

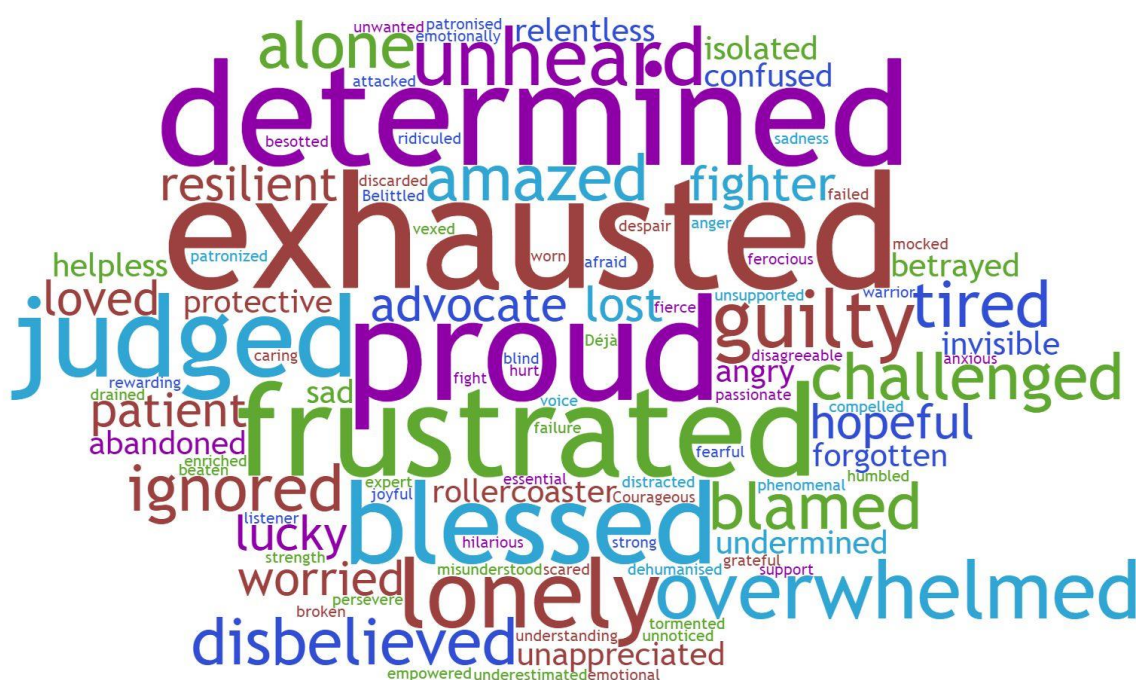
**Wokingham Borough Council**  
**Ordinarily Available Provision - A Graduated Response**  
**SEND Support**  
**PVI and Early Years**

**Ordinarily Available:** A benchmark / baseline / common set of expectations about what provision should be made for the majority of children with SEN, within settings.

**Graduated Response:** Ordinarily available provision is made from funding ordinarily available to the setting through their core or delegated budget. The 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 with Special Education Needs and Disabilities (SEND), ensuring that all are well prepared for life beyond education and training.

All children are entitled to learning opportunities that are appropriate to their needs, promotes high standards and the fulfilment of potential.

This document highlights the support a child can expect to receive if a child needs more help to reach their full potential through a considered graduated response via the ordinarily available provision. This document also gives guidance to schools and settings about effectively implementing the Graduated Response to SEND.

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 children 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 SEN support options, and continuous cycles of assess, plan, do, review, at each stage of the graduated response, will a statutory assessment of the child's needs will be undertaken.

High quality provision and teaching including evidenced, robust use of the, assess, plan, do, review cycle, rigorous early years practitioner oversight, and close liaison between the setting and family will continue.

Professionals working with children and young people need to be aware that many children may have needs in more than one area and explored when determining if the child has SEND.

## Assess, Plan, Do, Review

### ASSESS

Early years practitioners working with the SENDCo, should carry out a clear analysis of the child needs.

The PVI, Early years setting assessment and experience of the child, their previous progress and attainment, as well as information from the setting's, or provider's core approach to child progress, attainment, and behaviour is collated.

Providers must consult with the child and their parents/carers.

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

Identify and address barriers to learning and characteristics of effective learning.



### PLAN

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

Planning should take account of specialist advice.

Targeted provision must be recorded on the 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.

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

Planning for differentiated resources / opportunities may be required.

