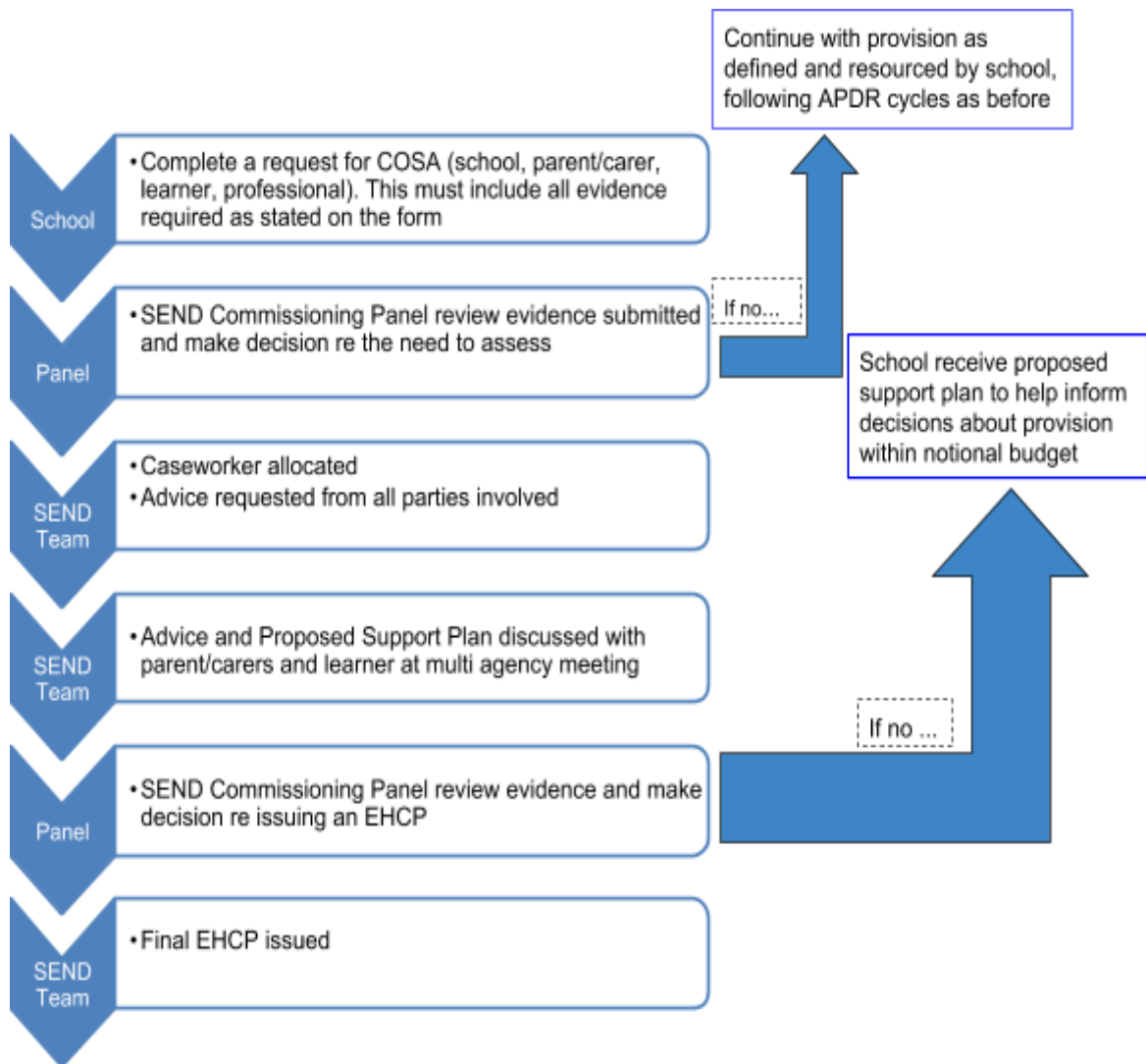
The SEND Code of Practice: 0-25 (9.54) provides the following guidance:

‘The local authority should consider all the information gathered during the EHC needs assessment and set it alongside that available to the Local Authority prior to the assessment. LAs should consider both the child or young person’s SEN and the special educational provision made for the child or young person, and whether:

- the information from the EHC needs assessment confirms the information available on the nature and extent of the SEN prior to the assessment
- the special educational provision made prior to the EHC needs assessment was well matched to the SEN of the child or young person’

If the evidence suggests that despite appropriate assessment and provision having been made by the school, the child or young person is not progressing, or not progressing sufficiently well, the SEND Commissioning Panel will consider what further provision may be needed. They will then advise the Local Authority on the need for it to make special educational provision in accordance with an EHC plan, and a plan will be issued.

