

Ordinarily Available SEND provision in mainstream schools and settings

Revised April 2022



Provision that the local area expects to be made available for children and young people with Special Educational Needs and/or disabilities attending mainstream schools

Introduction

This document outlines the expectations on all schools, according to the needs of the child/young person. Broadly speaking much of this provision will be an integral part of the school's provision for all children.

It outlines some of the practices and adaptations that are part of Quality First Teaching (QFT): the inclusion of all pupils in high-quality everyday personalised teaching. The provision and strategies outlined may be required for children and young people with SEN and/or disabilities but will undoubtedly be of benefit to many of the learners in the school.

Schools must put provision in place for learners with SEND taking in to account all learners' individual needs. Provision will be put in place for presenting needs, with or without any formal diagnosis. Often, the impact of provision can be helpful in identifying and understanding needs.

Children and their families are at the centre of the work of all schools.

Legal duties of schools in regard to Special Educational Needs and Disability.

Schools have clear duties in regard to the support of children and young people with special educational needs and disabilities ("SEND") and/or disabilities under the Children and Families Act 2014 and SEN and Disability Code of Practice 2015 (the "Code").

Schools must "have regard" to the Code. This means that they should do what it says or be able to explain why they have not done so, and what alternative action has been taken.

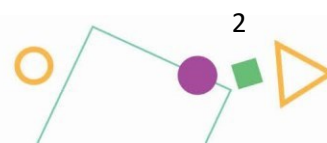
The law is underpinned by the principle that where a parent of a child with SEND, or a young person with SEND, wants a place in a mainstream setting, this must not be denied on the basis that mainstream education is unsuitable, or that their needs or disabilities are too great or complex.

Mainstream schools must ensure that children or young people with SEN engage in the activities of the school together with children or young people who do not have special educational needs (section 35 of the Children and Families Act 2014).

The 'Best Endeavours' Duty

One of the key duties is for the school to use their 'best endeavours' to support children and young people with SEN. (This applies to mainstream and alternative provision settings.) This means doing everything that could reasonably be expected of them.

The law says: "If a registered pupil or a student at a school or other institution has special educational needs, the appropriate authority must, in exercising its functions in relation to the school or other institution, use its best endeavours to secure that the special educational provision called or by the pupil's or student's special educational needs is made (Section 66 of the Children and Families Act 2014).



Here, the 'appropriate authority' means the governing body of the school. The legal duty is theirs and not the Head Teacher of the school.

These duties apply to all children and young people with SEN whether they have an EHC plan or not.

Using best endeavours means doing everything they can to meet the child or young person's SEN. It is a duty that requires the appropriate authority to enquire and ensure that the school is actually making the special educational provision that children and young people require.

The best endeavours duty requires schools to consider obtaining specialist help, such as a speech and language therapist or educational psychologist:

"where a pupil continues to make less than expected progress, despite evidence based support and interventions that are matched to the pupil's area of need, the school should consider involving specialists, including those secured by the school itself or from outside agencies."

(SEND CoP paragraph 6.58 for schools).

The Equalities Act 2010

Schools have a range of duties under the Equalities Act 2010, including duties relating to disability. Guidance for schools on these duties can be found at :

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf

Aims

This document aims to:-

- assist parents/carers and young people to understand what support is available to a child who has special educational needs and/ or disabilities.
- assist education settings in developing their provision for pupils with SEN and/or disability to ensure that they are fully supported in the school environment.
- assist other professionals to understand the provision available within education settings for children and young people with SEND.
- aims to support Quality First Teaching and enable a greater focus on teaching and learning approaches, and should reduce the focus on levels of teaching assistant support.
- ensure that schools and settings are resourced to provide consistent services for children and young people, prior to referral onto specialist health services, and to enable this to be evidenced when working in partnership with health providers.

All pupils with additional or special educational needs and attending Medway schools and academies and other mainstream educational settings will have access to this ordinarily available provision. This should be available regardless of which setting they attend.



The National Funding Model

The National Funding Model for SEND was implemented in April 2013 and introduced changes to school funding. Mainstream schools and academies receive ‘core education funding’ or Age-Weighted Pupil Unit rate (AWPU) to provide a standard offer of teaching and learning for all pupils, including those with special educational needs.

Schools also receive an additional amount to help make special educational provision and this is called the “notional SEN budget.” The amount each school receives is based on a formula agreed between schools and the Local Authority and schools must use this notional funding to provide for up to £6k of the additional support costs to meet a pupil's special educational needs. Academies are funded through the Education Skills Funding Agency rather than the Local Authority but they receive the same level of funding as Local Authority schools in the same area and notional SEN funding is worked out in the same way.

Funding requirements above £10,000 (in 2022), will normally be accessed through the statutory assessment process, where evidence of intervention and progress demonstrates a higher level of pupil need, and additional resources must be provided by the Local Authority in the form of a top-up from the High Needs Block accessed through the statutory assessment process. Where appropriate this may include a Personal Budget. The school will continue to provide the first £6,000 of provision for any pupil with an EHC Plan. High needs pupils and students are defined by the Department for Education as those requiring provision costing more than around £10,000 per year, above what is ordinarily available.

The Graduated Approach

Assess, Plan, Do Review

Quality First Teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. The majority of pupils can make progress through such teaching alongside any required therapy and health support.

Parents/Carers and young people should be included in this cycle. This will allow them to be fully involved throughout this process in the assessment, identification of need, the best ways to support these needs and measuring the progress made.

1. Assess Needs:

All pre-school settings, schools and colleges monitor and review the progress and development of all children and young people. This will identify any children who may need additional support.

Educational professionals make regular assessments of progress for all pupils. Where pupils are making less than expected progress given their age and starting point they should be given

appropriate support.

2. Plan:

With key stakeholders including parents, carers and the young person, the school will develop a plan/approach to ensure that children with SEN/additional needs or a disability receive the right levels of support for their future learning and development.

3. Do:

This graduated approach should be led and coordinated by the SENCO (or named person within a college with oversight of SEN) working with and supporting colleagues.

4. Review:

The plan should be formally reviewed after 6-12 weeks. If adequate progress is deemed not to have been achieved, the cycle should be recommenced.

The effectiveness of the support and the impact on the pupil's progress should be reviewed in line with an agreed date. Where a pupil continues to make little or no progress, or if a pupil is not developing as expected or is not responding to action being taken in settings, schools and colleges should call upon external professionals to advise and assist further. They may also help in identifying those pupils whose need for long term support is such that an EHC Plan might be required

Education, Health and Care Needs Assessment

The majority of children and young people with special educational needs and/or a disability will have their needs met within local mainstream early years providers, schools or colleges from within the resources normally available to them.

A request for an EHC needs assessment should only be made where the special educational provision required to meet the child or young person's needs cannot reasonably be provided from the resources normally available in their setting.

Schools will need to demonstrate that the pupils, for whom they are requesting assessment, have needs that require provision significantly outside and beyond the descriptors for ordinarily available provision and which cannot be met from resources allocated as part of the mainstream schools' delegated budget share.