Planned interventions should be evidence based.

### REVIEW

Targeted provision and progress is monitored and reviewed by staff, SENDCo to monitor the impact of the plan.

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

The PVI or Early Years provider should meet with the child and their parents/carers at least three times each year until the barriers to learning are resolved.

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

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 staff, as well as implementation across EYFS.

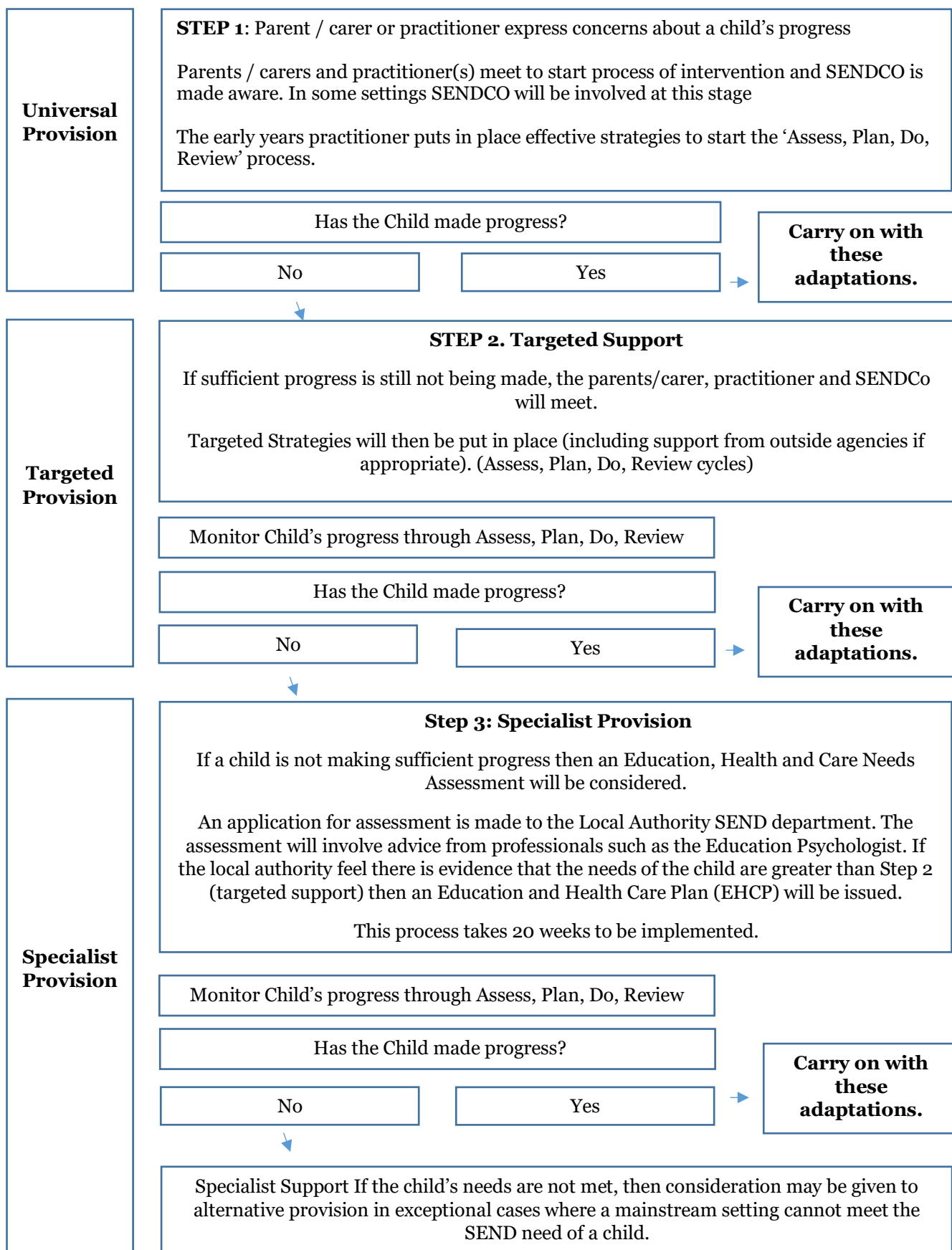
The provider's SENDCo will oversee the child targeted support, including how this is being delivered.