At this point, schools will be asked to complete and submit information to the Local Authority which documents small steps or short term outcomes which will lead towards achievement of the long term outcomes identified in the plan. This will be included as an appendix within the EHCP. The inclusion of this detail is a requirement of the plan. It may be that some of these smaller steps could be discussed at the multi agency meeting where the proposed support plan is presented.



4.4. Annual Reviews

If a learner has an EHCP, schools are required to hold a review meeting on an annual basis. Direction is provided within the Code of Practice about this. It advises that reviews are most effective when led by the educational institution attended by the learner, and when they include key partners. The meeting must focus on the child or young person’s progress towards meeting the outcomes described in their plan, and whether the outcomes and their supporting targets are still appropriate.

Schools must give everyone sufficient notice of the meeting to ensure attendance and completion of appropriate advice. Full advice must be circulated to all attendees at least 2 weeks in advance of the meeting. Invitations must go to the parent/carers and also to other professionals involved with the learner. Please be aware that health professionals often plan clinic dates 6 weeks in advance, so it is advisable to plan a schedule of review meetings as far in advance as possible, and notify relevant parties.

A written report must be produced by school which has to include any recommendations on amendments to the plan. Paperwork must be returned to the local authority within 2 weeks of the

review meeting. This includes a standard form (for Annual Reviews), and supporting evidence as described on the form.

Learner voice

The learner's view and thoughts need to be captured in advance of the Annual Review meeting so that they can inform the discussion. They may wish to attend the meeting, and this should be encouraged and supported. If not, suitable ways of having their voice heard must be found. Written views, along with a summary of discussion around what they feel works well and doesn't work well for them should be submitted to the local authority following the meeting. This should form the basis of any changes to the plan.

Parent carer voice

Parents/carers views should be captured through both the opportunity to write advice at least 2 weeks ahead of the meeting, and also attendance at the meeting. The meeting should be arranged with parent/carers attendance the top priority. Their written views, along with a summary completed on the school form should be submitted to the local authority, and should inform any proposed changes to the plan.

For children and young people who are approaching a phase change, or a post 16 placement, the local authority must receive all review paperwork before October half term of the final year in the current school. The meeting can be held before this, ie in the preceding summer term, but it must be no later than October to allow the deadline for securing onward school places or post 16 settings to be met. To ensure a smooth transition to a new school or setting, it is good practice for the SENCo from the receiving school/college to attend the meeting. This will mean that they can start to consider adaptations and adjustments that may need to be made well in advance of the transfer.

Once all the paperwork from the review meeting has been received, the SEND Team will assess whether the plan needs to be discussed by the SEND Commissioning Panel ie if there are significant changes required or a change of provision requested (resources or placement). It is important that the documentation provides a clear explanation for the reasons for asking for any change in resources and/or provision. If not, the plan will be amended and circulated to all parties as a proposed amended plan. At that point there is the opportunity for comments to be returned before the plan is finalised.

Students in Year 9 - planning for the future

The annual review meeting held when a learner is in Year 9 must have a different and particular focus to meetings that have taken place before. At this point, the outcomes recorded on EHCPs need to be altered to reflect preparation for adulthood (PfA), and it is via the review meeting that this needs to happen. The main areas within the PfA agenda are:

- employment
- independent living
- community inclusion
- health

The Department for Education has developed a toolkit to help professionals with PfA planning:

<https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/pfa-outcomes-tool.htm>

It is very important that learners at this age, with their families and professionals working with them, are supported to think about realistic outcomes that reflect aspirations, and ways to achieve those outcomes. In this way, plans and provision can be made to effectively support progress and the best choices for the next key stage and post 16 education and training, as well as access to social care, if and when this is relevant and/or appropriate. All reviews of the EHCP that take place after Year 9 should focus on the outcomes identified which relate to PfA.