Levels of Intervention in Medway Mainstream Settings and Expected Outcomes

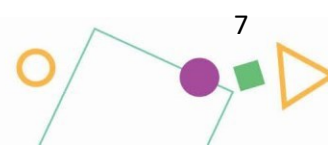
Teaching Environment and Pupil Groupings

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring , Evaluation and Review
<p>A regular cycle of Assess-Plan-Do-Review is used to ensure that pupils with SEND are making progress. Recommended review every 6-12 weeks.</p> <p>The physical environment is adapted to meet the needs of pupils where reasonably practicable and possible.</p> <p>Practitioners are aware of sensory needs and issues that may impact on pupils learning experiences.</p>	<ul style="list-style-type: none"> ● Regular reviews take place of how pupils are grouped for learning ● Consideration given to grouping by ability and deployment of adults other than teachers ● Challenge and modelling within classrooms to develop learning ● Physical organisation of classroom adapted where practicably reasonable ● Daily access to small group teaching in place for literacy and numeracy ● Individualised teaching programmes delivered in short sessions daily ● Low stimulus work area in place ● Quiet area available with known staff ● Teacher mentoring <p>KS1-5 timetabled access to learning support base with flexible teaching arrangements. At KS4/5 this could include off site learning programmes, where supported by the Local Authority and GP as appropriate.</p>	<p>Evidence of challenge and modelling within classrooms to develop learning</p> <p>Policies and procedures that evidence effective whole school approaches to support learning.</p> <p>Up to date Access Plan with evidence of accessibility to school environment</p> <p>Impact of therapeutic intervention is monitored on a regular basis</p> <p>Evidence of partnership working with parents, carers and young people, with their views recorded and considered.</p>

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring , Evaluation and Review
	<ul style="list-style-type: none"> ● Access to support available to reduce anxieties associated with learning, and support social and emotional development ● An appropriate environment available for regular therapy input ● Specialist Teacher Advice on positioning of pupil according to need e.g. Sensory, Physical 	

Assessment, Planning and Review

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring, Evaluation and Review
<p>A regular cycle of Assess-Plan-Do-Review is used to ensure that children and young people with SEND are making progress.</p> <p>School Staff ensure that formative assessment and feedback are a feature of learning activities/lessons and evident in marking and assessment policies.</p> <p>Support Planning is used as an essential part of the school's/setting's Assess-Plan-Do-Review cycle and</p>	<ul style="list-style-type: none"> ● Classroom observations undertaken which identify barriers to learning ● Screening for learning difficulties is undertaken by appropriately trained staff ● Effective approaches to teaching and learning are identified and used ● Any environmental triggers are identified and reasonable adjustments made ● Effective tracking of pupil progress in place, including baseline assessment, the setting and review of individual SMART targets 	<p>Outcomes:</p> <p>Evidence of Monitoring</p> <p>Evaluation and Review of pupil progress data against baseline assessment is up to date and available</p> <p>Pupil progress is demonstrated against SMART targets.</p> <p>Impact of intervention over time is evidenced through regular review and adjustment of targets, using Assessment, Plan, Do Review approach</p>



Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring, Evaluation and Review
<p>and as part of the graduated approach to SEND.</p> <p>Contributing to child-centred planning and the setting of outcomes, individual provision maps are established for children and young people who are currently experiencing significant barriers to learning and who require significant levels of additional support.</p> <p>Expertise is in place to manage access arrangements for exams, tests and controlled assessments.</p>	<ul style="list-style-type: none"> ● Personal profile of needs is in place ● Enhanced resources and differentiated learning are included on provision maps and include targets to demonstrate impact on learning ● Information about pupil targets is shared with all staff. ● Work is set at an appropriate level to challenge and develop potential ● The criteria for recording and measuring the progress of pupils with SEN/Disability are clearly understood by all staff. ● Transition arrangements are in place and effectively administered at the end of each key stage. ● Coherent pastoral support policy in place for whole school ● Effective systems are in place to record and challenge pupil absence ● Disability Discrimination Act (DDA) compliant access to education is secured for all pupils, where possible ● Relevant staff plan together ● Support staff are well deployed by teachers to scaffold access to learning ● Feedback is focused on how much pupils have learned rather than description of support or qualitative comments ● Multi-agency approach where appropriate ● Ongoing home-school liaison/communication 	<p>Evidence of referral to outside support agencies</p> <p>Evidence of partnership working with parents, carers and young people, and their views recorded and considered</p> <p>Voice of the child is routinely used to inform learning targets</p> <p>Personalised provision and adaptation has been used to meet the needs of the child</p> <p>Attendance data reflects absence of all individuals and defined groups of pupils, with analysis of levels of engagement and participation when in school.</p> <p>Evidence of partnership working with parents, carers and young people, and their views recorded and considered</p> <p>Discussions with Educational Psychologist at In-School Review Meeting</p>

Curriculum, and Teaching and Learning Methods

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring, Evaluation and Review
<p>Practitioners are aware of the additional needs of their children and young people, understand the nature and impact of these and how to respond to them. Planning incorporates more detailed and specialist advice.</p> <p>As part of a 'Quality First Teaching' approach, practitioners differentiate to provide suitable learning challenges to meet the needs of all students. For a small percentage of children and young people in the school/setting, this may be supported by an appropriate plan to summarise 'what works best,' in a concise and accessible format.</p> <p>Practitioners ensure that children and young people have opportunities to work in different ways</p> <p>The setting recognises, and responds to, the need for pastoral support for children and young people with SEND.</p> <p>Children and young people feel safe and valued. They know that they can approach staff and that their</p>	<p>Level One Whole school Quality First Teaching (QFT) practice embedded across school which may include the following strategies:</p> <ul style="list-style-type: none"> ● Effective pupil progress planning and preparation provides for the needs of all pupils ● Appropriate methods and resources are selected and used in lesson planning ● Pace of lesson is adjusted for some learners ● Differentiated approach to content, language and delivery to communicate lesson content ● Visual presentation increased to meet needs of some children ● Modification of tasks with high literacy content across curriculum areas ● Differentiated curriculum and tasks ● Paired learning ● Teacher repetition and reinforcement, with on-going assessment of understanding of concepts ● Teachers take account of how different pupils learn ● Effective transition planning and preparation anticipates and provides for the needs of all pupils 	<p>Outcomes: Evidence of Monitoring, Evaluation and Review</p> <p>Systematic monitoring/tracking of pupil progress against baseline data evidence need for further support</p> <p>Graduated response to :-</p> <ul style="list-style-type: none"> ● Engagement/participation ● Lower than expected pupil progress/achievement <p>Impact measures of targeted intervention</p> <p>Setting of SMART targets and progress made towards these.</p> <p>A flexible approach to timetable/curriculum may be appropriate</p> <p>Specialist advice has been incorporated in pupil support plans.</p> <p>A range of increasingly personalised provision/adaptation has been robustly applied and monitored.</p> <p>Opportunities exist for fast track/emergency referral to Specialist Agencies.</p>

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring, Evaluation and Review
<p>opinions and concerns are valued.</p> <p>Support is in place for routine and life transitions.</p> <p>Procedures are in place for ensuring effective progression through schools and settings, particularly during all transition phases, including on entry and exit.</p>	<ul style="list-style-type: none"> ● Self and Peer evaluation and review is embedded in QFT school practice ● Effective reporting and communications systems are in place to report to parents <p>Level Two</p> <p>Where a student does not make adequate progress additional strategies could be employed</p> <p>Including:</p> <ul style="list-style-type: none"> ● effective and targeted Catch-up Intervention Programmes which focus on under achieving pupils ● Pre-lesson introduction to key points, content and concepts ● Pastoral Support Plans are introduced for pupils in danger of escalated concern, tightly managed and reviewed <p>Level Three</p> <p>Examples may include:</p> <ul style="list-style-type: none"> ● Parent has single contact point ● The provision of 1:1 or small group intervention programmes supported by highly skilled staff ● Use of specialist equipment to reinforce and sustain learning ● Planned and unplanned strategic withdrawal for skill based sessions if appropriate and practicable ● Flexible personalised pupil timetables may include a reduced timetable 	<p>Partnership working with parents, carers and young people, and their views recorded</p>