The child should be effectively supported in the setting alongside peers for the vast majority of their time in the 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 - Overview



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

## **Universal Provision**

**Universal Provision:** is everything that a PVI and Early Years Providers 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 PVI's and Early Years Providers doing things a little differently using equipment, teaching, grouping and adult help available from within pre-school/nursery. 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.

PVI's and Early Year's providers, 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 taking account of the child's likes and interests.
- 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:** This is needed when everything a PVI and Early Years Provider usually does to help a child learn but isn't making a difference as quickly as it should.

Practitioners will write an Early Years Intervention Plan for the child, which explains what help they need, how often the help will be given, who is responsible for giving the help and it will set targets/outcomes for the child which can be measured to see whether the extra help is working.

A child's keyworker and the setting SENDCo are responsible for this plan, even if they don't give all of the help themselves. Parents or carers should be invited to talk about how the plan is going at a Review meeting. This is usually every 6 weeks. The parents/carers should be involved in all discussions.

## **Specialist Provision**

**Specialist Support:** The Provider might think that it would be helpful to find out more about the child's special educational needs and/or disability. In the first instance if external help is needed, the provider will need to obtain parental permission. It is often the Special Educational Needs Disability Co-ordinator (SENDCo) who will organise this.

The provider 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 SEN support delivered by appropriately trained staff. The child might be seen by a Speech and Language Therapist, other NHS practitioners or the EYIA to ask for their advice. The EYIA will signpost to other professionals as required. If the specialist writes a report, parents will be sent a copy and will have an opportunity to discuss this with the professional beforehand or with the EYIA and the SENDCo afterwards.

The specialist might recommend a bespoke provision, such as a particular 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 what could be done differently to improve matters, by adapting or replacing the intervention. Parent and child's views are a key part of this process.

### **Broad Areas of Need**

All children with SEND will have an identified Primary area of need and many will have additional needs across a range of stages of development. Every child is unique, 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 uses the Person-Centred Approach in support of children with SEND.

At every stage within the graduated response, all providers must ensure that they work closely with and involve children, their parents and 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.

<b>Area</b>	<b>Categories</b>
<b>Communication and Interaction:</b>	Speech, Language and Communication Needs (SLCN) Autism Spectrum Disorder (ASD)
<b>Cognition and Learning:</b>	Specific Learning Difficulties (SPLD) Moderate Learning Difficulties (MLD) Severe Learning Difficulties (SLD) Profound and Multiple Learning Difficulties (PMLD)
<b>Sensory and Physical:</b>	Hearing Impairment (HI) Vision Impairment (VI) Physical Disability (PD) Multi-Sensory Impairment (MSI)
<b>Social, Emotional and Mental Health:</b>	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*

<b>Overview of Expectations</b>
<p><b>Universal Provision / Strategies</b></p> <ul style="list-style-type: none"> <li>▪ High quality provision including access to a broad and balanced learning within an inclusive setting following EYFS.</li> <li>▪ Staff/peer modelling</li> <li>▪ Settings to have systems in place to gather the views of parents/carers and child.</li> <li>▪ Differentiated learning developed to meet the individual needs of the child.</li> <li>▪ Tracking and assessment processes in place to identify why children may not be making expected progress.</li> <li>▪ Appropriately differentiated expectations, resources and support</li> <li>▪ Structured approaches to tasks and learning activities.</li> <li>▪ Consistent delivery of the EYFS with attention to the child's areas of special interest or skills</li> <li>▪ Appropriately differentiated expectations, resources and support</li> <li>▪ Robust assess-plan-do-review processes – to be completed by the keyworker/ SENDCo.</li> <li>▪ Appropriate policies in place for identifying and supporting child/young person with SEND.</li> <li>▪ Staff to continually evaluate learning and use scaffolding/modelling to demonstrate learning.</li> <li>▪ Quality feedback on a regular basis. Include regular praise towards the child strengths and achievements.</li> <li>▪ Robust assess-plan-do-review processes – to be completed by the keyworker/ SENDCo.</li> <li>▪ Consider the individual child's learning styles and ensure they are embedded in practice. Increased differentiation of activities</li> <li>▪ 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.</li> <li>▪ Whole setting ethos celebrates difference and promotes inclusion and independence.</li> <li>▪ Risk assessments are in place as appropriate and necessary Policies are in place to describe accessibility, and support for those who need it.</li> <li>▪ A behaviour policy with a consistent behaviour management approach adopted by all staff. Reasonable adjustments are considered in relation to individuals' need.</li> <li>▪ Children have clear understanding of rules and expectations.</li> <li>▪ Close liaison with families so staff are aware of significant relevant life or family events.</li> <li>▪ 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</li> </ul>