REFER TO RESOURCES - P/C and LEARNER VIEW FORMS (ANNUAL REVIEW)

REFER TO RESOURCES - EXAMPLE of SCHOOL REPORT FOR ANNUAL REVIEW

REFER TO RESOURCES - ANNUAL REVIEW FORM WITH GUIDANCE

7. Useful Resources

Local Authority Support Services

The Local Authority has a number of services which schools can access to support their work with learners with SEND. See the Useful Contacts sheet for quick reference and contact details.

REFER TO RESOURCES - USEFUL CONTACTS



Exclusions

If you feel a child within school is at risk of permanent exclusion, please contact:

Catherine Davis (Senior Education Welfare Officer) on 01670 624183 or cathy.davis@northumberland.gov.uk. Cathy will be able to advise on an support available, managed moves or alternative provision.

A document to support schools to reduce permanent exclusion has been designed and is attached at the end of this guidance.

The Role of the SENCo

<https://specialneedsjungle.com/the-role-of-the-SENCo-what-do-you-need-to-know/>

Effective approaches to SEN Support

This document presents research evidence on effective approaches to meeting need and gives examples of current practice in good and outstanding schools and colleges. It was published by the Department for Education.

<http://www.sendgateway.org.uk/resources.sen-support-research-evidence-on-effective-approaches-and-examples-of-current-practice-in-good-and-outstanding-schools-and-colleges.html>

The Sutton Trust has written a number of resources which are evidence based, one of which is entitled 'What Makes Great Teaching? A Review of Underpinning Research'. It identifies six components of great teaching, and could be read alongside guidance on Quality First Teaching strategies.

The Use of Teaching Assistants

This Education Endowment Foundation (EEF) Guidance Report contains seven recommendations to maximise the impact of teaching assistants (TAs) in primary and secondary schools, based on the best available research evidence. They provide a framework by which schools can transform

the way TAs are deployed and supported, to help them thrive in their role and improve outcomes for pupils. The recommendations are arranged in three sections:

- recommendations on the use of TAs in everyday classroom contexts
- recommendations on TAs delivering structured interventions out of class
- recommendations on linking learning from work led by teachers and TAs

<https://educationendowmentfoundation.org.uk/tools/making-best-use-of-teaching-assistants/guidance-report/>

See also <https://maximisingtas.co.uk>

Early Help and Access to Children's Social Care Services

Access routes to early help and social work services provided in Northumberland are outlined in the threshold document which can be reached via this link:

<http://northumberlandlscb.proceduresonline.com/pdfs/thresholds.pdf>

Early Help should be considered when schools identify a need which may be best addressed by a team of professionals around a family. The Early Help framework is designed to:

- give all practitioners working with children and young people a holistic tool to assess a child's/young person's needs at the earliest opportunity
- ensure these needs are not overlooked and plans are formulated straight away to address/support these needs
- provide a common structure to record and facilitate information sharing between practitioners
- provide an assessment that can then involve the appropriate agencies at the appropriate time
- ensure that progress can be reviewed against the outcomes set and decisions made in a timely, multi agency way as soon as an issue emerges. This could be at any point in a child's life

A learner may be 'stepped down' from 'Child in Need' to Early Help, if Social Care assessments show the level of required intervention from Children's Social Care has decreased. The agency/person taking on the lead professional role would be agreed following the decision at a Care Team meeting to 'step it down'. This may be the school.

An Early Help assessment can complement a school following an assess, plan, do, review approach to meeting special educational needs. It may run side by side an SEN Support Plan as an integral part of what is in place around the child and their family, and is more likely to be related to their holistic needs, encompassing health and social circumstances. It is NOT a precursor to requesting a statutory assessment of need (COSA). However, it will provide a

framework for discussions around wider need which can usefully inform a school as to whether they will need to consider this. It can also provide evidence, through the early help assessment plan and Team Around the Family, of the support and interventions which have been tried before considering a statutory assessment.

A leaflet of frequently asked questions relating to early help can be accessed here:

<http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Families/Early%20help/EHA-FAQ-Leaflet.pdf>

Additionally, an information leaflet for parents and carers can be found here:

http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Families/Early%20help/EHA_Leaflet.pdf

The Early Help Team can be contacted on 01670 536400, or by email:

EHA@northumberland.gov.uk

In addition, each Locality Team (FACT) now has a SEND Champion who has received additional training in relation to SEND. Please contact the Team relevant to your area via the One Call line on 01670 536400 for information about that if required.