Staffing Levels and Development

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring, Evaluation and Review
<p>All School Staff and stakeholders make a positive contribution to children and young people's progress.</p> <p>Targeted Continuing Professional Development (CPD) in relation to the needs of children and young people with SEND in place for school staff.</p> <p>Staff collaborate and have effective links with outside agencies and specialists.</p>	<p>Staff meet the 2012 Teachers Standards, where all staff can adapt their teaching to respond to the strengths and needs of all their pupils including those with SEN or disability and within vulnerable groups of learners.</p> <p>Possible specialist in house support could include access to the following:-</p> <ul style="list-style-type: none"> ● Personal care and ancillary support ● Lunch time play supervision as part of the normal supervision that is in place ● Specialist support - access to advice and guidance and diagnostic assessments ● Support from Occupational Therapists or Speech and Language therapists advising on programmes which can be applied throughout the school 	<p>Outcomes – Evidence of Monitoring , Evaluation and Review</p> <p>Clear records and timeframes for all interventions are available</p> <p>Evidence that support resources have been deployed in a targeted, pupil focused way</p> <p>Records to show partnership working with parents, carers and young people, and their views recorded</p>

Expectations of all Schools/Settings	What this could include. (note:- these are possible strategies. Schools will apply those suitable in line with their best endeavours duty.)	Evidence of Monitoring, Evaluation and Review
<p>The school/setting works in partnership with parents, carers and children and young people in decision making.</p> <p>An effective partnership with children and young people and parents is evident through their participation in assessment and review processes. There is a clear focus on holistic outcomes, spanning (as appropriate) education, health and care particularly those important to the children and young people and their family.</p> <p>Specific resources and strategies are provided to overcome potential barriers to learning.</p> <p>Staff collaborate and have effective links with other relevant outside agencies and specialists.</p>	<ul style="list-style-type: none"> ● Support in school with personal care, dietary, toileting, medication needs and mobility support. ● Individual Health care plans in place if clinically required (not EHCPs), including arrangements for the administration of medicine ● Equipment- the duty to provide aids for disabled pupils (Equality Act 2010). ● Engagement of parents throughout the educational process. ● Links with special schools and enhanced learning provisions for advice and support in developing training , skills and learning environment. ● Liaise with health professionals involved in the care of the child. 	<p>Outcomes:</p> <p>Parents and carers are engaged in the assess, plan, do, review process and their views are considered.</p> <p>Resources are allocated appropriately to ensure additional needs are met.</p> <p>The quality and impact of support is scrutinised.</p>

Areas of Special Educational Need

The following information has been taken from the SEN Code of Practice (July 2014).

Special educational needs and provision can be considered as falling under four broad areas.

1. Communication and Interaction	This category of need includes: <ul style="list-style-type: none">● Speech, Language and Communication Needs (SLCN)● Autism Spectrum Disorder (ASD)
2. Cognition and Learning	This category of need includes: <ul style="list-style-type: none">● Specific Learning Difficulties (SPLD)● Moderate Learning Difficulties (MLD)● Severe Learning Difficulties (SLD)● Profound and Multiple Learning Difficulties (PMLD)
3. Sensory and Physical	This category of need includes: <ul style="list-style-type: none">● Hearing Impairment (HI)● Vision Impairment (VI)● Physical Disability (PD)● Multi-Sensory Impairment (MSI)
4. Social, Emotional and Mental Health	This category includes a range of social, emotional and mental health (SEMH) difficulties including ADHD.

Many children and young people have difficulties that fit clearly into one of these areas; some have needs that span two or more areas; for others, the precise nature of their need may not be clear at the outset. It is therefore important to carry out a detailed individual assessment of each child or young person and their situation at the earliest opportunity to make an accurate assessment of their needs.

Making provision and reviewing how effective it is in securing progress can itself be part of the effective assessment of need, informing the next steps in the graduated approach. It may be necessary to test out interventions as part of this process, both to judge their effectiveness for the individual and provide further information about the precise nature of the needs. School staff may need training in the use of evidence-based programmes and advice and support on the effective use of specific interventions may need to be sought from external specialists.

Any necessary additional or different provision identified by review should be provided in a timely way. Children, young people and their parents/carers are an essential part of this process.

Ordinarily Available **SEND** provision
in mainstream schools and settings revised April 2022

In all circumstances, schools, colleges, early years and other providers should ensure that they are providing good teaching. The quality and appropriateness of the overall provision should be kept under regular review and its impact on the number of children or young people identified with SEN or disability should be monitored.

Behavioural difficulties do not necessarily mean that a child or young person has a SEN and should not automatically lead to a pupil being registered as having SEN.

These four broad areas give an overview of the range of needs that should be planned for. The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time. For instance speech, language and communication needs can also be a feature of a number of other areas of SEN, and children and young people with an Autistic Spectrum Disorder (ASD) may have needs across all areas, including sensory requirements. A detailed assessment of need should ensure that the full range of an individual's needs is identified, not simply the primary need. The support provided to an individual should always be based on a full understanding of their strengths and needs and seek to address them all using well evidenced interventions targeted at their areas of difficulty and where necessary specialist equipment or software.

Communication and interaction

Children and young people with speech, language, and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication.

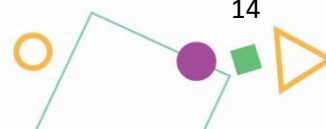
The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language, or social communication at different times of their lives.

Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have difficulties with social interaction. They may also experience difficulties with language, communication, and imagination, which can impact on how they relate to others.

Interventions to meet Communication and Interaction Needs

Whole school awareness and understanding of communication and interaction needs

- Pupils can access strategies and resources typically available in the ordinary classroom, with an emphasis on visual teaching aids to support learning and social activities
- Tasks may need to be differentiated by level/outcome/pitch/pace and grouping. Aspects of structured teaching might be helpful.
- Staff are skilled in adjusting the pace and order of activities to maintain interest/ attention
- Pupils may benefit from some small, focused group teaching
- Grouping arrangements or additional support in the classroom are used flexibly to promote social interaction, language use/understanding, and use of imaginative and creative thinking



- Peer support systems may be established and developed
- Pupils may need access to ICT software to access learning
- An approach that incorporates routines, structured tasks and rewards
- Life and Independent skills will need to be taught
- Emphasis on addressing stress producing factors which might result in sensory overload
- Mentoring opportunities should be available
- Staff trained and able to implement strategies and support students with speech, language and communication needs (SLCN)
- Staff trained and able to implement strategies and support students on the autism spectrum e.g. AET Level 1 and 2
- Access to other professionals as appropriate e.g. Educational Psychologist/Outreach Services for ASD and LD/ Speech and Language Therapist (SLT) and/or
- Communication Friendly Environment Audit undertaken and adaptations made, as required
- Specific SLCN targets have been set (e.g. vocabulary comprehension and inference, use of language, sentence structures, the speech sound system, sequencing and active listening skills) and are monitored in line with advice from SLT and/or LST
- Strategies in place to target and monitor social communication skills
- Strategies in place to target and monitor motor co-ordination and organisational difficulties

Common Barriers – Communication and Interaction	Ordinarily Available Provision could include
Difficulties saying what they want to and being understood	<ul style="list-style-type: none"> ● Allowing time for the children and young people to process and respond ● Modelling language ● Introducing a variety of language through rhymes, songs, etc. ● All attempts to speak are supported ● Additional methods of communicating provided ● Small group or individual language sessions ● Language programmes devised by a speech and language therapist
Difficulties understanding what is being said to them	<ul style="list-style-type: none"> ● Thinking about the environment and limiting any distractions ● Considering how many information-carrying words a children and young people can manage when giving instructions ● Change teaching method according to the children and young people’s needs ● Providing visual prompts if necessary, including key vocabulary and visual timetables ● Extra time to process what has been said ● Allowing take up time to process information ● Checking you have engaged the children and young people’s attention before talking to them and using their name ● Pre-teaching of topic vocabulary ● Use of “first, then, next ...”