<b>Communication and Interaction Universal Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>▪ Strategies that consider difficulties with language and communication needs as well as social understanding.</li> <li>▪ Visual resources and prompts</li> <li>▪ Learning goals, including for language and communication</li> <li>▪ Staff/peer modelling to promote communication/social skills and interaction.</li> <li>▪ Instructions/information should be clear and simple with supporting visuals if necessary.</li> <li>▪ Say the child/young person's name to gain attention prior to an instruction AND/OR get their attention visually.</li> <li>▪ Structured approaches to tasks and learning activities.</li> <li>▪ Whole staff training and awareness of the implications of communication and interaction difficulties supporting them to differentiate activities.</li> <li>▪ Learning environments that offer security, structure and safety.</li> <li>▪ Visual timetables and visuals to support instructions.</li> <li>▪ Using pictures to support understanding / Staff to offer visual choices supported verbally / Attention and listening prompt cards.</li> </ul>	Child Parents/Carers Practitioner SENDCo Early Years Childcare and Play team	<p>Child will make improved progress with their understanding of the routine, setting expectations and ability to access learning.</p> <p>Children will demonstrate a deeper level of engagement and participation in their learning.</p> <p>Child will show increased happiness/satisfaction at being within the setting and show that they know they are making progress.</p> <p><b>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</b></p>

### **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/>

<b>Cognitions and Learning Universal Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>▪ Organisation of the learning environment, including quiet areas and defined areas of core provision.</li> <li>▪ Total communication tools utilised: visual aids and room/ classroom/ wider pre-school/school environment modified to support learning, including the use of visuals and signing.</li> <li>▪ Staff trained appropriately to meet presenting need.</li> <li>▪ Skills and learning to be reinforced through repetition and consolidation.</li> <li>▪ Staff to plan activities which will support and extend all children's learning. Focusing on their individual stages of development instructions/learning</li> <li>▪ Appropriate pace and content of info to explain routines, activities and specific teaching.</li> <li>▪ Vocabulary and new concepts may need to be pre-taught.</li> <li>▪ Multi-Sensory teaching and learning</li> </ul>	Parents/Carers  Child  SENDCo (for advice)  Early Years  Practitioners	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  <b>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</b>

### **Links and Support**

#### **Berkshire Healthcare Foundation Trust (BHFT)**

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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/>

<b>Sensory and Physical Universal Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>▪ The child has opportunities to be active and develop their co-ordination, control and movement.</li> <li>▪ The child is encouraged to understand the importance of physical activity and to make healthy choices in relation to food.</li> <li>▪ Staff understand the child's condition, regarding both their abilities and difficulties.</li> <li>▪ Opportunities are maximised for child to join in physical activities and develop independence.</li> <li>▪ 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.</li> <li>▪ Sessions may require adaptation if the child experiences physical fatigue, which impacts upon their ability to learn; rest time should be built in if necessary.</li> <li>▪ Seating arrangements are considered such as group time and lunchtimes.</li> <li>▪ Staff ensure child/young person wears hearing aids or glasses if these are required.</li> <li>▪ Staff ensure child/young person is included and fully participates in groups and has access to all being said.</li> <li>▪ Some individual and/or small group encouraged to reinforce learning new skills.</li> <li>▪ Provision of short rest breaks</li> <li>▪ Support is given to promote confidence and emotional well-being</li> </ul>	<ul style="list-style-type: none"> <li>Child/Young Person</li> <li>Parents/Carers</li> <li>Support Staff</li> <li>First Aiders</li> <li>Health Visitor</li> <li>SENDCo</li> <li>Occupational Therapist</li> </ul>	<p>Improved access and participation Child access all activities and areas of the setting.</p> <p><b>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</b></p>