School Health 5-19 and The Hub

The primary purpose of the 5 – 19 School Health service is to provide evidence-based interventions to help all school aged children and young people achieve their full potential for physical, mental, social, emotional, and psychological well-being. This will support them to gain maximum benefit from their education. The service includes both universal provision and targeted support at a Tier 1 level within early identification, intervention, prevention, health promotion and health protection programmes. Interventions will enable children and young people to achieve their optimum health and reduce the impact of illness and disability on their health and wellbeing.

Before accessing Tier 1 school health intervention, support needs to have been offered through schools or parents in the first instance. This might include an emotional health nurture group, mental health champion or pastoral support in school. It may also include access to online support from Chathealth or Family Lives (formerly Parentline), Young Minds, and/or parent drop ins through Sure Start. Behaviours need to be seen over two settings i.e. home and school. If they are only seen at home then parenting support would be advised.

In Northumberland, referrals to School Health are sent via the Hub which is a multi-agency group meeting held fortnightly attended by a range of professionals. The desired impact of this way of working is to ensure a more seamless service for families. Joined up working and good communication are vital parts of the safeguarding framework as advocated by “Working Together to Safeguard Children” (HM Government 2013).

Referrals to the Hub can be made by a number of different people including parents, GPs, schools and young people themselves. Referrals are emailed to the Hub weekly meetings to check that they are referrals are appropriate for the Hub rather than needing an immediate response. This is a 'virtual' process which allows professionals to offer an opinion on who would be the best service to take the referral. Referrals that are clearly for one agency e.g. straightforward continence issues, would go directly to that agency, bypassing the Hub. After receiving a referral the School Nurse will offer a comprehensive assessment which allows the identification and assessment of mental health concerns using tools such as the 'strengths and difficulties questionnaire' and the 'Three Houses' aids in assessing the level of support required. Following this assessment support will be provided. Where there are ongoing concerns a referral on to other specialist agencies such as Primary Mental Health Workers or Children and Young People Services (CYPS) will be made.

School Health are currently working very closely with the Primary Mental Health team to improve referral pathways ensuring that families have a seamless package of support where they can slide between the two services as required. It is hoped that this will reduce waiting times for young people.

Resources relating to different areas of need: Cognition and Learning

Numeracy

Information was released in 2009 called 'Supporting children with gaps in their mathematical understanding'. Published by DfES, it was put together by Anne Dowker. It can be helpful for schools as a reference.

https://www.researchgate.net/publication/253032270_What_Works_for_Children_with_Mathematical_Difficulties

The following website to support mathematical development was designed by dyscalculia researchers so has a evidence base.

<http://www.thenumberrace.com/nr/home.php>

Literacy

Funded by the DfE, the following organisation has a number of resources available which support schools and parents with understanding of SpLD and potential interventions.

<http://www.thedyslexia-spldtrust.org.uk/>

It connects directly to the following site which has details of specific evidence based suggestions for interventions around literacy.

<http://www.interventionsforliteracy.org.uk/>

Look in particular for 'What works for Children and Young People with Literacy Difficulties' by Greg Brookes.

<https://www.helenarkell.org.uk/documents/files/What-works-for-children-and-young-people-with-literacy-difficulties-5th-edition.pdf>

Working Memory

For a booklet which provides an introduction to working memory and the role it plays in everyday life, especially in supporting learning in school, visit the link below:

<https://www.tes.com/teaching-resource/classroom-guide-understanding-working-memory-6047966>

The learning difficulties commonly faced by children with very poor working memory skills are described, and are illustrated with case studies. A programme of classroom support for children with working memory problems is outlined.

Complex learning difficulties and disabilities

The Engagement for Learning Framework is a resource for educators, including teachers, teaching assistants and therapists. It enables them to explore and identify effective teaching and learning strategies for pupils with complex learning difficulties and disabilities (CLDD), as well as to record, measure and demonstrate learning outcomes for these pupils in a meaningful way. This guide introduces the Engagement Profile and Scale – the two core tools of the Engagement for Learning Framework, as well as the Engagement Ladder and the 'Progress Graph'. The other tools, described in *Engaging Learners with Complex Learning Difficulties and Disabilities* (Carpenter et al., 2015), are the CLDD Briefing Packs and the Inquiry Framework for Learning.