Common Barriers – Communication and Interaction	Ordinarily Available Provision could include
Does not understand or use social rules of communication	<ul style="list-style-type: none"> ● Modelling / role play ● Prompts: symbols, signing systems, etc. ● Now (you are doing this) and Next (you are going to be doing that) boards ● Social stories ● Small group sessions (e.g. Circle of Friends)
Difficulties with language and communication	<ul style="list-style-type: none"> ● Awareness of what would be an appropriate environment (noise, room temperature, lighting, room layout) ● Using the children and young people’s name first to draw their attention, followed by key word instructions ● Simple instructions (avoiding idioms) ● Using literal language (avoiding sarcasm and figures of speech) ● Awareness of body language ● Awareness of what would be an appropriate tone of voice (calm, not too loud) ● Awareness of use of language (some children and young people may need a language rich environment, while others may need it to be kept simple) ● Using symbols to aid the children and young people’s communication
Difficulties with imagination	<ul style="list-style-type: none"> ● Role play and drama, use of props (e.g. puppets), etc. ● Modelling ● Story telling ● Photos used to talk through what might be happening
Difficulty with social communication	<ul style="list-style-type: none"> ● Clear communication of expectations ● Small group / 1 to 1 tasks and activities to support the development of relationships
Anxiety in busy and unpredictable environments	<ul style="list-style-type: none"> ● Calm learning environment ● Preparation for change of activity or routine ● Visual timetable to be used in setting/school ● Regular mentor support, including adults or peers ● Small group / 1 to 1 tasks and activities
Sensitivity to sensory stimuli	<ul style="list-style-type: none"> ● Consideration to the environment e.g. noise, room temperature, visual stimuli, proximity, etc.

Common Barriers – Communication and Interaction	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Flexible approach to transitions e.g. between lessons and to and from school ● Flexibility with uniform policy within reason and for a specific time frame ● Access to a “safe haven” or alternative learning environment for a fixed period of time ● Sensory breaks
Limited attention span	<ul style="list-style-type: none"> ● Regular, short breaks ● Chunking to break tasks down ● Visual timetables ● Backward chaining – chain parts of the task together (e.g. build the sequence at the last part of the task and working back so the children and young people experiences success and then gradually work back to increase more elements until they can do the entire task) ● Named instructions ● Asking the children and young people to repeat back what activity they are going to do ● Use of timers, so they know they only have to focus for a comfortable amount of time ● Individualised timetables

External professional involvement

If necessary, the school/setting may, as part of the Graduated Approach to identification of needs, assessment and provision, involve one or more of the following external professionals:

- Speech and Language Therapist*
- Educational Psychologist
- Occupational Therapist*
- Community Paediatrician
- Medway Young Peoples Wellbeing Service
- School Nurse
- Outreach Services
- Family Solutions
- 0-25 disability team

*Where the threshold for intervention is met according to the agreements between Medway Council / NHS Kent and Medway CCG. Additional external support can be commissioned by schools if needs do not fall into these existing contractual arrangements

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation.

Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

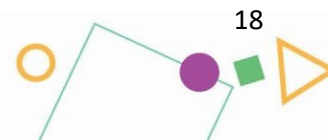
Specific learning difficulties (SpLD), affect one or more specific aspects of learning.

This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Interventions to meet Cognition and Learning Needs

- Differentiation to ensure the development of literacy, numeracy, expressive language, communication skills, minimise behaviour and emotional difficulties and promotion of appropriate interpersonal skills with other students.
- Access to specialist teaching and learning programmes for dyslexia which are multi- sensory, and well-structured with opportunities for repetition and consolidation, from within or outside the school community
- Arrangements to support the use and delivery of approaches/materials for students with Specific Learning Difficulties (SpLD) which may include multi- sensory teaching strategies, a focus on phonological awareness, motor skills programme
- Access to TAs skilled and experienced in supporting students with general and specific learning difficulties, where available
- Materials which reduce or support note taking, copying of diagrams and charts and/or alternative approaches to recording
- Staff trained and able to support students with a range of learning difficulties, including SpLD. This might include support from external specialist professionals.
- Assessments focus on how the pupil is learning, more in-depth analysis of strengths and weaknesses, progress in relation to time
- Effective use of IT equipment to support learning

Common Barriers – Cognition and Learning	Ordinarily Available Provision could include
Specific learning difficulties affecting one or more aspects of learning, e.g. literacy difficulties or numeracy difficulties	<ul style="list-style-type: none"> ● Recognising and celebrating success in all areas-beyond academic achievement ● Assessment through teaching and observation to identify the areas of need in consultation with the children and young people ● Making simple changes to equipment and resources



Common Barriers – Cognition and Learning	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Staff will have been advised of what strategies or approaches to use in line with advice from assessments or consultation
Generalised learning difficulties across the curriculum	<ul style="list-style-type: none"> ● Teaching the curriculum appropriate to the children and young people, not their chronological age (e.g. year five child may be accessing year one objectives in the same context) ● Adjustment, modification and differentiation of the curriculum, to enable the children and young people to access the curriculum ● A range of learning approaches that include active learning, concrete and pictorial approaches

External professional involvement – Cognition and Learning

If necessary, the school/setting may, as part of the Graduated Approach to identification of needs, assessment and provision, involve one or more of the following external professionals:

- Educational Psychologist
- Occupational Therapist
- Specialist teacher
- Family Solutions

Sensory and/or physical needs

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time.

Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or rehabilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is available through the Social Care for Deafblind Children and Adults guidance published by the Department of Health)

Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.

Interventions to meet Sensory and/or Physical Needs

- All activities including out of hours and school trips should be made accessible, where reasonably practicable

- Reasonable adjustments are made to classroom practices, and materials/equipment may be required
- Staff are skilled at selecting appropriate methods and materials in lesson plans to ensure access across the curriculum
- Favourable seating arrangements are identified
- All staff are aware of individual students' sensory/physical disability and implications in all teaching and learning environments
- Staff are aware that for some pupils, a sensory or physical disability could impact on their language and social interaction
- Staff should encourage students to wear appropriate sensory equipment
- Staff should make best endeavours to ensure that all students, especially those with sensory and physical needs have understood all instructions
- Pupils should be made particularly aware of safety measures in science labs/Technology rooms
- Access arrangements for examinations to be implemented
- Pre teaching opportunities to be available
- School reviews its accessibility and disability plans on a regular basis and identifies areas for improvement
- General whole school training, advice and support from external professionals is accessed, as appropriate
- Clinical diagnosis of impairment is understood by staff
- Assessment by appropriately qualified professional may be necessary, which may result in involvement of other agencies on a regular basis, for example therapy sessions
- School can access advice on the purchase and upkeep of particular equipment
- Consideration of the need for adult support /key worker with specific skill set
- Advice on particular software technology to support access to the curriculum
- Training required on Manual Handling on the movement and handling of children

Common Barriers – Sensory and/or Physical Disabilities	Ordinarily Available Provision could include
Hearing Impairment	<ul style="list-style-type: none"> ● A quiet working environment, particularly for specific listening work ● Child seated near front of class with clear view of the teacher's face (children and young people may use lip-reading) and away from any source of noise e.g. window, corridor, fan heater, projector, etc. ● Instructions delivered clearly and at an appropriate volume ● Checking the lesson content has been heard and understood, particularly when delivering new information, instructions or homework; and/or using unfamiliar vocabulary ● Repeating / rephrasing pertinent comments made by other people ● Trying not to move around the room too much whilst talking