### **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**

<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>▪ Instructions/information should be clear and unambiguous with supporting visuals and prompts if necessary.</li> <li>▪ Rooms need to be appropriately calm and ordered learning environments.</li> <li>▪ Motivational rewards and incentives available</li> <li>▪ Careful assessment to identify and address any unmet learning needs.</li> <li>▪ Strategies that consider social and emotional needs as well as social understanding</li> <li>▪ Visual resources and prompts (picture cues, change of activity prompts etc)</li> <li>▪ Adult instructions are clear and unambiguous, including choices.</li> <li>▪ Staff organise furniture, grouping and seating to promote positive relationships and behaviour and in accordance with individual needs.</li> <li>▪ Support and activities offered for unstructured times.</li> <li>▪ Access to universal health services such as Health Visitor or GP</li> </ul>	Child  Parents/Carers  SENDCo	Children will make improved progress with their learning. Children will demonstrate better engagement and participation in their learning. Children will be better able to develop positive relationships with adults and peers. Good attendance and punctuality Reduced behavioural incidents. <b>If outcomes not reached, consider progress to Targeted Support in discussion with SENDCo.</b>

**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*

<b>Overview of Expectations</b>
<b>Targeted Provision / Strategies</b>
<ul style="list-style-type: none"> <li>▪ Robust assess-plan-do-review processes – to be completed by the keyworker/ SENDCo.</li> <li>▪ The child should be effectively supported in the setting alongside peers for the vast majority of their time in the setting.</li> <li>▪ 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.</li> <li>▪ SENDCo oversees targeted provision, collaborating with parents/ carers. Holistic assessment will be undertaken in accordance with the graduated approach cycle of assess-plan-do-review.</li> <li>▪ Time and place for targeted provision is established and adhered to</li> <li>▪ Quality provision that utilises a variety of approaches with personalised learning targets</li> <li>▪ Structured activities to develop specific social skills in small groups.</li> <li>▪ Consistent approaches in place to manage behaviour by all staff; this should be laid out in a clear behaviour plan.</li> <li>▪ 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.</li> <li>▪ A high level of liaison with parents/carers to aid joint planning, monitoring and consistency of approach.</li> <li>▪ A detailed EYIP reflecting the assess-plan-do-review steps.</li> <li>▪ Interventions that are evidence based and linked to assessed needs with measurable outcomes.</li> <li>▪ The setting should have a consistent approach to assessment and intervention programmes which are used by staff with appropriate skills and training.</li> <li>▪ Further modifications to the setting and environment to take account of individual needs.</li> <li>▪ Consider a referral to Early Help services depending on family circumstances or to health services if further medical assessment is needed.</li> <li>▪ The keyworker and SENDCo, should carry out a clear analysis of the child/young person’s needs.</li> <li>▪ The setting must consult with parents and provide an opportunity to meet and review plans regularly at least 6 times per year.</li> </ul>

<b>Communication and Interaction Targeted Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<p><b>As at prior phase but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>▪ Liaison and consultation with external support services and professionals where appropriate Advice to be gathered and implemented as recommended, including SALT programmes (training may be necessary)</li> <li>▪ Staff training on supporting children with specific communication and interaction needs Small group work which supports the differentiated curriculum.</li> <li>▪ Tailored visuals to support verbal information and instructions, including those aimed at social understanding (such as social stories)</li> <li>▪ The use of key words. Instructions to be simplified and repeated as necessary additional adult support at transition and unstructured times.</li> <li>▪ Use of a personalised work area to review continuous and enhanced provision to meet the child's needs and interests the child or young person should be effectively supported in the environment alongside peers for the vast majority of their time in the setting.</li> <li>▪ 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!</li> <li>▪ Use of Alternative and Augmentative Communication Aids</li> <li>▪ 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. Additional differentiation and scaffolding of tasks.</li> <li>▪ Carefully planned differentiated support that considers individual child's communication needs.</li> </ul>	<p>Child</p> <p>Parents/Carer</p> <p>Keyworker</p> <p>SENDCo</p> <p>SALT</p> <p>EYIA</p> <p>EYIT</p>	<p><b>As for prior phase and also:</b></p> <p>Child will make improved progress with their learning. Skills learnt during targeted provision are practiced back and generalised throughout the day.</p> <p>Child will demonstrate better engagement and participation in their learning. Child will be better able to develop positive relationships.</p>