<http://engagement4learning.com/resources/>

Communication and Interaction

Autistic Spectrum Disorder

Visual Supports:

Visual supports can be used to help people with an autistic spectrum disorder (ASD). They are adaptable, portable and can be used in most situations. We see and use visual prompts every day, for example road signs, maps and shopping lists. They help us to function, to understand the world around us, and provide us with valuable information. Many people with an ASD are thought to be visual learners, so presenting information in a visual way can help to encourage and support people's communication, language development and ability to process information. It can also promote independence, build confidence and raise self-esteem. "I think in pictures. Words are like a second language to me...when somebody speaks to me, his words are

instantly translated into pictures... One of the most profound mysteries of autism has been the remarkable ability of most autistic people to excel at visual spatial skills while performing so poorly at verbal skills.” (Grandin, 1995. p19)

All people with an ASD can potentially benefit from using visual support, regardless of their age or ability. It is an opportunity to communicate without complications.

For information and resources please see:

<http://www.autism.org.uk/visualsupports>

Professional Competency Framework

The Autism Education Trust (AET) has developed a set of competencies with funding from the Department for Education in England, to describe the knowledge, understanding and skills that staff working in schools and other educational settings require to work effectively with pupils on the autism spectrum. The AET Competency Framework provides a clear structure against which staff can reflect upon and evaluate their practice and aims to provide a source of guidance to help schools assess and develop capacity within their workforce to improve outcomes for pupils on the autistic spectrum.

<http://www.aetraininghubs.org.uk/schools/competency-framework/>

Social Emotional and Mental Health

Children and young people who are experiencing difficulties related to their mental health are likely to be first identified by their teacher, GP or health visitor. Of course, parents who identify that their child is experiencing difficulties will usually seek help first from services within tier 1. Children and young people with an identified need may then be referred into more specialist services at tier 2 or 3 for assessment and intervention if necessary.



T1 would usually be provided by any professional who has a basic mental health awareness however mental health support is not the primary function of their role. GPs, school SENCOs, school based staff, SEND Behaviour and ASD teams etc. would all fall into this category.

T2 is the PMHW service (see below) but is also any other professional that can offer time limited interventions on mental health to those with a mild to moderate level of need. This could be local counselling services, school nurses, SEND Support Teams for Behaviour and ASD, and community paediatric services for instance. They would usually manage lower level anxiety disorders, in particular if it is a specific anxiety such as a dog phobia or school based anxiety, bereavement, low mood, low level self-harm.

T3 is for children and young people with moderate to severe levels of need. This is a specialist mental health service with a full complement of multidisciplinary professionals. The service will work with those where a lower level of intervention has not achieved its aims and will also work with those who are in crisis or at risk of harm to themselves or others. The types of issues the service will accept are:

Depression, persistent and debilitating levels of anxiety, ASD, ADHD, challenging behaviour driven by a mental health need, emerging psychosis or bipolar disorder, those with a learning disability with an associated mental health disorder, eating disorders.

Primary Mental Health Workers

The PMHW team works with children/young people with mild to moderate emotional wellbeing and mental health problems.

The following presentations would be eligible for input from the Service:

- Anxiety, depression, stress and or other mood disorders, e.g. low self-esteem
- Simple phobias
- Self harm – where this is mild to moderate
- Adjustment reactions
- Mild to moderate emotional behavioural disorders (impacting across all areas of a child/young people's life)

Referrals will be accepted when:

1. The problem is not resolving despite interventions from universal (Tier 1) services located in school or the community
2. The problem is a mental health problem and is having a significant impact on the child's general functioning
3. The difficulties are present across different settings i.e. at home, at school and in the community

Referrals can be made:

Directly - referrals are accepted from professionals currently working with young children and adolescents. The Service referral form must be completed by the referrer. Email and hard copy referral forms are available from the team.

Via the Hub - a member of the PMHW team attends the Locality Hub Meetings and Hub Triage Meetings and will accept referrals appropriate to a tier 2 mental health service.

In addition, the Team offer a telephone consultation role:

- For professionals working with a child/young person
- To offer a more accessible & quicker response in terms of mental health advice & support
- To assist in identifying a co-ordinated response so that families receive the most appropriate & timely service
- To improve referral pathways to mental health services

What happens?