Common Barriers – Sensory and/or Physical Disabilities	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Use of visual reinforcement (e.g. pictures and handouts), to support learning ● Visual timetable and use of other visual support resource ● Gain the HI student’s attention before talking to them either by saying their name or tapping the table in front of them ● Use the radio aid if provided ● Staff to be aware of their immediate environment when speaking to an HI student ● Repeat back contributions from peers particularly if they are sat behind the HI student or have a quieter voice ● Keep instructions short and check that the HI student have fully understood a task by asking them to repeat back what they have to do ● Use visual aids whenever possible ● Check what the HI student knows about a topic/ subject first. Do not assume they have the same knowledge as their peers as the HI student may have missed subject specific vocabulary from previous taught sessions ● Provide the HI student with opportunities for pre and post teaching of subject specific vocabulary and learning the spellings of these words, where possible ● Adjust the treble and bass when using the whiteboard speakers and where possible use the subtitles option ● Allow the HI student to use the audio cable or direct input leads where these have been provided ● Where appropriate allow the HI student time to read through their written work with an adult ● Pair the HI student up with a work buddy, particularly when reading ● When doing any group work, allow an HI student to work in a quieter room, where possible ● Share PowerPoints with the HI student in advance of sessions

Common Barriers – Sensory and/or Physical Disabilities	Ordinarily Available Provision could include
Visual Impairment	<ul style="list-style-type: none"> ● Use of information communication technology, e.g. IPAD connected to whiteboard ● Talking books ● Reading apps ● Talking equipment for life skills / curriculum activities e.g. reading pens, talking measuring jugs, talking temperature gauges ● Mobility training with external professionals ● Handrails of a clearly contrasting colour e.g. yellow or white. Handrails on both sides of staircases. ● Edges of steps clearly demarked by a contrasting colour such as yellow or white (if they are dark coloured steps) or black (if they are white or light-coloured steps). ● Blinds or glare reducing screens. ● Document stands and sloping boards. ● Production of large print resources – either by printing the original resource out in student preferred font or by copy typing text into large print. ● Provision of coloured paper. ● Registration with RNIB Book share (free) to access large print and electronic books, including educational texts. ● Use clear font styles e.g. Arial, Verdana & Times New Roman. Provide materials in the student preferred font size. Avoid the use of cursive text. ● Any written feedback (for print users) should be in clear, printed writing using a black pen. ● Students may need to handwrite using a black felt pen rather than a pencil – so that they can see how they are forming letters as they write them (therefore improving their handwriting) and also so that they are able to read back what they have written. ● Exercise books with thicker lines/squares are useful (Partially Sighted Society) ● Use good contrast in learning resources and the learning environment. Good contrast is black writing on a white or pale yellow background, white writing on a black background. Avoid the use of pale or pastel colours such as green or yellow for writing

Common Barriers – Sensory and/or Physical Disabilities	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Ensure the child has an opportunity to view any wall displays or artefacts up close before they are put on the wall or referred to at distance ● Following advice, ensure the child is seated in an appropriate position ● Any board work can either be a) dictated b) provided in hard copy for the child to access at their desk c) synced to a tablet device for the child to access at their desk. ● The child has their own copy of a class text rather than sharing with other children/students. ● For money tasks, use real money (rather than plastic money) so that the child can use tactile/haptic clues to identify the money. ● Training in adaptive technology, touch typing, braille, life skills and/or mobility, where appropriate and practical
Physical Disabilities	<ul style="list-style-type: none"> ● Accessibility planning and reasonable adjustments applied Switch-operated life skills / curriculum equipment ● Adapted equipment to access specific aspects of the curriculum and independent living, e.g. cutlery, scissors, etc. ● Specially adapted chairs, hoists, walkers and standing frames ● Moving and manual handling training for staff
Complex Medical Needs	<ul style="list-style-type: none"> ● Individual Health Care Plan in place which should be drawn up with advice from Healthcare Professionals ● Risk assessment in place ● Support equipment such as lockable medicine cabinets, first aid bags, fridges, etc. ● Appropriate hygiene suites ● Regular home-school contact supported by the LA for when/if the children and young people is not in the school/setting to maintain 'sense of belonging' with peers and school/setting community
Physical sensitivity, including hyper and hypo responses	<ul style="list-style-type: none"> ● Sensory reduction planning ● Individual work station, where possible

Common Barriers – Sensory and/or Physical Disabilities	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> • Staff working together with other professionals to share strategies and advice to support the children and young people’s ‘sensory diet’ Sensory integration activities

External professional involvement – Sensory and/or Physical Disabilities

If necessary, the school/setting may, as part of the Graduated Approach to identification of needs, assessment and provision, involve one or more of the following external professionals:

- Health Visitors
- School Nurses
- Children’s Community Nursing if clinically required
- Medway Sensory Support Service
(e.g. Qualified Teacher of Vision Impairment or Teacher of the Deaf)
- Speech and Language Therapist
- Occupational Therapist
- Outreach Services
- 0-25 Disability Team

Social, Emotional and Mental Health Difficulties

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour.

These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils’ mental health and behaviour difficulties in schools.

Interventions to meet Social, Emotional and Mental Health Difficulties

This could include:

- Whole school practice promotes a programme of social and emotional skills for all pupils
- TAs are deployed to support access to learning and where possible provide support during unstructured times

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- Small group intervention programmes support pupils in developing self-regulation/self-management skills
- Pastoral Support Plans are in place to meet individual pupil need where appropriate
- Identification and use of an accessible space for pupils to reduce tension and anxiety and promote self-regulation
- Appropriate use of withdrawal groups for re-focus, reinforcement of skills and pastoral support
- Pastoral support across the school may include attendance officers, learning mentors, key workers, dedicated support assistance for health, personal care and mobility, school counsellors and school nurse
- Whole school CPD programmes include training to support successful social, mental and emotional pupil development
- Effective use of a school mentor or buddy system where appropriate
- Involvement as appropriate of school counsellor and/or Educational Psychologist
- Close liaison with external health professionals
- Referral made to Family Solutions
- Risk assessment procedures are routinely applied
- Bespoke Hospital School intervention for pupils diagnosed as too ill to attend school via the Triple R referral process.
- Alternative Provision intervention in place for pupils at risk of permanent exclusion via referral process through the Inclusion Manager.