<ul style="list-style-type: none"> <li>▪ Adult's model language and increase sentences by one word at a time.</li> </ul>		
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<b>Cognition and Learning Targeted Provision / Strategies</b>		
Strategies	Involved	Outcomes
<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>▪ Staff to continually check understanding and use scaffolding/modelling to demonstrate learning.</li> <li>▪ Quality feedback on a regular basis. Include regular praise towards the child's strengths and achievements.</li> <li>▪ Good practitioner understanding of attachment theory and the implications of interrupted or discorded attachment on a child's cognition and learning the setting should continue with Assess, Plan, Do Review of the child's needs, which is shared with parents and involved professionals.</li> <li>▪ Total communication tools utilised: visual aids and room/ classroom/ wider pre-school/school environment modified to support learning, including the use of visuals and signing.</li> <li>▪ Appropriate pace and content of language to deliver learning for child – monitored by SENCO and KP or teacher and TA. KP/TA supported through high quality supervision around teaching and learning by setting Manager/SENCO/class teacher.</li> <li>▪ Personalised individual or small group based structured sessions with adult support e.g., turn-taking games; Spirals; Starting Out bags; Come Talk with Me, Ready Steady Go groups etc.,</li> <li>▪ Tasks to be simplified and instructions, information and learning to be broken down into small steps with key word language – minimal words.</li> <li>▪ Skills and learning to be reinforced through repetition and consolidation.</li> </ul>	<p>Child Parents/Carers SENDCo GP /HV</p>	<p><b>As for prior phase and also:</b></p> <p>Child makes progress within support and interventions provided.</p> <p>Child is able to apply strategies and skills learnt through intervention and support back into the learning environment.</p> <p>Child will have an effective holistic plan of support that considers all needs.</p>



<ul style="list-style-type: none"> <li>▪ Visuals used to support instructions/learning.</li> <li>▪ Vocabulary and new concepts will need to be pre-taught.</li> <li>▪ Multi-sensory teaching and learning environment.</li> <li>▪ Implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts.</li> <li>▪ Specialist resources such as sloping boards, coloured overlays, specialist pens/pencils etc. Access to specialist ICT as necessary</li> <li>▪ Where further advice is needed, seek and implement advice from specialist services,</li> <li>▪ Implement strategies and support to help with extending time on learning tasks such as timers, motivators, reward systems and prompts.</li> </ul>		
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<b>Sensory and Physical Targeted Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<p><b>As at prior phase/ phases but also may include the following provision:</b></p> <ul style="list-style-type: none"> <li>▪ Advice and staff training from specialist professionals.</li> <li>▪ CPD for key staff about meeting sensory needs.</li> <li>▪ Adaption to the physical environment – lighting, acoustics, reduction of background noise and physical layout</li> <li>▪ Labels and teaching materials in classroom clear and appropriate size.</li> <li>▪ Ensure contrast where necessary to identify hazards in environment or on stairs.</li> <li>▪ Some setting resources may need to be individualised.</li> <li>▪ Provision of appropriate equipment and adaption to resources</li> <li>▪ Assistance or supervision may be required during free flow and transitions for mobility/safety.</li> <li>▪ Small group intervention or fine/gross motor programmes as advised by the OT/Physio.</li> </ul>	<p>Child</p> <p>Parents/Carers</p> <p>Sensory Consortium</p> <p>EYIT</p> <p>EYIA</p> <p>SENDCo</p> <p>Physio/OT</p> <p>HV</p> <p>Paediatrician</p>	<p>Improved access and participation</p> <p>Child makes expected progress.</p>

<ul style="list-style-type: none"> <li>▪ Support with developing independent self-help skills and preparation for transitions and next stage.</li> <li>▪ The child may require access and space to use specialist seating, walking or standing aids or a wheelchair, as advised.</li> </ul>		
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<b>Social, Emotional and Mental Health Targeted Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>▪ Consideration of referrals to outside agencies SALT - EYIA – ADOS, GP for OT/Physio/dietician</li> <li>▪ Small group / 1:1 work which supports the differentiated learning and individual goals. This could include the teaching of specific social skills and language.</li> <li>▪ Personalised learning goals including social and behavioural goals and independent learning.</li> <li>▪ Attention paid to access of provision, which facilitate appropriate social contact, access to materials etc.</li> <li>▪ Support to develop emotional security and sense of belonging.</li> <li>▪ Visuals to support appropriate behaviour choices, including for social understanding (and if appropriate social stories)</li> <li>▪ Additional adult support at transition</li> <li>▪ Use of a personalised work area to be accessed as necessary on a child led basis.</li> <li>▪ The child or young person is effectively supported in the class alongside peers for the vast majority of their time in setting</li> </ul>	<p>Child</p> <p>Parents/Carers</p> <p>SENDCo</p> <p>EYIA</p> <p>EYIT</p>	<p><b>As for prior phase and also:</b></p> <p>Child will make improved progress with their learning. Skills learnt during targeted provision are practised with child implementing learnt skills through child led play throughout the day. Individual targets in plan are met.</p> <p>Child will demonstrate better engagement and participation in their learning.</p> <p>Child will be better able to develop positive relationships with adults and peers. Incidents of challenging or disruptive behaviour will reduce.</p> <p>Child will work with increasing focus and independence.</p>