- 10 minute consultation slots booked via the team secretary 01661 864588
- Available (alternating) Tuesday 3pm – 5pm and Thursday 11am – 1pm
- Discussion recorded, emailed to consultee & stored
- Data collection system

CYPS

Referrals to CYPS can be made by any professional working with a child, and they will also accept self referral. Further information, including full contact details and explanation about referral, can be found on the website:

<https://www.ntw.nhs.uk/services/children-young-peoples-service-northumberland>

Alternatively, contact can be made by telephone on 01670 798265. The office is open 8am-8pm.

The CYPS team are based at:

Northgate Hospital
Morpeth
Northumberland
NE61 3BP

Boxall Profile

A Boxall Profile can be described as a framework for the precise assessment of children who have social, emotional and behavioural difficulties (SEBD) and are struggling to cope in school. It can help teachers to plan focused intervention for those children whose behaviour seems very unpredictable. It can suggest points of entry into the child's world and help people to understand what lies behind the behaviour.

The profile has two sections, each consisting of a list of 34 descriptive items to be scored by a member of staff who knows the child well in class.

<https://boxallprofile.org/#pricing>

Pearson Self Image Profile

The early identification of children with mental health difficulties can have a significant effect on their progress. This profile quickly assesses self image and self esteem in children and adolescents aged 7-16

[https://www.pearsonclinical.co.uk/Psychology/ChildMentalHealth/ChildMentalHealth/SelfImageProfiles\(SIP\)/SelfImageProfiles\(SIP\).aspx](https://www.pearsonclinical.co.uk/Psychology/ChildMentalHealth/ChildMentalHealth/SelfImageProfiles(SIP)/SelfImageProfiles(SIP).aspx)

Promoting children and young people's emotional health and wellbeing: A whole school and college approach

This document sets out key actions that head teachers and college principals can take to embed a whole school approach to promoting emotional health and wellbeing. These actions are informed by evidence and practitioner feedback about what works. They build on what many schools and colleges are doing across the country but, if applied consistently and comprehensively will help protect and promote student emotional health and wellbeing. One key question is posed in each chapter aimed at helping the reader to reflect on implications for practice, and some examples of local practice are cited. The hope is that this document will also be useful to school and college governing bodies, school nurses, local public health teams, academy chains and others whose role it is to promote the health and wellbeing of children and learners. The document signposts to practice examples

<http://www.cypmhc.org.uk/schools>

Emotional Literacy Support Assistant (ELSA)

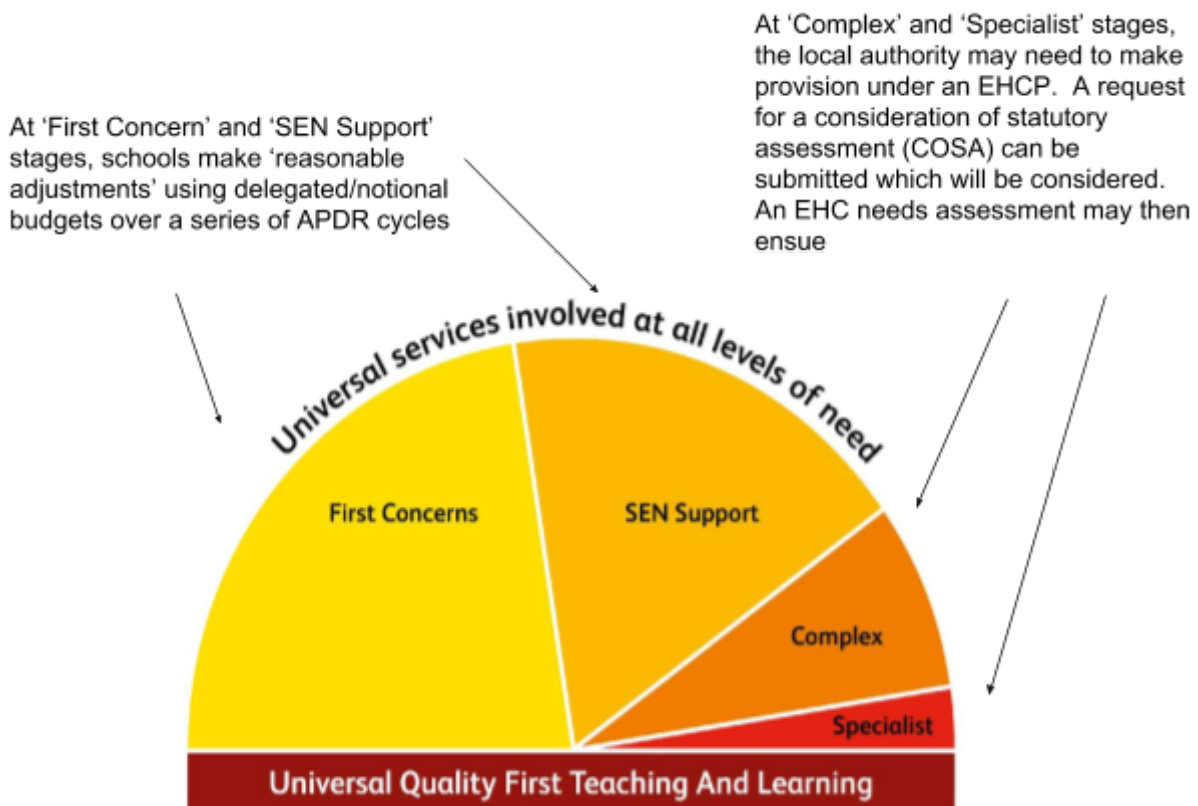
Northumberland Psychological Services regularly deliver ELSA training and provide ongoing support for support assistants to help emotionally vulnerable pupils. The ELSA project has been running in Northumberland since 2005 and has spread nationally and internationally. There is a growing body of research that suggests that the ELSA training, and support consequently given to pupils, has the following outcomes:

1. Staff who receive the training have greater levels of self-efficacy, they are more likely to believe that they can make a difference in the lives of the children they work with. They feel more empowered and valued within their role in school (Grahamslaw 2010)
2. Staff perceive a positive impact on behaviour, emotional wellbeing and peer relationships (Bravery and Harris 2009)
3. Using the strengths and difficulties questionnaire, teachers' perceptions of the children's behaviour improved post intervention; pro-social behaviour increased and

levels of peer problems and hyperactivity decreased (Burton, Osborne and Norgate 2010)

4. ELSA support helped children to develop a sense of self and improve their resilience (Bravery and Harris 2009)
5. Children valued specific strategies and practical activities in the sessions
6. Pupils appreciated having someone to talk to in school who listened to them without criticising and showed them unconditional positive regard. Developing such a relationship with the ELSA helped the children to feel that they had an advocate within school (Hills 2016)
7. Pupils also talked about the importance of being able to talk about their feelings, not bottling things up, which they said made them feel happier. They also spoke about being able to reframe situations and see things differently through ELSA support (Hills 2016)

A Spectrum of Need



Graduated Response for Exclusions

Before reaching the decision to exclude, head teachers should make reference to the Department for Education document: "Exclusion from maintained schools, Academies and pupil referral units in England".

This document is not a replacement for the guidance; it is an aide memoire for schools to refer to when children are considered at risk of exclusion or are displaying behaviours which may make them at risk.

Stage 1 - Early Intervention

Have you:

- Engaged parents to discuss emerging issues?
- Kept parents up to date with concerns and positive comments?
- Referred into the Early Help Hub?
- Opened an Early Help Assessment?
- Kept detailed records of behaviours/incidents?
- Used positive reinforcement for any good or expected behaviours?
- Alerted the SENCO so as SEND support can be arranged?
- Begun to address any social/emotional/family issues?
- Have school/teachers adapted their teaching style to suit the needs of the learner?

Stage 2 - Monitoring

Have you:

- Held a strategy meeting with all teachers concerned with the child to determine what works well/what requires improvement?
- Made a referral to Primary Mental Health/CYPS/SEND support services?
- Convened an EHA TAF meeting to discuss issues. (Remembering to praise and highlight the positive?)
- Made a referral for a COSA if necessary?
- If the child has an EHCP, alerted the SEND Team to the fact the child is at risk of exclusion?
- Continued to engage the parents?
- If the child has an EHCP have you convened an emergency review meeting to discuss next steps?
- If the child has an EHCP have you alerted the Inclusion Team to the fact the child is at risk of exclusion?
- Provided targeted 1:1 support for the child?

Stage 3 - As a very last resort

- Permanent exclusion - all excluded learners should have an EHA in place unless the exclusion has been for a one off serious incident.

Janice Woods
Inclusion Manager
January 2018