Common Barriers – Social, Emotional Mental Health	Ordinarily Available Provision could include
Presenting as significantly unhappy, anxious or stressed	<ul style="list-style-type: none"> ● Use of whole school/setting approaches to promote wellbeing and resilience, including a Mental Health policy or framework embedded across policies ● Supervised Safe place/quiet area in the school/setting which the children and young people is aware of during break/lunch times (i.e. how and when to access) ● Use of social stories to identify triggers and means of overcoming them ● A range of differentiated opportunities for emotional development, e.g. Circle Time and small group activities
Presenting as withdrawn or isolated, with difficulties in making and maintaining prosocial relationships	<ul style="list-style-type: none"> ● Use of the full curriculum to explicitly teach rules and routines, build self-esteem and develop social and emotional skills ● Establishing the children and young people’s interests and incorporating these into learning activities and wider experiences in the school/setting which promote social development ● Planned play/recreation-based activities

Common Barriers – Social, Emotional Mental Health	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Buddying/peer mentoring where appropriate ● Assigned key adult to build positive and trusting relationships ● Clubs/other semi-structured opportunities to develop friendships during less structured times ● Targeted small group work, e.g. social skills, Lego Therapy, etc.
Attention difficulties	<ul style="list-style-type: none"> ● Providing a clear structure to the day, with visual supports ● Being aware of times of the day that may be more difficult ● Quality first teaching
Apparent attachment-type difficulties	<ul style="list-style-type: none"> ● Staff to be aware of attachment issues and how to respond. ● A nurturing approach cross the whole school/setting ● Comprehensive transition support, including liaison with parents/carers to develop a shared understanding of the children and young people's 'emotional world' and their family context/life history
Patterns of nonattendance or school refusal (including emotionally based school avoidance)	<ul style="list-style-type: none"> ● Formalised attendance monitoring, target-setting and action-planning are triggered within the school/setting when a children and young people is at risk of persistent absenteeism ● Safeguarding checks, e.g. unsafe home situation, fabricated induced illness, forced marriage, slavery, etc. ● Risk assessment, if necessary ● Auditing possible reasons/triggers linked with aspects of the school/setting day and undertaking a functional analysis of the school refusal/avoidance (e.g. to avoid school-based stimuli that provoke a general sense of negative affectivity; to escape aversive school-based social and/or evaluative situations; to pursue attention from significant others; and/or to pursue tangible reinforcements outside of school)

Common Barriers – Social, Emotional Mental Health	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Feedback used to collaborate and plan with parents/carers, to ensure consistency between the home and setting ● Contingency contracting that involves increasing incentives for attendance and disincentives for nonattendance ● Mentoring, befriending or buddy systems where appropriate ● Meet and greet arrangements ● Check in/check out arrangements ● Personalised timetable ● Self-help resources provided to the children and young people for use in the school/setting, including visual supports, passes, etc. ● Self-help resources provided to the children and young people for use outside of the school/setting, e.g. books, Apps, etc. ● Flexi/personalised/time-limited reduced timetable (in-consultation with Attendance Team) ● Modified or supported academic work and homework schedules/ arrangements ● Community activities and resources signposted for parents/carers ● Graded/phased exposure plans in the school/setting, based on detailed anxiety and avoidance hierarchy scaling ● Escorting children and young people to/from lessons for a fixed period of time, where appropriate and practical ● Supporting the children and young people to practice coping skills in real life social situations where appropriate and possible

Common Barriers – Social, Emotional Mental Health	Ordinarily Available Provision could include
Behaviour which Challenges	<ul style="list-style-type: none"> ● A whole school/setting behaviour policy underpinned by a clear ethos and values, including clear expectations that enable staff to be both consistent in their approach and personalised/flexible ● behaviour (i.e. as a method of communication), e.g. what is children and young people’s history/context, when did their behaviour start to change and are there patterns to identify what may be causing behaviours? What happens before, either directly or leading up to, or after the behaviour which may be making that behaviour more likely to happen or continue happening. ● Consideration of the timetable and transitions ● Helping the children and young people to substitute negative behaviours with other, more acceptable, behaviours or teaching skills to help individuals participate. Understanding functions of behaviours to meet any unmet needs. ● Use of limited choices to allow the children and young people some control with the same ‘end result’ ● Differentiated use of voice, gesture and body language ● Flexible and creative use of rewards and consequences Time out/quiet area in the setting ● Positive scripts to re-direct the children and young people towards more positive language and to reinforce expectations, including the use of others as role models ● Calming scripts to deescalate and use of timers for ‘thinking time’ ● Visual timetable and use of other visual cues. Using a range of communication and other approaches, both of which are tailored individuals (e.g. regular routines) to ensure that pupils understand as much as possible about what is happening and about to happen. ● Interacting with pupils with in ways they understand and others notice, interpret and respond to their communication

Common Barriers – Social, Emotional Mental Health	Ordinarily Available Provision could include
	<ul style="list-style-type: none"> ● Use of distraction/diversion strategies, including giving the children and young people responsibilities (e.g. class jobs) ● Use of restorative approaches to build, maintain and repair relationships as well as building positive relationships with their pupils, ensuring that each individual is interacted with in a way they enjoy and understand ● Behaviour Support Plan or Pastoral Support Plan in place and regularly reviewed, where appropriate. Ensuring support is consistent for pupils regardless of who is supporting/teaching them. ● Risk assessment ● Explicitly teaching de-escalation and self-regulation strategies on a one-to-one basis or in small groups, e.g. anger management and conflict resolution ● Anti-bullying programs
Physical symptoms that are medically unexplained	<ul style="list-style-type: none"> ● Keeping a log and analysing patterns or trends to identify triggers ● Liaising with staff responsible for health/medical conditions in the school/setting ● Activities that are stress reducing, e.g. games, dance, gardening, animals, forest school, etc. ● Suggesting a referral to the children and young people's GP
Self-harming	<ul style="list-style-type: none"> ● Substitutes for self-harming behaviours, e.g. elastic bands, marbles, ice, etc., in accordance with specialist mental health advice ● Risk assessment, overseen by Designated Safeguarding Lead

External professional involvement – Social Emotional and Mental Health

- Attendance Teams Education Welfare Officer -AAP
- School Nurses
- Family Solutions
- Educational Psychologist

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- Community Paediatrician
- Medway Young Peoples Wellbeing Service Medway Emotional Support Teams
- Mind/Young Minds
- Big White Wall
- Kooth
- Bereavement services
- YP Drug and Alcohol Services
- Medway Youth Offending Service
- Medway Fair Access Panel
- Medway School Support Group
- Violence reduction unit

Community Health Services, Wellbeing and Family Support Services to support Ordinarily Available Provision

To help schools deliver the ordinarily available provision laid out within this document, there are several allied health services that can be utilised as a universal offer and as part of a graduated approach.

Universal health services

The Healthy Child Programme (HCP) is the prevention and early intervention public health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It focuses on providing families with a programme of screening, health and development reviews, supplemented by advice around health, wellbeing and parenting. Due to its universal reach, the HCP provides an invaluable opportunity to identify those families that are in need of additional support and those children who are at risk of poor outcomes.

Health visiting and Nursing for Children of School age are universal services, this means that all families in Medway are able to access and obtain the services they need regardless of circumstances that they are entitled to as part of the Healthy Child Programme

In Medway, the health visiting service is provided to children aged 0-5 and school nursing provision is for children aged 5-18 (including home educated pupils).

Health Visiting

Key areas of focus in the early years and for the health visiting service in Medway are to:

- Deliver the elements of the Healthy Child Programme for the 0-5 population
- Work within the service and with other providers such as schools and specialist health providers, to ensure that there are positive outcomes when health and development needs are identified
- Support school readiness and transition into Year R where needed
- Provide consistent and evidence-based information for parents and carers regarding topics such as breastfeeding, enuresis, obesity, nutrition and activity, and accident prevention.

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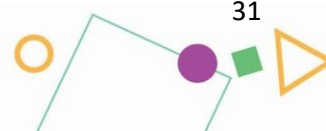


- Support Schools with the management of health conditions linked to continuous or long term absence and support the school and young people who are at risk of or have experienced safeguarding concerns such as self-harm, CSE and/or Domestic Abuse.
- Be part of the Early Help offer by participating in the delivery of multi-agency care packages for children and families requiring intensive support, particularly children for who there are safeguarding concerns.
- To provide support for parenting.