## 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*

<b>Overview of Expectations</b>
<p><b>Specialist Provision / Strategies</b></p> <ul style="list-style-type: none"> <li>▪ All staff working with the child have read and understood EHC Plan.</li> <li>▪ Co-production of EHC Plan will address needs and agree outcomes for provision.</li> <li>▪ Parents/carers understand and agree on the intervention, support and expected outcomes.</li> <li>▪ Strategies and approaches to support differentiation are in place and based on specialists' advice.</li> <li>▪ High quality training is provided for all staff involved in delivering and monitoring provision.</li> <li>▪ SENDCo will oversee the child's support, including how this is being delivered.</li> <li>▪ The child should be effectively supported in the setting alongside peers for the vast majority of their time and skills learnt during targeted provision practised.</li> <li>▪ Sensitivity, with monitoring of behavioural responses</li> <li>▪ Time and place for provision is established and adhered to</li> <li>▪ Skills learnt during targeted provision are practiced.</li> <li>▪ Support staff involved in joint planning of targeted support.</li> <li>▪ The EHCP must be formally reviewed every 12 months and focus on progress towards achieving the outcomes specified in the EHC Plan.</li> <li>▪ However, for children 0 – 5 years the EHC Plan should be reviewed every 3 - 6 months to ensure that provision continues to be appropriate.</li> <li>▪ For Looked After Children the annual review should, where possible and appropriate, coincide with one of the reviews of their Personal Education Plan/Care Plan</li> <li>▪ The reviews must be undertaken in partnership with the child and their parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget within an EHCP must be undertaken in partnership with parents/carers, and must take account of their views, wishes and feelings, including their right to request a Personal Budget.</li> <li>▪ Strategies, equipment and approaches to support individual needs are in place and based on specialist advice.</li> <li>▪ Structured teaching/ behavioural strategies should be embedded into all areas of learning</li> </ul>

<b>Communication and Interaction Specialist Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>

<p><b>As at prior phase but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Setting or SALT will liaise with parents/carers and provide advice and resources so that they can continue to support language development at home.</li> <li>▪ Additional support needed to develop emotional vocabulary using visual and real-life situations.</li> <li>▪ 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.</li> <li>▪ Environmental audit to identify aspects of the environment that might 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</li> </ul>	<p>Child</p> <p>Parents/Carers</p> <p>One to One support worker</p> <p>EYIT/EYIA</p> <p>SENDCo</p> <p>Health visitor</p> <p>GP /Paediatrician</p> <p>SALT</p> <p>Occupational Therapist</p> <p>Educational Psychologist</p> <p>SEND Statutory Services Team</p>	<p><b>As for prior phase and also:</b></p> <p>Child achieves or is progressing towards outcomes in EHC Plan.</p> <p>Child is making academic progress as a result of effective support arrangements. Other indicators may include:</p> <p>Measurable improvement in communication and interaction skills Improved social participation and confidence. Better able to deal with a range of social situations.</p>
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<b>Cognition and Learning Specialist Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>▪ Support to develop life skills for independent learning e.g., dressing/undressing/toileting/feeding/drinking/keeping safe.</li> <li>▪ 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. Structured teaching strategies should be embedded into all areas of learning.</li> </ul>	<p>Child</p> <p>Parents/Carers</p> <p>EYIT/EYIA</p> <p>Keyworker</p> <p>SENDCo</p> <p>Educational Psychologist</p>	<p><b>As for prior phase and also:</b></p> <p>Child is able to make informed choices.</p> <p>Child has their needs met.</p> <p>Child achieves increasing independence in</p>

<p>Work presented in a manner that is appropriate to the child/young person's level of development.</p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Appropriate adjustments to the environment to meet the individual needs and preferred learning styles. Appropriate assistance with self-help skills</li> <li>▪ Use of total communication approach A multi-sensory approach to the curriculum.</li> <li>▪ Time and place for provision is established and adhered to increased staff: child ratios for times when intensive support and interventions are being delivered.</li> <li>▪ Additional support needed to develop emotional vocabulary using visual and real-life situations.</li> <li>▪ A regular programme of 1:1 support may be required to implement the programme provided by the speech and language therapist or other specialist, although most therapies in the early years can be carried out with the children in games and activities.</li> </ul>	<p>Paediatrician/S ALT, Physio</p> <p>SEND Statutory Services Team</p> <p>Early Help or Social care teams-</p> <p>EYIT/EYIA</p>	<p>their learning and self-help skills.</p> <p>Child is prepared for adulthood and acquires the skills for achieving their aspirations.</p>
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<b>Sensory and Physical Specialist Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<p><b>As at prior phase/ phases but also may include the following provision:</b></p> <ul style="list-style-type: none"> <li>▪ Parents/carers agree on the intervention, support and expected outcomes.</li> <li>▪ Strategies, equipment and approaches to support individual needs are in place and based on specialist advice.</li> <li>▪ High quality training is provided for all staff involved in delivering and monitoring provision.</li> <li>▪ Time and place for provision is established and adhered to with provision and its impact recorded.</li> </ul>	<p>Child</p> <p>Parents/Carers</p> <p>EYIT/EYIA</p> <p>SENDCo</p> <p>Physio/OT /</p> <p>Social care</p> <p>CAMHS</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</p>

<ul style="list-style-type: none"> <li>▪ Support staff are involved in joint planning of support with SENDCo allowing for child's level of concentration, stamina, physical abilities and health.</li> <li>▪ 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)</li> <li>▪ Small group intervention or fine/gross motor programmes as advised by the OT/Physio.</li> </ul>	<p>GP Paediatrician</p>	<p>independence targets. Parents and child are confident about the next steps e.g., transition to next phase.</p>
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<b>Social, Emotional and Mental Health Specialist Provision / Strategies</b>		
<b>Strategies</b>	<b>Involved</b>	<b>Outcomes</b>
<p><b>As at prior phase/phases but also to include the following possible provision:</b></p> <ul style="list-style-type: none"> <li>▪ Co-production of EHC Plan to address needs and agree outcomes for provision.</li> <li>▪ Key staff working with the child have read and understood EHC Plan.</li> <li>▪ All staff understand key areas of need, targets and agreed support. Parents, understand and agree on the intervention, support and expected outcomes.</li> <li>▪ High quality training is provided for all staff involved in delivering and monitoring provision.</li> <li>▪ Time and place for provision is established and adhered to</li> <li>▪ Learning activities and experiences presented in a manner to the child's level of development.</li> <li>▪ Appropriate adjustments to the environment to meet the individual needs and characteristics of preferred learning (settings may need to access training) Contingency plans in case of changes to routine or staff absence.</li> <li>▪ Structured teaching/ behavioural strategies should be embedded into all activities/learning opportunities and daily routines</li> </ul>	<p>Child Parents/Carers EYIA/EYIT SENDCo One to one Keyworker CAMHS</p>	<p><b>As for prior phase and also:</b> Progress is evaluated against outcomes specified in EHC Plan and shorter-term goals in intervention plans These may include: Improved engagement and progress in learning Reduction in significant behaviour incidents Improved attendance Ability to work for longer periods without direct supervision. Compliance with adult instructions Ability to sustain positive friendships.  Child and family more positive about school</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):**  
<https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.action?id=xuJ8M237bPA&familieschannel=314>

**Early Years Inclusion Teachers - Portage Service:**  
<https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=DTx8nzEWIeg>

**ASSIST Team (Autism Spectrum Service for Information Support and Training):**  
<https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=GjGnkwjmheI>

**Advice and guidance webpage:**  
<https://www.wokingham.gov.uk/local-offer-for-0-25-year-olds-with-additional-needs/who-to-contact-for-advice-and-guidance/>

## 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:** <https://www.wokingham.gov.uk/local-offer-for-0-25-year-olds-with-additional-needs/>

**SENDIASS:**  
[https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=V\\_v5R2e-Qew](https://directory.wokingham.gov.uk/kb5/wokingham/directory/service.page?id=V_v5R2e-Qew)

**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](#)

**Cypit Toolkit**

<https://cypf.berkshirehealthcare.nhs.uk/our-services/children-and-young-peoples-integrated-therapies-cypit/about-our-therapy-services-cypit/>



## **Referral**

General concern 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/cypf/>, 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 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.

<b>Term</b>	<b>Definition</b>
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