School Nursing

Key areas of focus in the school years and for the school nursing service in Medway are to:

- Provide a named school nurse for every primary and secondary school in Medway including academies who will act as the Public Health Champion
- Deliver public health interventions (available to every school) on the basis of public health priorities, local needs, best available evidence and the 6 high impact areas identified nationally in the Healthy Child Programme.
- Empower schools to embrace the Public Health agenda and to encourage them to upskill themselves to be able to support their pupils with non-clinical health needs.
- Assist in the transition from primary to secondary school.
- Support secondary schools and individuals with:
 - Positive Mental Health
 - Health literacy
 - Healthy Relationships
 - Risk taking behaviour
 - Bullying
 - Gang Issues
 - Young Carers
 - Healthy Lifestyles
 - Sexual Health
 - Hygiene
 - Asthma
 - Anaphylaxis
 - Issues around gender identification including transgender and gender neutral
- Provide advice and support around the Emotional and Mental Health agenda, working closely with the CAMHS provider in Medway to ensure that interventions are appropriate and timely and that young people are aware of locally available services
- A small emotional health and wellbeing team within school nursing has been established to help support low level emotional health and well-being needs including, observations, 1:1 and group support, anxiety and bereavement support.
- Supporting Schools where required, with advice and help developing their own procedures for administering medicines and adopt best practice guidance around responsibilities
- Provide advice and guidance relating to oral health
- Work with schools as part of the graduated approach to care and support, prior to referral to specialist community health services



The Development pathway provided by Medway Community Healthcare, in partnership with schools:

This is a pathway of care that has been established by Medway Community Healthcare to provide a process by which universal health practitioners can work in partnership with schools to ensure that children can receive the help they need at the earliest possible opportunities, prior to referral on to specialist services.

It has been developed in response to the findings that the majority of children aged 0-11 referred directly to neurodevelopmental pathways are referred in error, where no clinical diagnosis can be made – but where children and families would have benefited from support and advice at an earlier point.

The pathway ensures that schools can work in partnership with universal health practitioners to put in place strategies to help children, young people and families, and to make sure that children and families are not referred to diagnostic services in error.

Medway Core Standards (Hopscotch) Training Programme for Schools:

This is a free development programme for schools, to help generate a positive whole-school approach to supporting children with additional needs prior to referral into specialist services. It focuses on advice and guidance for school staff relating to interventions and physical space across different areas of the school to enable early identification and support for issues such as sensory processing, behaviour and speech, language, and communication.

Every primary school in Medway has taken part in the training, and this offer has been warmly received by schools.

Information about Medway Core Standards can be found at www.medwaycommunityhealthcare.nhs.uk

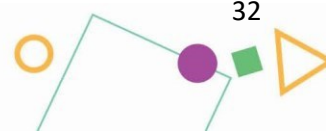
Speech and Language Advice:

In Medway, support is identified at a universal, targeted and specialist level as recommended by the Better Communication Research Programme and the SEN Code of Practice which refers to a graduated approach to identifying additional health and learning needs for children.

Parents who have concerns about their child's speech, language and communication skills are advised to discuss with the school SENCo in the first instance (Exceptions: For concerns about voice problems such as persistent hoarse voice or voice loss, see GP in the first instance; for feeding difficulties consult medical professionals involved in your child's care such as GP, or nurse).

If the child is home educated, parents are advised to call the Medway Community Healthcare duty line (following options for children's services) to discuss the concerns with a speech and language therapist.

The graduated approach to SALT in Medway sees intervention at the three levels outlined above. The approaches to these levels are summarised below:



Universal level

All children benefit from the support strategies and environmental adaptations to support their communication.

- All schools and settings should clearly identify how they will support SLCN and provide a communication friendly environment, as part of their school offer. Schools can utilise the National Communication Commitment to support them in adapting a whole school approach. <http://thecommunicationtrust.org.uk/projects/communication-commitment/>
- Implementation of strategies as outlined in Hopscotch training, which is offered free of charge.
- MCH offer video content and advice pages on their website www.medwaycommunityhealthcare.nhs.uk regarding development of communication skills. This is available to all parents and education staff.
- All schools should access training at a universal level. In addition to Hopscotch training, there are other options that are recommended to schools such as Language for Learning and ELKLAN.
- Schools can also commission additional advice and guidance such as the “whole school environment adjustments” package from MCH+, designed to support them in developing communication friendly environments and any other specific training need that is identified. There are a number of private providers that can be commissioned by schools to help develop a solid universal offer in SALT.

Targeted level

This level gives specific support in a meaningful and functional context for those children and young people who are vulnerable in relation to speech, language and communication. This group is wide ranging including children with delayed language and communication skills who following targeted intervention will return to the universal tier, through to identification of children who may go on to have more persistent needs. All children at this level are also supported at the universal level.

- MCH offer a named Speech and Language Therapist for every school who can meet with a school representative (SENCo) to discuss speech, language and communication needs in their school, including when to refer for specialist input. This may be via phone or video conference. All referrals for school aged children should be discussed with the named speech and language therapist before completion of the referral form. This will help ensure that only appropriate referrals are made to the service. In many cases, the therapist may advise support is offered by the school at a universal and targeted level.
- Schools deliver a range of interventions to support children with identified Speech Language and Communication Needs (SLCN), for example social skills groups, speech link interventions, language link interventions, vocabulary groups, narrative groups.
- It is recommended that every school has a teacher or teaching assistant who specialises in SLCN and supports other staff within the school setting in delivering intervention. MCH offer targeted support through the MCH SLCN Special Interest Group coordinated by the therapy team. The focus of these sessions is developing specific skills in delivering interventions and sharing best practice



(meetings may be face to face, telephone or via video conference).

Specialist Level

This level supports children and young people in the most appropriate context, ensuring joint working with the multi-disciplinary team and parents. This group includes children with the most complex SLCN who require specific support from the Speech and Language Therapy team to make progress. All children who access specialist level, are also supported at the universal and targeted level.

- Following referral children are assessed to identify their specific needs and to identify appropriate interventions.
- Therapy interventions are provided by the speech and language therapy team, alongside parents and TAs with the aim of empowering all those working with the child to continue the interventions.
- Specialist environmental adaptations are recommended for optimum communication.
- For many children, once communication systems have been established and the environment has been adapted they may not require ongoing intervention at the specialist level, and their needs will be met by targeted and universal.
- Schools have the full inclusion and exclusion criteria for referrals into specialist services.

Community Health Services duty line

Medway Community Healthcare provide a duty line for schools and parents to use, should they have queries about their child's health. This is a service that aims to provide advice and guidance in a number of areas, and to signpost to locally available support.

The duty line is staffed by a range of professionals who will be able to provide universal health advice in areas such as infant feeding, and who will be able to signpost to more specialist advice if required.

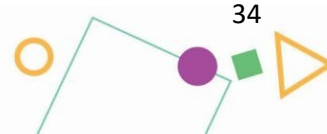
The duty desk phone number is **0300 123 3444**.

The MCH website can be accessed here: <https://www.medwaycommunityhealthcare.nhs.uk/our-services/a-z-services/child-health-service>

Early Intervention in Emotional Health and Well Being

Medway Emotional Support Teams

In the Long Term Plan Mental Health Support Teams (MHST) are a service designed to support mental health and wellbeing of children and young people in and around schools and colleges. The teams were described in transforming children and young people's mental health provision: A Green Paper, and they are a key element of the ambitions set out in the NHS Long Term Plan.



From November 2020, two teams called Medway Emotional Wellbeing Support Teams will be starting their training year to build a Medway service alongside pre-existing emotional wellbeing services to expand the offer available to Medway's children, young people and their families. The service will be delivered by NELFT and be operational in participating educational settings only.

Kooth

Kooth (www.kooth.com) was launched on 1st June 2020 for Medway's children and young people between the ages of 10 and 25 years old. This site offers children and young people an online mental health service to access free counselling, advice, and wellbeing support within their local area outside of normal service hours (afternoon/ evenings across the week). It provides a safe, secure means of accessing help via the internet from a professional team of British Association for Counselling and Psychotherapy qualified counsellors. To register please visit www.kooth.com

Self-Harm

An advocacy service to support young people who self-harm is available to any young people aged 11-25 in Medway and is provided by Emerge. This service works with Medway Hospital and other agencies to provide support for young people presenting at hospital as self-harming or as a referral from schools.

Medway Young Person's Wellbeing Service

The Medway Young Persons' Wellbeing Service provides emotional wellbeing and mental health advice and support for young people and their families across Medway. The service is available to young people from the age of 0-19 and in some cases up to the age of 25 for some young people with complex special educational needs. The service delivers pathways on:

- Mood and Anxiety
- Behaviour and conduct
- Sexual trauma and Recovery pathway
- Diagnostic services for neurodevelopment conditions for over 11-year olds (shared service with Kent)
- Crisis and Liaison Team covering Kent and Medway
- 24/7 helpline (Mental Health Direct)
- Early Intervention in Psychosis – NELFT under 14 years

The type of support offered will vary depending on the type and severity of concern. All direct support options aim for young people to meet their own goals. These include online self-help, signposting to other organisations, crisis support, specialist assessments, face to face therapy either individually or in groups.

To make a referral, call the Single Point of Access telephone number is 0800 0113474.

The Medway Young Persons Wellbeing Service website can be found at:

<https://www.nelft.nhs.uk/what-is-medway-young-persons-wellbeing-service>



All Age Eating Disorder Service

The All Age Eating Disorder Service for Kent and Medway is a specialist service. The service aims to bring hope and confidence, through help and support, to those who have an eating disorder, to enable them to take back control of their life by overcoming their eating disorder.

An eating disorder can be best described as an abnormal pattern of eating behaviour, accompanied by marked worries about food or body size, which may interfere with the person's usual way of life and often results in noticeable weight loss. Eating disorders can be triggered by a variety of causes such as genetics, psychological and/or social influences. More often they are a way of coping with difficult thoughts, emotions or experiences. Eating disorders involve disturbances in eating behaviour, as well as feelings of distress or extreme concern about body shape and /or weight. Such disturbances can put physical health and functioning at risk. The minimum age for referrals to this service is 8 years.

To refer please complete the referral form (<https://www.nelft.nhs.uk/services-kent-medway-eating-disorders>) and return to nem-tr.eds.kentandmedway.referrals@nhs.net or call SPA on **0800 0113474**.

Open Road

Open Road support young people aged 10-18 (or young people in care up to 25), who are using drugs and/or alcohol. The service is based on the principles of 'harm minimisation,' which explores allowing young people to make an informed choice to use alcohol and/or substances. It aims to achieve abstinence by increasing awareness surrounding the risks and effects of substance misuse. The service can also help if you are worried about a friend or family member and their drink or drugs use. Referrals can be made by individuals or be referred by a GP or healthcare professional. More details are available at www.openroad.org.uk. For further information and advice, from Monday to Friday from 9am to 5pm at **55 Green Street, Gillingham, ME7 1AE** or please call on **01634 566 285** to find out more.

Parenting Support Services

Medway has recently developed a parenting support strategy; a delivery plan to ensure that the actions and priorities within the strategy are delivered is currently in development. A key element of this work will be to map support services for parents, and to develop a more consistent and robust offer of support. Schools will be able to refer parents to additional support services, to help ensure that they are able to work in partnership with parents to best meet the needs of children with SEND. Information will be publicised through the Medway Local Offer and the Family Information Service.

Additional information:

Children and Families Act 2014 – <http://tinyurl.com/CandFAct2014> Equality Act 2010:

Advice for Schools – <http://tinyurl.com/EA2010AdviceForSchools>

Reasonable adjustments for disabled pupils 2012 – <http://tinyurl.com/EAreasonable-adjustments>

Supporting pupils at school with medical conditions – <http://tinyurl.com/ManagingMedicines-2014>



Working Together to Safeguard Children 2013 – <http://tinyurl.com/WTTSC2013> National Sensory Impairment Partnership – www.natsip.org.uk

Social Care for Deafblind Children and Adults guidance 2009 – <http://tinyurl.com/DeafblindGuidance>

Looked After Children <https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children>

Medway Parent and Carers Forum <http://medwaypcf.org.uk/>

Sendias www.family-action.org.uk

The Local Offer

Local Authorities must publish a local offer, setting out in one place information about provision that is available for children and young people in their area who have special educational needs (SEN) or disability.

The local offer should cover:

- Support available to all children and young people with SEN or disability from universal services such as early years settings, schools and colleges;
- Targeted services for children and young people with SEN or disability who require additional short term support over and above that provided routinely as part of universal services;
- Specialist services for children and young people with SEN or disability who require specialised, longer term support.

https://www.medway.gov.uk/info/200307/local_offer

What does the Local Offer mean for Schools?

In addition to the information on the local offer website about the special educational provision the local area expects to be available, schools are required to publish, under the Special Educational Needs (Information) Regulations, more detailed information about their arrangements for identifying, assessing and making provision for pupils/students with SEN or disability. The school-specific information should reflect the local offer and provide more detail.

The SEN and Disability: 0 – 25 years Code of Practice (2014) is clear. For children and young people with special educational needs and disabilities, their needs must be picked up at the earliest point with appropriate support put in place quickly, and their parents and carers must know what services they can reasonably expect to be provided. Children and young people and their parents or carers must be fully involved in decisions about their support and what they want to achieve. Importantly, the aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.

Mainstream schools, including academies and free schools, must provide evidence of everything they have done to secure the special educational provision called for by a child's or young person's needs. These settings receive core funding to make general educational provision for all pupils/students and additional funding to help make provision for those who need additional support, including those with SEN or disability.

These funds are included in their budgets and schools make sure funding is allocated to provide high quality provision for those with SEN or disability. They have a duty to identify, assess and make special educational provision for all children and young people with SEN or disability, whether or not they have an Education, Health and Care (EHC) Plan. If they can show that a child or young person with SEN or disability requires special educational provision that costs more than a certain threshold they can ask the local authority to provide “top-up funding” to meet that extra cost, whether or not the child has an EHC plan.

The local authority must set out in their local offer a description in broad terms of the special educational provision early years providers, schools, and the full range of post-16 providers and other institutions are expected to provide from their own budgets to support children and young people with SEN or disability, including information about the arrangements in place for:

- Identifying children and young people with SEN or disability and assessing their needs;
- Adaptations to curriculum, teaching and the learning environment and access to ancillary aids and assistive technology;
- Assessing and reviewing pupils’ and students’ progress towards outcomes, including how they work with parents and young people in doing so.
- Supporting pupils and students in moving between phases of education;
- Enabling pupils and students to prepare for adult life so they can go on to achieve good outcomes such as higher education, employment and independent living;
- Securing expertise among teachers, lecturers or other professionals to support children and young people with SEN or disability – this should include expertise at three levels: awareness, enhanced and specialist;
- Assessing and evaluating the effectiveness of the provision they make for children and young people with SEN or disability;
- Enabling children and young people with SEN or disability to have access to facilities and extra-curricular activities that are available to those who use the setting; and
- Supporting emotional and social development (this should include extra pastoral support arrangements for listening to the views of pupils and students with SEN or disability and measures to prevent bullying).

The above will include arrangements for supporting children who are looked after by the local authority and have SEN or disability.